Insert organization logo or insignia

CERTIFICATE OF COMPLETION

If applicable include logo from the collaborating organization

[TRAINING AGENCY]

TEMPLATE – PLEASE INSERT INFO

This Certifies that

[Name of Person]

has successfully completed the required **[Insert number]** hours of study for the Oregon Health Authority [Insert TWH Type and sub-type if applicable]
OARs are 950-060-0000 -- 950-060-0160.
[If applicable] - Designation: With Lived Experience (for Peers) or Community Experience (for Community Health Workers) only

Training dates: mm/dd/yyyy to mm/dd/yyyy

Click to add text

Name of Instructors

Click to add text

Date

CERTIFICATE OF PARTICIPATION

Insert organization logo or insignia

[TRAINING AGENCY]

If applicable include logo from the collaborating organization

This Certifies that

[Name of Person]

has participated in [Insert number] hours of study for the Oregon Health Authority [Insert TWH Type] and has attended

Training dates: mm/dd/yyyy to mm/dd/yyyy

Click to add text

Name of Instructors

Click to add text

Date