

Certificate of completion

This is to certify that

Sample Student

has successfully completed the

medical scribe program

meeting all requirements of the Pacific Medical Training curriculum.



XXXX-XX-XX

Issue date

XXXX-XX-XX

Renew by

1234-5678-9012

eCard code

A handwritten signature in black ink, appearing to read "Will E. Harris".

Program manager



Scan to verify

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