



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

Jennifer Herrington

NAME

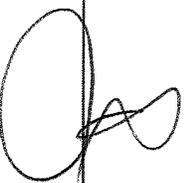
TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA CERTIFICATION - Initial Classroom Training

TYPE OF TRAINING

09/09/2020

COMPLETION DATE

  
David Schwartz

TRAINER SIGNATURE