

THE INDIANA DIVISION OF MENTAL HEALTH & ADDICTION

CERTIFICATION OF COMPLETION

Attendee: _____

By signing this Certificate, the attendee attests that s/he has successfully completed the

***CHILD MENTAL HEALTH WRAPAROUND SERVICES OVERVIEW &
PROVIDER ENROLLMENT ONLINE TRAINING COURSE***

Additionally, attendee attests that s/he understands the training materials provided within the course and acknowledges responsibility for contacting DMHA should additional assistance or clarification be required to fully understand the materials provided.

Printed Name



Julie Bandy

DMHA Youth Services Provider Specialist

Provider Signature

Date