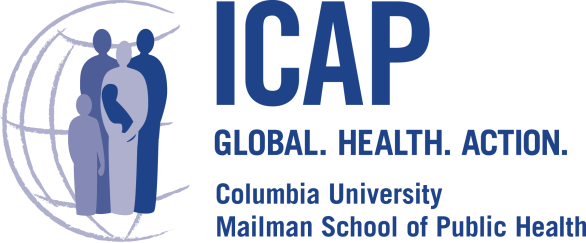
** **

Certificate of Completion

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

**Completed:**

**PrEP Training for Providers**

**in Clinical Settings**

**>INSERT TRAINING DATE<**

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

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