



Letter of Attestation of Training

Date _____

I hereby attest that I, _____, have completed the online training session for the following presentations:

as dictated as a requirement of the Kern County Mental Health Housing Provider Certification.

I understand that a copy of this letter will appear in the Facility chart held at the Housing Services Department as a means of verification that I am compliant with the requirements set for the Certification Guidelines. I declare that the above statement is true and accurate to the best of my knowledge.

Signature

Title

Facility Name

