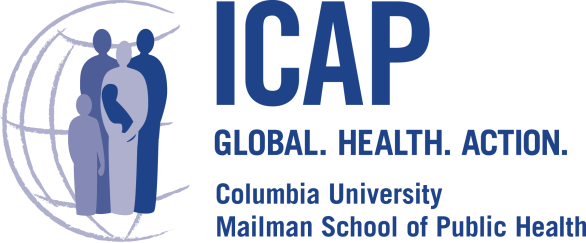
** **

Certificate of Participation

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participated in the Workshop**

**PrEP Training for Providers**

**in Clinical Settings**

**>INSERT TRAINING DATE<**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**>INSERT TRAINER’S NAME, TITLE, AND ORGANIZATION<**