

Certificate of Completion

is hereby granted to

Name _____

to certify that he/she has completed to satisfaction

The WSDA HIV/AIDS 7 Hour Training Course For Dental Health Workers

Granted: Date _____

By signing, you attest that you have viewed and listened to all 6 Units in their entirety and have completed seven hours of HIV/AIDS training.

Signature _____

Course Instructor: Theresa Allyn B.S., M.Ed
