



CERTIFICATE OF TRAINING

attended _____ hours of training

VIEWING DATES

If you attended in-person with a church or organization, please complete "Viewing Location" and "Host Signature."

VIEWING LOCATION

HOST SIGNATURE

Session/Module Title

If Attended

An Introduction to TBRI® (1 Hour 30 Minutes) (Includes topical teaching on Trauma's Effect on Neurological Development)	<input type="checkbox"/>
Connecting Principles (1 Hour 30 Minutes) (Includes topical teaching on Connecting and Stressful Experiences)	<input type="checkbox"/>
Empowering Principles (1 Hour 30 Minutes) (Includes topical teaching on Empowering in the Home)	<input type="checkbox"/>
Correcting Principles (1 Hour 30 minutes) (Includes topical teaching on Correcting Principles and Teens)	<input type="checkbox"/>
The Gospel + TBRI (1 Hour 20 minutes)	<input type="checkbox"/>

I certify that I have attended the indicated sessions:

(Signature)

(Date)

*Please submit this form to your adoption or foster care agency for approval and credit.
The number of credit hours awarded is at each agency's discretion.
Contact hopeforthejourney@showhope.org with any questions.*