**CERTIFICATE OF COMPLETION**

**This Certificate is Presented to:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Successfully Completing the Department of Social Services Community Options PCA Training and Certification Test**

**on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.**

**Signed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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