

# Certificate of Completion for Field for the name of the course

This certifies that

**Jane Doe**

First name Last name

field.for.email@fraserhealth.ca

has completed the  
field for the name of the quiz  
with a score of X out of 10.



**fraserhealth**

\_\_\_\_\_  
Signature of Supervisor:

Field for date  
Date Issued: