

OHIO PEACE OFFICER TRAINING COMMISSION
Crisis Intervention Panel Presentation Certification Sheet

COMMANDER:

Panelist(s) for the CBT 4-3 panel presentation on _____ (date):

Name: _____

Panelist: _____ Mental Health Professional

or

Panelist: _____ Consumer _____ Consumer Family Member

Referred by (agency name and address): _____

Date of agency referral: _____

Name: _____

Panelist: _____ Mental Health Professional

or

Panelist: _____ Consumer _____ Consumer Family Member

Referred by (agency name and address): _____

Date of agency referral: _____

Name: _____

Panelist: _____ Mental Health Professional

or

Panelist: _____ Consumer _____ Consumer Family Member

Referred by (agency name and address): _____

Date of agency referral: _____

School Name: _____ School Number: _____

Commander Name (print): _____ Date: _____

Commander Signature: _____

INSTRUCTOR:

This is to certify that I facilitated the panel presentation comprised of the above listed panelist(s) on _____.

Instructor Name (print): _____ Date: _____

Instructor Signature _____

PANELIST(S):

I, _____ (name), voluntarily participated as a _____ Mental Health Professional _____ Consumer _____ Consumer Family Member panelist on _____ at the _____ Academy.

Panelist Name (print): _____ Date: _____

Panelist Signature: _____

I, _____ (name), voluntarily participated as a _____ Mental Health Professional _____ Consumer _____ Consumer Family Member panelist on _____ at the _____ Academy.

Panelist Name (print): _____ Date: _____

Panelist Signature: _____

I, _____ (name), voluntarily participated as a _____ Mental Health Professional _____ Consumer _____ Consumer Family Member panelist on _____ at the _____ Academy.

Panelist Name (print): _____ Date: _____

Panelist Signature: _____