Certificate of Completion

This is to acknowledge that _____ has completed
Print Name

the following **PART**® training through _____
Employer/School

[ ] Basic [ ] Dementia Enhancement

[ ] Intermediate, plus the following *Advanced* techniques:
[ ] Two worker escort [ ] Three worker escort

[ ] Advanced [ ] Initial Training [ ] Re-evaluation

Date: _____ (Basic and Intermediate require re-evaluation in 3 years; Advanced in 2 years).
mm/dd/yyyy

Trainer: _____ _____
Print Name Signature

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