

# Webinar Non-CE Certificate of Completion



Practice Name \_\_\_\_\_



I \_\_\_\_\_ hereby attest that I have viewed the Care Manager

Webinar titled **Educational Rights for Children with Disabilities** in its entirety.

I viewed the entire webinar live on \_\_\_\_\_.  
Date

I viewed the entire recorded on \_\_\_\_\_.  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date