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Doña Ana County Head Start CERTIFICATE OF TRAINING

THIS IS TO CERTIFIY TH	AT:	_
PARTICIPATED IN:	(name of training)	-
GIVEN BY:		_
DATE:	TOTAL NUMBER OF TRAINING HOURS:	_
AREA OF COMPETENCY	:	
	Signature of Trainer	
CE	Doña Ana County Head Start RTIFICATE OF TRAININ	١G
THIS IS TO CERTIFIY TH	AT:	_
PARTICIPATED IN:	(name of training)	-

GIVEN BY:

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DATE:	TOTAL NUMBER OF TRAINING HOURS:
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AREA OF COMPETENCY:_____

Signature of Trainer