



STATE OF ALABAMA DEPARTMENT OF  
**PUBLIC HEALTH**

Thomas M. Miller, MD  
State Health Officer

**I certify that I have completed the course: The Evolution of Social Work Ethics.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print this form and a copy of your official transcript for your records.

\* Please do not send in this form with your CE material.  
This copy is for your personal records only.