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

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

Part A: Trainee Information																																		
 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. Address for submitting form is as follows: Professional License or Permit: New York State Education Department, Division of Professional Licensing Services, Igiye name of professional License and Licens																																		
	 <u>Professional License or Permit</u>: New York State Education Department, Division of Professional Licensing Services, [give name of profession], 89 Washington Avenue, Albany, NY 12234. 															on],																		
 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. 																																		
1	SOCIAL SECURITY NUMBER:																2	BIRT	TH D	ATE	Ξ : M	onth	1	0		Day	0 9	9	Year	9	9			
(Leave this blank if you do not have a U.S. Social Security Number)																																		
3 PRINT YOUR FULL NAME EXACTLY AS IT CURRENTLY APPEARS ON NEW YORK STATE EDUCATION DEPARTMENT RECORDS																																		
	Last	M	а	t	u	r	a	n																										
	First	Е	a	r	1		G	е	n	е																								
	Middle																																	
4 MAILING ADDRESS (You must notify the Department promptly of any address or name changes.)																																		
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	professional license(s) or a permit:															tea	eaching certificate:																	
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	Permit	Num	ber:																															
Trainee's Signature:																			_ Da	ate: _		mo.		/	day	/		ır.	_					
Part B: Certification by Approved Provider																																		
1. 2. 3.	 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. 																																	
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.																																		
Sign	Thley Inature of A	lamp, uthori		Certif	fyina	Offic	cer										N			Thomp uthorize		fyina	Offic	er						_				_
CE Group									2.0 Hours Provi												,y	2,1110		3/1	1/20	23								
CE Group 2.0 Hours Provider ID #10730 3/11/2023 Approved Provider Name Program Length Identification Number Date(s) of Coursework or Training														-																				
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Certification of Completion Foundations of Infection Control: Meeting NY State Requirements

Approved by the New York State

Education Department and the New York State Department of Health

This certifies that Earl Gene Maturan

Successfully completed an approved course in Infection Control and Barrier Precautions, as mandated by Chapter 786 of the Laws of 1992, on 3/13/2023

Program Length: 3.0 Hours

Clony M

This program was presented by CE Group - NYS Education Department Provider ID # IC 203 and NYS Department of Health Provider No. OT10561 of 4120 Douglas Boulevard, Suite 306-232, Granite Bay, California

Signature of NYS-Approved Course Provider:

This certificate is valid for a period of four (4) years from the above date of course completion.

Be sure to maintain this document in your professional file.