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CERTIFICATE OF COMPLETION

I CERTIFY THAT I HAVE:

COMPLETED THE REQUIRED NUMBER OF HOURS \_\_\_\_\_FOR \_\_\_ NUMBER OF CREDITS.

(Remote=\_\_\_\_ In Person=\_\_\_)

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 JOURNALS AS REQUIRED BY THE COURSE SYLLABUS.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Residency Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_