

Certificate of Completion
IS HEREBY GRANTED TO

Daniel West

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical Training

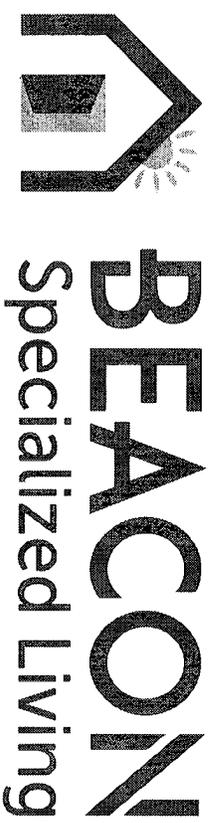
TYPE OF TRAINING

08/18/21

COMPLETION DATE

M. Shofy, AHM

TRAINER SIGNATURE



Certificate of Completion
IS HEREBY GRANTED TO

Heather Cadieux

NAME

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Medical Training

TYPE OF TRAINING

08/18/21

COMPLETION DATE

H. Shofy, AHM

TRAINER SIGNATURE



Certificate of Completion
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Sara Wyman

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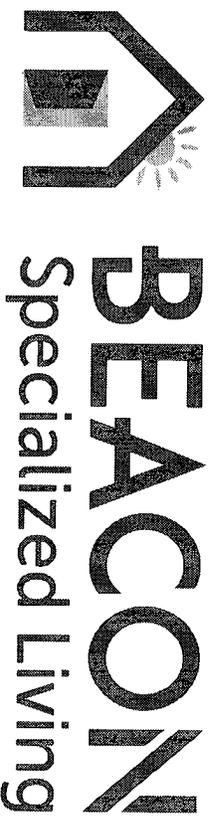
TYPE OF TRAINING

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COMPLETION DATE

A. Shubert, ATN

TRAINER SIGNATURE



Certificate of Completion
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Desiree Wood

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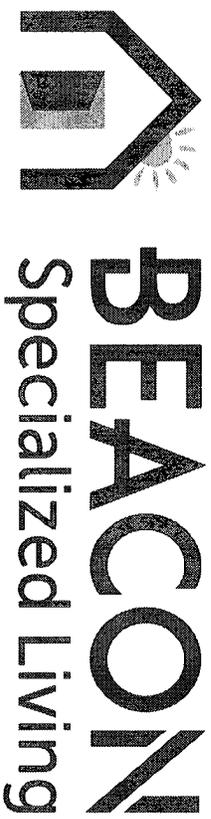
TYPE OF TRAINING

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COMPLETION DATE

A. Scholz, ATMM

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Certificate of Completion
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Amanda Davis

NAME

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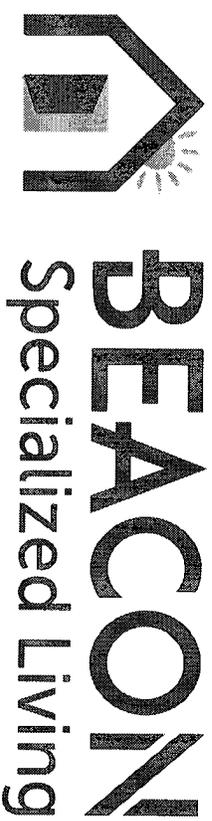
TYPE OF TRAINING

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COMPLETION DATE

A. Schubert, AAM

TRAINER SIGNATURE



Certificate of Completion
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Susan (Amanda) Nielsen

NAME

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Medical Training

TYPE OF TRAINING

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COMPLETION DATE

A. S. [Signature]

TRAINER SIGNATURE



Certificate of Completion
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Courtney Wirgau

NAME

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Medical Training

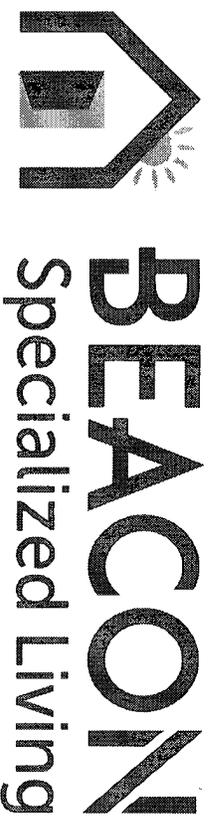
TYPE OF TRAINING

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COMPLETION DATE

A. Sholtz, AHM

TRAINER SIGNATURE



Certificate of Completion
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Courtney Aube

NAME

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A. S. Sholz, A.H.N.

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Certificate of Completion
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Dyllan Vanderveer

NAME

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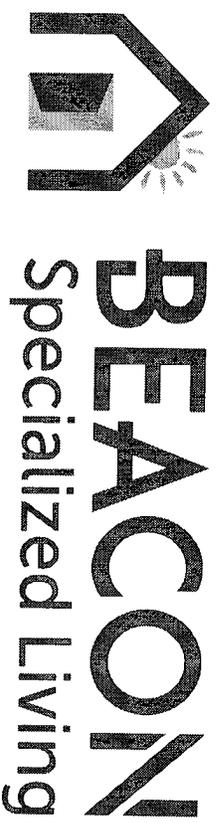
TYPE OF TRAINING

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COMPLETION DATE

N. Sholz, AHM

TRAINER SIGNATURE



Certificate of Completion

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Morgan Scholz, Assistant Home Manager

NAME

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Medical Training

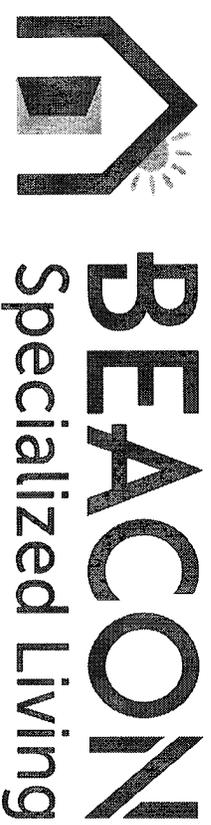
TYPE OF TRAINING

08/18/21

COMPLETION DATE

A handwritten signature in black ink, appearing to read "M. Scholz", written over a horizontal line.

TRAINER SIGNATURE



Certificate of Completion
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Tabitha Elliot

NAME

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Medical Training

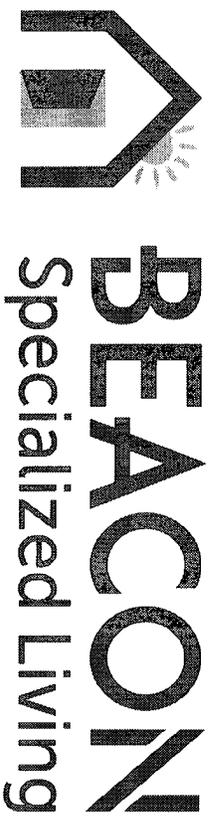
TYPE OF TRAINING

08/18/21

COMPLETION DATE

NP Schrody, AHM

TRAINER SIGNATURE



Certificate of Completion
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Dylan Potvin

NAME

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Medical Training

TYPE OF TRAINING

08/18/21

COMPLETION DATE

He Scholz, AHM

TRAINER SIGNATURE