

(Letterhead of SWDA)

CERTIFICATION

This is to certify that _____
(Name of SWDA)
located at _____,
(Main Office Address)

hired the following social worker/s for the delivery of its programs and services:

| Name | License Number | Validity |
|-------------|-----------------------|-----------------|
| 1. | | |
| 2. | | |
| 3. | | |

Issued this _____ day of _____, 20_____.

Issued by:

(Name of SWDA Executive Director/Coordinator)

(Designation/Position)