

# Certificate of Completion:

***ISST approved training module***

*Specialty Area:(list)*

***(****Name of the participant****)***

Has Attended: (dates)

ISST Approved Training Program name:

**Content of Training Program or Module**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Workshop Name | Subject covered | Hours Specified | Number of participants | Trainers |
|  |  | Didactic: |  |  |
| Role-play: |  |  |

***Literature used in this module:***

Printed Name & Signature of Training Facilitator Date

Printed Name & Signature of Training Program DIrector Date

(if different)