

PROFESSIONAL DEVELOPMENT CERTIFICATE



THIS CERTIFICATE IS AWARDED TO

Name of Recipient: _____

Title of Activity: **Virtual CAMP EXPO** _____

Date: **March 6, 2025** _____

Hours: **1.5 hours** _____

Location: **via Zoom** _____

The mission of the Bergen County Special Services School District is to effectively address the unique social, emotional, physical, intellectual and career needs of students by creating positive, stimulating and encouraging learning environments in schools, homes, and communities.

Through dynamic collaborations with families and partnerships with community resources, the District will enable each learner to realize his or her highest potential and to become a self-directed and contributing member of society.

I certify that the above-named professional accrued the indicated number of professional development hours. *

Nicole Fried, **Psy.D., Supervisor, CAPE CENTER**

* It is the professional's responsibility to document hours and maintain records related to professional development.