

# Pediatric Abusive Head Trauma (PAHT) Certificate of Training Completion

I, \_\_\_\_\_, fictive kin caregiver of \_\_\_\_\_  
[Name] [Child(ren)'s name(s)]

\_\_\_\_\_ completed the Cabinet for Health and Family Services pediatric abusive head trauma training on \_\_\_\_\_ as required by House Bill 180 of the 2017 legislative session.

[Date]

\_\_\_\_\_  
Signature of fictive kin caregiver

\_\_\_\_\_  
Date

**\*Please return this form to the social service worker assigned to the case so that it may be filed in the case record.**