

Registration Support Desk  
63jds@reg-convention.com

Certificate of Training

Registration No.: R \_\_\_\_\_

Name: \_\_\_\_\_

School of Graduation: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Training Facility: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ is in residency  
training at our facility.

Date:

Trainer

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_