

Mind Retreat



Certificate of Attendance

This is to certify that _____ has successfully
Name
completed three hours* of Professional Development at the faculty workshop, held on
_____ at _____.
Date Location


Joe Cavanaugh, Founder & CEO

*This form denotes attendance at entire program. If you arrive late or leave prior to the program ending time, it is your responsibility to adjust hours accordingly. You will be responsible for writing your reflective statement of professional accomplishments as a result of this training.