

## CERTIFICATION OF COMPLETION

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

### PART A

### TRAINEE INFORMATION

1. Trainee must complete all items in Part A. Return to provider for completion of Part B, "Certification by Approved Provider".
2. 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 form to 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, or permit.
3. 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], Cultural Education Center, Albany, New York 12230.
  - **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, Cultural Education Center, Albany, New York 12230.

1 Print name exactly as it currently appears on New York State Education Department records:

Last MUTRIE  
First ALLAN  
Middle STEPHEN

5 Complete information below if you hold or are applying for, professional license(s) or a permit:

Name of Profession(s): TEACHER / COACH

N.Y.S License Number:           

N.Y.S License Number:           

Permit #:           

6 Complete information below if you hold, or are applying for a teaching certificate:

Certificate Title(s): Coaching Teaching Certificate

N.Y.S. Certificate Number (other than Social Security Number, if any):           

          

2 Print your address:

Care of ALLAN MUTRIE  
Misc. (Bldg. & Apt., etc.)             
Street 589 LAKE ROAD  
City WEBSTER  
State NY Zip Code 14580

3 Date of Birth: 01/27/76  
Mo. Day Yr.

4 Social Security number: 051-58-2308

Trainee's Signature: Allan S. Mutrie Date: 2/4/06

### PART B

### CERTIFICATION BY APPROVED PROVIDER

1. Provider must complete Part B.
2. The EDUCATION DEPARTMENT-ORIGINAL COPY and TRAINEE COPY should be returned to the trainee within ten calendar days of the completion of the coursework or training.
3. The provider of the coursework or training must retain the PROVIDER COPY. This copy must be retained in the provider's files for not less than five years from the date the course was completed.

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.

Mary Ellen Spenners-Rio-Wagner  
Name of Authorized Certifying Officer (Print or Type)

Mary Ellen Spenners-Rio-Wagner  
Signature of Authorized Certifying Officer

ALLAN S. MUTRIE  
Approved Provider Name

Memo - Orleans 80405  
Identification Number

FEB. 6th, 2006  
Date(s) of Coursework or Training