

# 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*