



Certificate of Completion
IS HEREBY GRANTED TO

KRISTEN HAAS

NAME

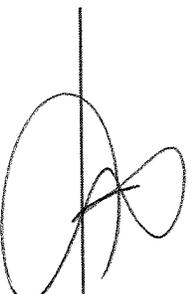
TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA CERTIFICATION - INITIAL CLASSROOM

TYPE OF TRAINING

07/29/2020

COMPLETION DATE


DAVID SCHWARTZ

TRAINER SIGNATURE