

*This is one of the letters of acceptance into analytic course  
I attended at Columbia @ latter have been thrown out over  
the years - J.G.F. 5  
1/18/75*

**Columbia University  
College of Physicians and Surgeons**

630 WEST 168TH STREET  
NEW YORK, N. Y. 10032  
OFFICE OF THE DEAN

Ms. Jill Jones:

Academic Year 1974-75

Your admission to the course Psychiatry PM 10, New Issues in the Psychology of Women, has been approved. We look forward to seeing you.

Dates & Time:

October 2-December 4, 1974  
Ten sessions, Wednesday evenings 7:30-9PM

Place:

New York State Psychiatric Institute  
Ninth Floor - Classroom B  
722 West 168th Street, New York City

Wednesday, October 2, 1974 7:20 P.M.

**Parking:** There is some street and driveway parking at the Psychiatric Institute area. Parking for a fee is available at Fort Washington Avenue and West 164th Street. Please inform the guard you are attending a course.

**Subways:** The Medical Center can be easily reached from the West side of New York City by way of the Seventh or Eighth Avenue Subways both of which stop at Broadway and 168th Street. IND: 8th Avenue - take "A" express or "AA" local uptown - IRT: 7th Avenue take the 242nd Street Van Cortlandt Park local train.

Sincerely yours,

*Jose M. Ferrer*  
Jose M. Ferrer, Jr., M.D.  
Associate Dean

JMF:k

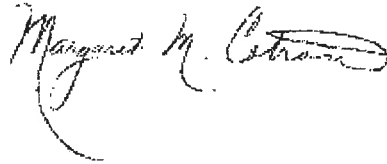
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## Certificate of Completion

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This certifies that **JILL JONES -SODERMAN**, License: NY RPCO13488-1, has successfully completed an approved course on April 2, 2007 in **Child Abuse and Maltreatment/Neglect: Identification and Reporting New York State Mandatory Course** as mandated by Chapter 544 of the Laws of 1988.

This program was presented by the Preventing Child Abuse Network  
New York State Provider Identification: 80669  
2766 South Arlington Mill Drive - Suite 215  
Arlington, VA 22206



**Margaret M. Cotroneo PhD, RN CS**  
(Signature of certifying officer)  
*Approved by the New York State Education Department*

**Contact Hours: 2.00**

**Date: 4/2/07**  
**Location: Remote**

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

### Certification of Completion (Coursework/Training in Identification and Reporting of Child Abuse and Maltreatment)

#### Part A: Trainee Information

1. Trainee must complete all items in Part A. Return to provider for completion of Part B, "Certification by Approved Provider"
2. The provider will return the Certification form, with Part B completed, to the trainee. It is the trainee's responsibility to submit the original copy of this Certification for the New York State Education Department at the appropriate time. It should be submitted along with other relevant forms when the trainee applies initially for, or renews, a license, registration certificate, permit, or teaching certificate.
3. Address for submitting form is as follows:
  - **Professional License or Permit:** New York State Education Department, Division of Professional Licensing Services, (give name of profession), 89 Washington Avenue, Albany, NY 12234.
  - **Reregistering License:** Your certificate should be included with your reregistration application in the envelope provided with those materials.
  - **Teacher Certification:** New York State Education Department, Office of Teaching, 89 Washington Avenue, Albany, NY 12234.

1 SOCIAL SECURITY NUMBER:  2 BIRTH DATE:     
(Leave this blank if you do not have a U.S. Social Security Number) mo. day yr.

3 PRINT YOUR FULL NAME EXACTLY AS IT CURRENTLY APPEARS ON NEW YORK STATE EDUCATION DEPARTMENT RECORDS

Last   
 First   
 Middle

4 MAILING ADDRESS (You must notify the Department promptly of any address or name changes.)

Line 1   
 Line 2   
 Line 3   
 City   
 State  Zip Code

5 Complete information below if you hold, or are applying for professional license(s) or a permit:

Name of Profession(s): \_\_\_\_\_

New York State License Number:

New York State License Number:

Permit Number:

6 Complete information below, if you hold, or are applying for a teaching certificate:

Certificate Title(s): \_\_\_\_\_

New York State Certificate Number (other than Social Security Number, if any):

Trainee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

#### Part B: Certification by Approved Provider

1. Provider must complete Part B.
2. Two copies should be returned to the trainee within ten calendar days of the completion of the coursework or training.
3. The provider of the coursework or training must retain a copy. This copy must be retained in the provider's files for not less than five years from the date the course was completed.

Pursuant to Chapter 544 of the Laws of 198, I certify that the person indicated in Part A has completed the required coursework or training regarding the identification and reporting of child abuse and maltreatment.

Signature of Authorized Certifying Officer: Joseph T. Gleason  
 Approved Provider Name: NYSPPC  
 Identification Number: 90006  
 Date(s) of Coursework or Training: 2-15-06

# CONTINUING EDUCATION CERTIFICATE

This is to certify that

**Jill Soderman,**

has attended, in its entirety,  
the following Continuing Education Activity sponsored by

**Specialized Training Services, Inc.**

9606 Tierra Grande, Suite 105  
San Diego, CA 92126

**High Conflict Divorces**

Title of Activity

Oct. 15, 2002

Date

7

CE Credits (hours)

Douglas Darnall,  
Ph.D.

Presenter

*Drew E. Leavens*

C.E. Director

"Specialized Training Services, Inc. is approved by the American Psychological Association to offer continuing education for psychologists. Specialized Training Services maintains responsibility for the program.

"This activity has been approved for minimum continuing legal education credit by the State Bar of California in the amount of 6.5 hours per day, of which zero hours will apply to legal ethics/law practice, management prevention, detection and treatment of substance abuse and emotional distress/elimination of bias credit, as appropriate to the content of the activity, and STS certifies that this activity conforms to the standards for approved education activities prescribed by the rules and regulations of the State Bar of California governing continuing legal education."

"Specialized Training Services, Inc. is an approved provider to offer continuing education to social workers in California, Texas, Ohio, Florida, Iowa, Illinois and Alabama."

"Specialized Training Services is an approved NAADAC provider of continuing education for alcohol and drug abuse counselors provider #000304.

"STS programs meet the standard for NCC's as set by NBCC (APA approval)."

"This course has been approved by the California Board of Registered Nursing, provider #CEP11575 for 14.5 contact hours. This document must be retained by the licensee for a period of four years after the course concludes."

*Certificate of Continuing Education*  
*Arizona AFCC Chapter Conference*

*Decisions...*

*Decisions...*

*Decisions...*

*Better Decision Making for Children*

*February 4-6, 2005*

*Hilton Sedona Resort*

*Sedona, Arizona*

This is to certify that *Jill G. Jones Soderman* has completed  
*10.5* hours of continuing education

*Lisa Johnson Stone*  
Arizona Chapter President  
February 6, 2005

*ATB*  
Registrar's Initials

# FORENSIC TRAINING INSTITUTE

This is to certify that

**Jill Jones-Soderman, LCSW**

Attended the Annual Conference entitled:

*"Together, Reducing Recidivism"*

held in Las Vegas, NV, September 18-20, 2006 and is hereby awarded 24 CEUs

This conference has been approved by the following boards:

NAFC, ACCFC, NAE, NBCBT, AAFSP Provider #P17563 - State of Illinois, Provider #159-000566 - State of California Provider #PCE-910 - NASW Provider #886369140 - State of Texas, Provider # CS4782



*Mark Taylor, ACCIS*

Chairperson, Board of Governors

*Dorinda Steiker*

Executive Director

*Thomas P. D'Allesandro, Ph.D.*

President