



## 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**

<b>An Introduction to TBRI® (1 Hour 25 Minutes)</b> (Includes topical teaching on trauma's impact on brain development)
<b>Connecting Principles (1 Hour 15 Minutes)</b> (Includes topical teaching on building connection with teens)
<b>Empowering Principles (1 Hour 15 Minutes)</b> (Includes topical teaching on connecting through the body's senses)
<b>Correcting Principles (1 Hour 15 minutes)</b> (Includes topical teaching on addressing big behaviors and big needs)
<b>The Gospel + TBRI (1 Hour 15 minutes)</b>

<input type="checkbox"/>
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<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](mailto:hopeforthejourney@showhope.org) with any questions.*