

(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:

<i>Name</i>	<i>License Number</i>	<i>Validity</i>
1.		
2.		
3.		

Issued this _____ day of _____, 20_____.

Issued by:

(Name of SWDA Executive Director/Coordinator)

(Designation/Position)