



# Doña Ana County Head Start CERTIFICATE OF TRAINING

THIS IS TO CERTIFY THAT: \_\_\_\_\_

PARTICIPATED IN: \_\_\_\_\_  
(name of training)

GIVEN BY: \_\_\_\_\_

DATE: \_\_\_\_\_ TOTAL NUMBER OF TRAINING HOURS: \_\_\_\_\_

AREA OF COMPETENCY: \_\_\_\_\_

\_\_\_\_\_  
Signature of Trainer



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