



Bergen County Educational Technology Training Center

# Professional Development Certificate

Name of Recipient: \_\_\_\_\_

**Title of Workshop:** When Parents Collect Social Security

**Date:** November 1, 2023 **Hours:** 1.5 hours

**Location:** Virtual

I certify that the above-named professional accrued the indicated number of professional development hours. *It is the professional's responsibility to document hours and maintain records related to professional development.*

*Linda Wieseneck,* Director CAPE Resource Center