## **CERTIFICATE**

Of Excellence

[Organization name] certifies

## Name Surname

## As an Emergency Medical Technician

Duly registered together with all the rights and privileges appertaining thereto in consideration of having satisfied the prescribed national standards for certification. In Testimony whereof, the seal of the national registry of Emergency Medical Technicians and signatures as authorized by the Board of Directors are hereunto affixed this Twentieth day of January, 2015 AD.



Date

signature