

THIS IS TO CERTIFY THAT

Marie Niña Prado Dumaguing

HAS SUCCESSFULLY COMPLETED

Child Abuse: New York Mandated Reporter Training

New York State Education Department Approved Provider #80870

ANCC CONTACT HOURS: 2

New York State Education Department Approved Provider #80870 CEUFast, Inc. is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. ANCC Provider number #P0274.

April 8, 2023

COMPLETION DATE

Julia Tortorice

Julia Tortorice, RN, MBA, MSN, NEA-BC, Lead Nurse Planner

ceufast.com

CERTIFICATE ID

7953950

VERIFY AUTHENTICITS
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The University of the State of New York THE STATE EDUCATION DEPARTMENT

(Coursework/Training in Identification and Reporting of Child Abuse and Maltreatment) Certification of Completion

Part A: Trainee Information

- N .-
- Trainee must complete all items in Part A. Return to provider for completion of Part B, "Certification by Approved Provider"
 The provider will return the Certification form, with Part B completed, to the trainee. It is the trainee's responsibility to submit the original copy of this Certification for the New York State Education Department at the appropriate time. It should be submitted along with other relevant forms when the trainee applies initially for, or renews, a license, registration certificate, permit, or teaching certificate.
- ω Address for submitting form is as follows:
- Professional License or Permit: New York State Education Department, Division of Professional Licensing Services, [give name of profession], 89 Washington Avenue, Albany, NY 12234.

 Reregistering Licensees: Your certificate should be included with your reregistration application in the envelope provided with those materials.

 Teacher Certification: New York State Education Department, Office of Teaching, 89 Washington Avenue, Albany, NY 12234.

Identification Number	Approved Provider Name
ized Certifying Officer	ertifying Officer
Pursuant to Chapter 544 of the Laws of 1988, I certify that the person indicated in Part A has completed the required coursework or training regarding the identification and reporting of child abuse and maltreatment. Julia Tortorice MSN RN	Pursuant to Chapter 544 of the Laws of 1988, I certify that the person incregarding the identification and reporting of child abuse and maltreatment. $TMLIA$ Tortorice. M_c N_c RN
Provider must complete Part B. Two copies should be returned to the trainee within ten calendar days of the completion of the coursework or training. The provider of the coursework or training must retain a copy. This copy must be retained in the provider's files for not less than five years from the date the course was completed.	 Provider must complete Part B. Two copies should be returned to the trainee within ten ca The provider of the coursework or training must retain a c date the course was completed.
	Part B: Certification by Approved Provider
	Trainee's Signature:
New York State Certificate Number (other then Social Security Number, if any):	New York State License Number:
	New York State License Number:
Certificate Title(s):	Name of Profession(s):
6 Complete information below, if you hold, or are applying for a teaching certificate:	Complete information below if you hold, or are applying for professional license(s) or a permit:
	State Zip Code
	Line 3
	Line 2
	Line 1
ptly of any address or name changes.)	4 MAILING ADDRESS (You must notify the Department promptly of any address or name changes.)
	First M a r i e N i ñ a
PRINT YOUR FULL NAME EXACTLY AS IT CURRENTLY APPEARS ON NEW YORK STATE EDUCATION DEPARTMENT RECORDS	3 PRINT YOUR FULL NAME EXACTLY AS IT CURRENTI
2 BIRTH DATE: Month Day	SOCIAL SECURITY NUMBER: (Leave this blank if you do not have a U.S. Social Security Number)