

# UCLA University

Cypress, California, U.S.A.

Upon the recommendation of the faculty,  
the Board of UCLA University hereby confers upon

**Jill G. Jones-Soderman**

the degree of

**Master of Science in Health Sciences  
Labo and Expert Witness Studies**

*Magna Cum Laude*

with all the rights, honors, and privileges hereunto appertaining. In witness thereof,  
the Seal of the University and the signatures of the duly authorized officers are hereunto affixed.

Conferred this 23rd day of December, 2008



*Joan M. ...*  
President

*Edith Soderman*  
Vice President for Academic Affairs

Student ID: Jones-Soderman, Jill G  
 SSN: MH0507009  
 087403135

College: College of Health Sciences  
 Program: M.S.H.S.  
 Concentration: Law and Expert Witness Studies  
 Honors: Magna Cum Laude  
 Status: Graduate  
 Degree Awarded: December 23, 2008

This Document is not official unless it has the registrar's signature, when photocopied the word 'COPY' appears across the face of the document

::: Credit Transfers :::		External Course	External Institution	Credits Received
Internal Course		SSW754 (3); SSW751 (1)	Hunter College CUNY	4
MIH548			Total:	4

::: Course Enrollments :::			Grade	Credits	Earned Credits	Quality Points	GPA
Term	Course	Course Title					
Summer 05	MLE515	The U.S. Legal System	A	4	4	16.00	4.000
Fall 2005	MLE517	Rules of Evidence	A	4	4	16.00	4.000
Winter 2006	MHE510	Occupational Health and Safety	A-	4	4	14.66	3.666
Spring 2006	MPH522	Public Health Law and Policy	A	4	4	16.00	4.000
Summer 06	MLE519	Experts and the Litigation Process	A	4	4	16.00	4.000
Fall 2006	MIH527	Environmental Health Assessment	A-	4	4	14.66	3.666
Winter 07	MLE521	Effective Communication and Testimony	B+	4	4	13.33	3.333
Summer 08	NCM511	Mediation and Arbitration	A-	4	4	14.66	3.666
Fall 2008	MLE523	Culminating Project	A-	4	4	14.66	3.666
			<b>Totals:</b>	<b>36</b>	<b>36</b>	<b>135.97</b>	<b>3.777</b>
			<b>Overall Totals:</b>	<b>40</b>	<b>40</b>		

007019

**Columbia University**  
**in the City of New York**

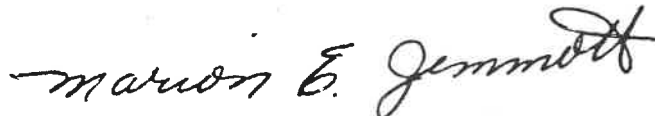
November 18, 1977

Jill Jones

By direction of the President of Columbia University,  
I have the honor to inform you of your appointment as  
Lecturer in Social Work (part-time)

in Columbia University. This appointment is made in  
accordance with the provisions of the Statutes and  
under the terms noted below.

Please signify your acceptance.

  
*Marion E. Gemmott*  
Acting Secretary of the University

Salary at annual rate of:  
(payable monthly)      no salary

Effective date:              September 1, 1977 to May 31, 1978



EDWARD J. SACHAR, M.D.  
DIRECTOR

Office of Mental Health  
New York State  
Psychiatric Institute

722 WEST 168TH STREET, NEW YORK 10032  
CODE 212: 568-4000

MICHAEL SHEEHY, M.D.  
DEPUTY DIRECTOR  
RAYMOND J. DEVLIN, M.S.  
DEPUTY DIRECTOR—ADMINISTRATION

September 20, 1979

Ms. Jill Jones  
Psychiatric Institute  
10th Floor

Dear Ms. Jones,

Your participation as a member of the Psychiatric Institute-Department of Psychiatry Institutional Review Board is greatly appreciated. Your service promotes both the safety and quality of research in our Institute and Department, as well as the efficiency with which it is conducted.

On Dr. Kornfeld's recommendation I would like to reappoint you to serve as an IRB member for another year as of October 1, 1979.

With the reorganization of the IRB as a joint Columbia-P.I. undertaking, I trust you will derive increased satisfaction from the opportunity to interact directly with the Columbia P & S faculty, and will find the Board's functioning more efficient and effective.

Sincerely,

A handwritten signature in cursive script that reads "E. J. Sachar".

