



# Certificate of Completion

## Child Abuse Prevention Training

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

Church or Other Organization: \_\_\_\_\_

\_\_\_\_\_ Brookhaven Staff      \_\_\_\_\_ Brookhaven Volunteer      \_\_\_\_\_ Group Volunteer

Dates at Brookhaven: \_\_\_\_\_

Date test taken: \_\_\_\_\_ Score: \_\_\_\_\_

*I, the instructor of the Brookhaven Retreat Child Abuse Prevention Training, certify that all the training has been administered and the individual noted above has completed and passed the Child Abuse Prevention Training Exam.*

Instructor's Printed Name: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

*I, the trainee of the Brookhaven Retreat Child Abuse Prevention Training, have read through all the training materials and participated in the training with the instructor noted above. I have also taken and passed the Brookhaven Retreat Child Abuse Prevention Training Exam.*

Trainee's Printed Name: \_\_\_\_\_

Trainee's Signature: \_\_\_\_\_

*This certificate must be returned to Brookhaven's office before camp or upon arrival at camp.*

*Curriculum: Riverbend Retreat Center Child Abuse Prevention Training  
Course Approval Number: YC06 – 0003*