



Certificate of Attendance
at
Continuing Education Course
for Social Workers and Other Professionals

_____ IL license # _____
(Name)

of _____
(Address)


has satisfactorily completed a Continuing Education Program sponsored by
PEER Services, Inc., License Number 159-000979 as follows:

Title: *“Meet Your PEERs” Webinar*

Date/Time: **Tuesday, June 06, 2023 12pm-1pm**

Location: **Virtual / Zoom Meeting Room**

Continuing Education Credits Earned: **1.0 CEUs**

Certified by: _____

Noy Fried-Lopez, Psy.D., MHS, CADC
Executive Director
PEER Services, Inc.
906 Davis Street, Evanston, IL 60201

All documentation of course materials, participation and certification will be on file for five
years following the date of the program.