

Traumatic Brain Injury (TBI)

VERIFICATION

I hereby verify that the following School Psychologists have completed the required 30 hours of supervision. This will complete the requirements to be listed on the TBI registry of approved School Psychologists.

		Date Completed
<u>Columbus</u> LEA	<u>Jennifer Williamsen</u> Name of Psychologist	<u>6-12-15</u>
<u>Currituck</u> LEA	<u>Kim McClellan</u> Name of Psychologist	<u>6-12-15</u>
<u>Hertford</u> LEA	<u>Lisa Lynn Frederes</u> Name of Psychologist	<u>6-12-15</u>
<u>Greene</u> LEA	<u>Chere Decker Allea</u> Name of Psychologist	<u>6-12-15</u>

[Signature]  
Supervisor's Signature

6/12/15  
Date

# Certificate of Completion

Presented to

Kimberly D. McClellan, M.Ed., Ed.S.

For Completion of 30 Hours of Case-Based  
Supervision for Pediatric TBI



D. Erik Everhart, PhD, ABPP  
East Coast Neuropsychology, PLLC  
Greenville, NC

June 12, 2015  
Date of Completion

# Certificate of Completion

*In recognition of successful completion of*  
Course 1: Introduction  
*this certificate of completion is awarded to*  
**Kimberly McClellan**

## **TBI Online Curriculum**

Developed by The Carolina Institute for Developmental Disabilities  
at The University of North Carolina. Funded by The North Carolina  
Department of Public Instruction.



# Certificate of Completion

*In recognition of successful completion of*  
**Course 2: Advanced Assessment**  
*this certificate of completion is awarded to*  
**Kimberly McClellan**

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# Certificate of Completion

*In recognition of successful completion of*  
**Course 3: Treatment**  
*this certificate of completion is awarded to*  
**Kimberly McClellan**

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