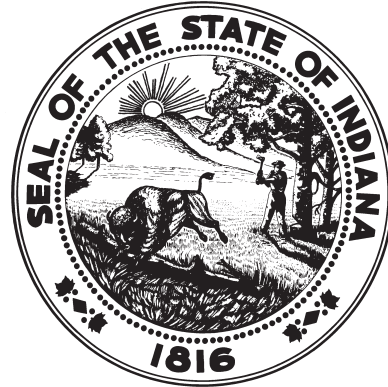


# CERTIFICATE

## Certification For Child Protection Team Members



**This Certifies that** \_\_\_\_\_ ,  
in accordance with the child protection services laws of the State of Indiana, has been selected  
to serve as a member of the \_\_\_\_\_ County  
Child Protection Team, to commence on \_\_\_\_\_ , \_\_\_\_\_ .

\_\_\_\_\_  
Local Office Director