

**WEST VIRGINIA CHILDREN WITH SERIOUS EMOTIONAL DISORDER (SED) WAIVER  
CERTIFICATE OF TRAINING**

Name of Person Who Receives Services		Date of Training	
Name of Trainer		Trainer's Agency	
Training Start Time		Training Stop Time	
Training is valid from:		Training is valid until:	
Location of Training	<input type="checkbox"/> Home of Person Who Receives Services <input type="checkbox"/> Agency Office <input type="checkbox"/> Other (describe): _____		
<b>Trained on the following items listed below related to specific procedures, methods, &amp; techniques may be found attached to the Person-Centered Service Plan.</b>			
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	
<b>I certify that I have received training on the items listed above. I will contact the Trainer if additional training is needed or for any questions.</b>			
Printed Name of Person Trained		Signature of Person Trained	Title of Person Trained
Signature and Credentials of Trainer		Date	