

PSYCHOLOGY & MENTALHEALTH VERIFICATION FORM



John F. Kennedy University
Continuing Education
100 Ellinwood Way, Rm S205
Pleasant Hill, CA 94523
Office: 800-557-1384
Fax: 925-969-3155
conted@jfk.edu

Your official certificate will be mailed in 6 - 8 weeks.

If needed, an official transcript may be ordered from the JFKU Registration office at 925.969.3551.

John F. Kennedy University is an affiliate of the National University System.
www.nusystem.org

Please complete this form to verify your completion of a Continuing Education Certificate. Mail or fax it to the address provided.

Name _____ Date: _____

Address: _____

City _____ State _____ Zip Code _____

Email _____ Phone (_____) _____

Please help us ensure that we attribute credit properly to your record by providing one of the following:

4 last digits of SSN: _____ OR JFKU Student ID#: _____

Certificate Completed:

- | | | |
|---|---|--|
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Nutritional Psychology |
| <input type="checkbox"/> Cognitive Behavior Therapy | <input type="checkbox"/> Expressive Arts | <input type="checkbox"/> Treatment Strategies for Returning Troops |
| <input type="checkbox"/> Deep Imagination | <input type="checkbox"/> Mental Health for Aging Adults | |

Date	Course No	Course Title
_____	_____	_____
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Additional Comments:
