Kaduceus™
"HANDS-ON" CAREER TRAINING

_____ Attestation of Successful Completion of Course Form

Program

The students named below have successfully completed the program listed above at: _____ with a 70% or above. The students completed the course from

School Name – Address, City, State Zip

_____/_____ through _____/_____.

Month Year Month Year

LAST NAME	FIRST NAME

IMPORTANT: Some schools may require students to maintain a higher grade average. In those case, the school's requirements will supersede the requirements of Kaduceus.

At this time, all certificates of completion will be sent via email.

By signing this form, I am verifying that each student listed above has successfully completed the program with a 70% or above class average, and has demonstrated safe and competent skills inherent to the role.

Instructor Name: _____ **Date:** _____

Instructor Signature: _____

Please allow 5 days for certificates to be created and emailed.