

Certificate of Course Completion

Disaster Preparedness for Child Providers

This certificate verifies that

(First and Last name)

has completed a class in Disaster Preparedness for Child Care Providers

Course Completion Date: _____

Month/Day/Year

Instructor's Name: _____

Instructor's Signature: _____

Instructor's Organization: _____

Professional Development Hour(s) _____

[Delete this text
box and paste your
organization's logo
here]