

CERTIFICATE  
OF  
PARTICIPATION

THIS IS TO CERTIFY THAT

*[CLIENT'S NAME]*

HAS COMPLETED THE COURSE

EARLY CHILDHOOD STEP  
SYSTEMATIC TRAINING FOR  
EFFECTIVE PARENTING  
OF CHILDREN UNDER AGE 6

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OFFERED BY:

COMMUNITY COUNSELING CENTER OF CENTRAL FLORIDA, INC.

\_\_\_\_\_  
[DATE]

\_\_\_\_\_  
[THERAPIST'S NAME]