



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

\_\_\_\_\_  
Jamie Wilson

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

\_\_\_\_\_  
DMA TRAINING (Hands on)

TYPE OF TRAINING

\_\_\_\_\_  
7-9-2021

COMPLETION DATE

\_\_\_\_\_  
*Wendy Roberts*

TRAINER SIGNATURE