

CERTIFICATE OF TRAINING

THIS IS TO CERTIFY THAT

Lisa Garcia

(NAME OF EMPLOYEE)

HAS SUCCESSFULLY COMPLETED THE TRAINING PROGRAM

HIPAA

TRAINING WAS COMPLETED ON

03/07/2011

(DATE)

TRAINING WAS CONDUCTED BY

Emma Diaz

(NAME OF INSTRUCTOR)

NATIONAL
safety
COMPLIANCE
www.osha-safety-training.net

CERTIFIED BY



(SIGNATURE OF INSTRUCTOR)