



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

Kelly Krutsch

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA/medical training (annual)

TYPE OF TRAINING

9-7-21

COMPLETION DATE

A handwritten signature in cursive script, appearing to read "Kimberly Blawieck", written over a horizontal line.

TRAINER SIGNATURE