

Certificate of Completion

This certifies that _____
(licensee name)

Attended the Following:

Course Title _____

Provider Name and Number _____

Provider Address _____

Subject/Category _____

Course Date and Hours _____

Instructor _____
(name) *(license or certificate)*

(signature) *(date)*

Signature of instructor verifies that he/she meets the minimum requirements under California Code of Regulations, Title 16, Division 20 sections 2085.6, 2085.7, 2086.5, and/or 2086.6