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|  | |  |  | | --- | --- | |  | **ISO 14155 Training Certificate** | | f |
|  | ***Certificate of Completion***  **Affiliation/Department: CAUH/DEPARTMENT**  **Date of Birth: YYYY-MM-DD**  **Name: [NAME]**  **Certificate No.: CAUH-ISO 14155 GCP-YYYY-001**  This is to certify that **[Name]** successfully completed ISO 14155:2020 training on **DD-MMM-YYYY.**    **직인 또는 서명**  **Chung-Ang University Hospital**  **Biomedical Research Institute** |  |
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