**CERTIFICATE OF REGISTRAR TRAINING COURSE COMPLETION**

\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, completed the Registrar Training Program on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I am:

☐ Registrar’s Primary Contact

☐ Designee of Registrar

(Please choose one.)

The undersigned signs this certificate as of the date indicated under the title.

**[REGISTRAR]**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Title: