

**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: \_\_\_\_\_

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

Panelist Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Panelist Signature: \_\_\_\_\_

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

Panelist Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Panelist Signature: \_\_\_\_\_