



**Certificate of Completion**  
**IS HEREBY GRANTED TO**

\_\_\_\_\_  
Vera Cousino

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

\_\_\_\_\_  
DMA Train The Trainer

TYPE OF TRAINING

\_\_\_\_\_  
2/19/2020  
COMPLETION DATE

\_\_\_\_\_  
*Matthew D. St. Vincent*  
TRAINER SIGNATURE