# **Certificate of Completion**

[Recipient Name]

is hereby recognized as completing a two-day clinical refresher course on

Assisted vaginal delivery via vacuum extraction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  | | --- | --- | | Presented By: | [Signatory name(s)] | | On This Day: | [Click to select a date] | |