



# Certificate of Completion

Is hereby granted to

Participant Name

To certify that he/she has completed the

XXX Fitter Pre-Certification Course

This program has been approved to fulfill the educational requirements by the American Board for Certification in Orthotics, Prosthetics and Pedorthics (and possibly another credentialing organizations name) to become eligible for XXX Fitter certification.

\_\_\_\_\_  
Presenter Name Printed (signed above)

\_\_\_\_\_  
Date course completed