Edward J. Sachar, M.D.  
Director

EJS/JAP

**State Of New Jersey  
Department Of Law and Public Safety  
Division of Consumer Affairs**

THIS IS TO CERTIFY THAT THE  
**BOARD OF SOCIAL WORK EXAMINERS**

HAS LICENSED

**JILL SODERMAN  
35 ROCKBURN PASS  
WEST MILFORD NJ 07480-3114**

FOR PRACTICE IN NEW JERSEY AS A(N): LIC CLINICAL SOCIAL WORKER

STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS  
THIS IS TO CERTIFY THAT  
BOARD OF SOCIAL WORK EXAMINERS  
HAS LICENSED  
JILL SODERMAN  
LIC CLINICAL SOCIAL WORKER  
09/01/00 TO 08/31/02  
VALID  
SC 04258  
SIGNATURE  
*Mark S. Heur*

PLEASE DETACH HERE

**IF YOUR LICENSE/ID CARD  
IS LOST PLEASE NOTIFY:**

BOARD OF SOCIAL WORK EXAMINERS  
PO BOX 45033  
NEWARK NJ 07101

09/01/00 TO 08/31/02  
VALID

**SC 04258**

LICENSE/REGISTRATION/CERTIFICATION #

*Mark S. Heur*

SIGNATURE OF REGISTRANT

DIRECTOR

PLEASE DETACH HERE

**JILL SODERMAN**

EXPIRATION DATE **2002**

YOUR LICENSE NUMBER IS **SC 04258**, PLEASE USE IT IN ALL CORRESPONDENCE WITH YOUR BOARD. USE THIS SECTION TO REPORT NAME AND/OR ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY CHANGES TO YOUR BOARD WITHIN 10 DAYS.

NAME CHANGES REQUIRE A COPY OF LEGAL DOCUMENTATION (I.E. MARRIAGE LICENSE, DIVORCE DECREE, COURT ORDER). COMPLETE BELOW WITH NEW INFORMATION AND FORWARD TO YOUR BOARD AT:

**BOARD OF SOCIAL WORK EXAMINERS  
PO BOX 45033  
NEWARK NJ 07101**

HOME  ADDRESS OF RECORD/MAILING   
BUSINESS

HOME  ADDRESS OF RECORD/MAILING   
BUSINESS

TELEPHONE  
INCLUDE AREA CODE

TELEPHONE  
INCLUDE AREA CODE

**I.D. CARD**

If the law governing your profession requires current license/registration/certification be displayed, it should be within reasonable proximity of your original license at your principal office or place of business.

Phone: (973) 728-1894  
Fax: (973) 728-6062

*red*

JILL SODERMAN, MSW, LCSW, ACSW, BCCSW

Licensed Clinical Social Worker

Psychanalyst

N.J. Lic. No. SC04258

35 Rockburn Park  
West Milford, NJ 07480

*7/25/01*

*red*

*Y/CMR*

*My new phone # & address are as follows -*

*23 - Cooper Rd.*

*Rock Ridge, NJ 07438 -*

*973-208-8284*

*License needed -*

RECEIVED

JUL 23 2001

By: [Signature]  
Director of Social Work Examiners  
P.O. Box 46972  
Reno, NV 89410



**DEGREE CONSULTING SERVICES**

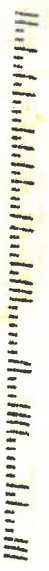
Post Office Box 3533  
Santa Rosa, California 95402 USA

*Reference*



**Jill Jones-Soderman  
5002 E. Butler Dr.  
Paradise Valley, AZ 85253**

8525342011



No Chaparral HS  
✓ Appraisal to  
Anne

Call  
✓ Union Inst  
Peter P.

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at  
Anne M. BeBilling  
Coen School's  
8 Kingsdale Ave  
Cedar Falls ✓  
WJ 07927-

Jennifer



***Institute for Dispute Resolution of New Jersey***

August 19, 2007

To Whom It May Concern:

This letter will serve to confirm that ***Jill Jones-Soderman*** completed a 40-hour Divorce and Family Mediation seminar presented by the Institute for Dispute Resolution of New Jersey in the spring of 2003.

Please feel free to call me if you have any questions. I can be reached during business hours at 201-251-8200.

Sincerely,

Tina Rubenstein  
Director