

If you make changes to this document, you will need to save it elsewhere and not on this CD-ROM. Documents in this CD-ROM can not be modified.

Sample Certificate of Attendance

[Name of Sponsoring Organization]

certifies that

[Name of participant]

has successfully completed training on the

*Checklist for Screening Clients Who Want to Use
[COCs, DMPA, or IUDs]*

(Date)

(Place)

Name of person issuing certificate
Title
Sponsoring Organization

Name of person issuing certificate
Title
Sponsoring Organization

