

# Certificate of completion

*This is to certify that*

**Sample Student**

*has successfully completed the*

*preventing wrong site surgery course*

*meeting all requirements of the Pacific Medical Training curriculum.*



XXXX-XX-XX

Issue date

XXXX-XX-XX

Renew by

1234-5678-9012

eCard code

*Will Etnio*

Program manager

Scan to verify

© Pacific Medical Training. To verify authenticity, visit <https://pacmed.net/verify>