

This certificate is awarded to **[Client's Name]** to acknowledge the successful completion of all scheduled sessions with **[Service Provider's Name]**.

Certificate Details:

- **Client Name:** [Client's Name]
- **Provider Name:** [Provider's Name]
- **Service Provided:** [Type of Service, e.g., Physical Therapy]
- **Total Sessions Completed:** [Number of Sessions]
- **Completion Date:** [Final Completion Date]

Certification Statement

This is to certify that the client has completed all required sessions as scheduled, and the service provider acknowledges the satisfactory completion of each session.

Issued by:

[Provider's Name / Company Name]

Signature: _____

Date of Issue: _____