**CITA/OCLA CLE Certification Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I am required to view the videos of the training that was presented by CITA and OCLA on March 24, 2015, in order to ensure that I am in compliance with the training requirements and standard based representation required for state funding under RCW 13.34.100(6). **By signing this form, I certify that I viewed the indicated trainings in their entirety:**

* Role of Child’s Attorney
* Understanding Culture in the Client Counseling Context

Signed this \_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature