



**Riverside Methodist
Hospital**
OhioHealth

Riverside Methodist Hospital
3535 Olentangy River Road
Columbus, Ohio 43214-3998

To Whom It May Concern:

When properly completed and signed by a person
authorized to do so, this paper is a verification that

JONATHAN QUIMBY

attended Week 1 on APR - 2 2016
of the Alcohol & Drug Dependency Information/Family
Workshop at Riverside Methodist Hospital. Successful
completion of the Workshop requires attendance at all
three of three-week series (Sessions #1, 2 and 3.) Each
session is three hours in length, on Saturdays from 9 am
to 12 noon, for a total of nine hours of instruction. Sessions
are held at the Susan H. Edwards auditorium at Riverside,
and are under the instruction of instructors qualified in the
area(s) of alcohol and/or drug dependency. The purpose
of the sessions is to present information about addictions
and their treatment. For further information or
verification of attendance, please call: (614) 566-3700

For successful Workshop completion, the participant must
be able to present three (3) of these verification forms, one
for each week attended.

Comments (if appropriate) _____

Authorized signature

Douglas W. Meyer



**Riverside Methodist
Hospital**
OhioHealth

Riverside Methodist Hospital
3535 Olentangy River Road
Columbus, Ohio 43214-3998

To Whom It May Concern:

When properly completed and signed by a person
authorized to do so, this paper is a verification that

JONATHAN QUIMBY

attended Week 2 on MAY 14 2016
of the Alcohol & Drug Dependency Information/Family
Workshop at Riverside Methodist Hospital. Successful
completion of the Workshop requires attendance at all
three of three-week series (Sessions #1, 2 and 3.) Each
session is three hours in length, on Saturdays from 9 am
to 12 noon, for a total of nine hours of instruction. Sessions
are held at the Susan H. Edwards auditorium at Riverside,
and are under the instruction of instructors qualified in the
area(s) of alcohol and/or drug dependency. The purpose
of the sessions is to present information about addictions
and their treatment. For further information or
verification of attendance, please call: (614) 566-3700

For successful Workshop completion, the participant must
be able to present three (3) of these verification forms, one
for each week attended.

Comments (if appropriate) _____

Authorized signature

Douglas S. Meyer



**Riverside Methodist
Hospital**
OhioHealth

Riverside Methodist Hospital
3535 Olentangy River Road
Columbus, Ohio 43214-3998

To Whom It May Concern:

When properly completed and signed by a person
authorized to do so, this paper is a verification that

JONATHAN QUIMBY

attended Week 3 on MAR 5 2016
of the Alcohol & Drug Dependency Information/Family
Workshop at Riverside Methodist Hospital. Successful
completion of the Workshop requires attendance at all
three of three-week series (Sessions #1, 2 and 3.) Each
session is three hours in length, on Saturdays from 9 am
to 12 noon, for a total of nine hours of instruction. Sessions
are held at the Susan H. Edwards auditorium at Riverside,
and are under the instruction of instructors qualified in the
area(s) of alcohol and/or drug dependency. The purpose
of the sessions is to present information about addictions
and their treatment. For further information or
verification of attendance, please call: (614) 566-3700

For successful Workshop completion, the participant must
be able to present three (3) of these verification forms, one
for each week attended.

Comments (if appropriate) _____

Authorized signature _____

Douglas D. Meyer