

*Example #1*

*Presented to*

*FirstName LastName*

By \_\_\_\_\_

Name of Agency

Medicaid Provider Number: \_\_\_\_\_

*For completing CD training related to*

*Health and Safety*

\_\_\_\_\_  
*Trainer's Typed name (Signature online)*

\_\_\_\_\_  
*Area Office*

\_\_\_\_\_  
*Date*