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**Certificate Of Completion**

I certify that I have completed the requirements for the residency in practice:

* I have completed the required number of hours (remote: in-person: ) for number of credits.
* I have posted all time logs reflecting an accurate account and description of time for my residency in practice.
* I have posted all reports and forms as required by the course syllabus.

Name:

Signature:

Residency Placement:

Date: