

# CERTIFICATE

OF PARTICIPATION



*Name Surname*

MOBIHEALTH

was entitled to receive this certificate by successfully completing the Mobile Health Literacy training program.

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DATE



# KATILIM BELGESİ



*Name Surname*

MOBIHEALTH

Mobil Sağlık Okuryazarlığı eğitim programını başarıyla tamamlayarak bu belgeyi almaya hak kazanmıştır.

TARİH

