

**Self- Certification: Sexual Abuse Prevention Training**

( ) Took test online

( ) Passed

I took this test on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Day/Year

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print a copy of this form to have in your volunteer file at the Hub. Thank you!