

## Certificate of Completion

Certifies That

**Anna Vorfolomieieva**

4729 Beach 47th str  
 Brooklyn, NY, USA  
 11224

Has successfully completed the educational activity titled

### Child Abuse and Maltreatment/Neglect: Identification and Reporting New York State Mandatory Course

as mandated by Chapter 544 of the Laws of 1988.

On: November 24, 2021

**Hours: 4.00**

New York State Education Department Provider Identification Number: 80651

**Access Code:**  
 ACE2000-12

\_\_\_\_\_  
 Anna Vorfolomieieva

\_\_\_\_\_  
 687-47-9051  
 Social Security Number

\_\_\_\_\_  
 11-28-1982  
 Date of Birth (Month-Day-Year)

  
 \_\_\_\_\_  
 Silvia Y. Beaupre, CEO

The University of the State of New York  
 THE STATE EDUCATION DEPARTMENT

## Certification of Completion (Child Abuse and Maltreatment/Neglect: Identification and Reporting New York State Mandatory Course)

**Part A: Trainee Information**

1. Trainee must complete all items in Part A. Return to provider for completion of Part B. "Certification by Approved Provider"
2. The provider will return the Certification form, with Part B completed, to the trainee. It is the trainee's responsibility to submit the original copy of this Certification for the New York State Education Department at the appropriate time. It should be submitted along with other relevant forms when the trainee applies initially for, or renews, a license, registration certificate, permit, or teaching certificate.
3. Address for submitting form is as follows:
  - o **Professional License or Permit:** New York State Education Department, Division of Professional Licensing Services, [give name of profession], 89 Washington Avenue, Albany, NY 12234.
  - o **Reregistering Licensees:** Your certificate should be included with your reregistration application in the envelope provided with those materials.
  - o **Teacher Certification:** New York State Education Department, Office of Teaching, 89 Washington Avenue, Albany, NY 12234.

**1 SOCIAL SECURITY NUMBER:** 687-47-9051  
 (Leave this blank if you do not have a U.S. Social Security Number)

**2 BIRTH DATE:** 11-28-1982  
 mo. day yr.

**3 PRINT YOUR FULL NAME EXACTLY AS IT CURRENTLY APPEARS ON NEW YORK STATE EDUCATION DEPARTMENT RECORDS**

Last Vorfolomieieva  
 First Anna  
 Middle \_\_\_\_\_

**4 MAILING ADDRESS** (You must notify the Department promptly of any address or name changes.)

Line 1 4729 Beach 47th str  
 Line 2 \_\_\_\_\_  
 Line 3 \_\_\_\_\_  
 City Brooklyn  
 State NY Zip Code 11224

**5** Complete information below if you hold, or are applying for professional license(s) or a permit:

Name of Profession(s):  
Dental Hygienist  
 New York State License Number:   
 \_\_\_\_\_  
 New York State License Number:   
 \_\_\_\_\_  
 Permit Number:

**6** Completion Information below, if you hold, or are applying for a teaching certificate:

Certificate Title(s):  
  
 New York State Certificate Number (other than Social Security Number, if any):

Trainee's Signature: Anna Vorfolomieieva Date: 11-24-2021  
 mo. day yr.

**Part B: Certification by Approved Provider**

1. Provider must complete Part B.
2. Two copies should be returned to the trainee within ten calendar days of the completion of the coursework or training.
3. The provider of the coursework or training must retain a copy. This copy must be retained in the provider's files for not less than five years from the date the course was completed.

Pursuant to Chapter 544 of the Laws of 1988, I certify that the person indicated in Part A has completed the required coursework or training regarding the identification and reporting of child abuse and maltreatment.

  
 \_\_\_\_\_  
 Signature of Authorized Certifying Officer

Silvia Y. Beaupre, CEO  
 \_\_\_\_\_  
 Name of Authorized Certifying Officer

Access Continuing Education, Inc.  
 Approved Provider Name

80651  
 Identification Number

November 24, 2021  
 Date(s) of Coursework of Training