

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

Anthony Allen

NAME

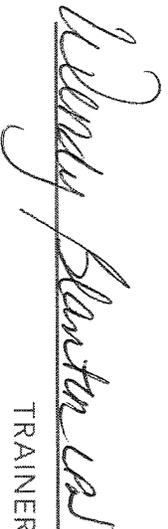
TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA/medical training

TYPE OF TRAINING

9-7-21

COMPLETION DATE

A handwritten signature in cursive script that reads "Wendy Stanton".

TRAINER SIGNATURE