



230 N. Main Street, Spring Valley, NY 10977 Phone: (845) 363-8140 Fax: (845) 363-8141

CERTIFICATE VERIFICATION

Date Sent: _____

To whom it may concern:

Please review this Certificate presented to _____,

SS#: _____. If all information is found to be correct, could you

Please verify the validity of the Certificate?

Applicant agrees for community to verify certificate:

Signature: _____

Date: _____

VALID

INVALID

Please verify the following information for completed in-services for this year

DATE	TOPIC	HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Verified by: _____

Title: _____

Agency: _____

Please fax completed form to 845-363-8141

If you have any questions, please call 845-363-8140

Thank you in advance for your attention to this request.