## **OFFICE OF EXCEPTIONAL CHILDREN**

## CERTIFICATE OF COMPLETION

Traumatic Brain Injury Approved Provider Supervision Activity Title

Supporting Teaching and Related Services **Coordinating Section** 

Lynn Makor Activity Coordinator(s) March 30, 2024 Date(s)

3.0 (30 hours) Unit(s) of Credit

(984) 236-2555

**Coordinator Phone** 

Faith Dearman Participant

This educator has satisfactorily completed all requirements for this activity.

Consultant, Psychological Services

Pediatric Neuropsychol

Director, Exceptional Childre

North Carolina Department of **PUBLIC INSTRUCTION**