

**GODDARD SYSTEMS**

UNIVERSITY

**GODDARD SYSTEMS**

UNIVERSITY



Presented to:

Participant name

In recognition of having successfully completed the prescribed course of study for:

**Course Title-Webinar**

**1 clock hour**

***Goddard Systems, Inc. is authorized by IACET to offer .1 CEUs for this program.***



***(Electronic Signature)***

***TRAINER NAME*** DATE

