



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

\_\_\_\_\_  
Mandy Betancourt

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

\_\_\_\_\_  
DMA Medical Training

TYPE OF TRAINING

\_\_\_\_\_  
COMPLETION DATE

\_\_\_\_\_  
TRAINER SIGNATURE

*T. Woodward*