

## UNDERGRADUATE TRAINING DEPARTMENT

### END OF TRAINING CERTIFICATE

Respected Training Coordinator at the University of .....

The Department of Academic Affairs and Training at the Riyadh Second Health Cluster certifies that the trainee mentioned below has completed all the training requirements at the training site ..... in the department of ..... from the date of ..... to ....., for inquiries, please contact (Name) ..... on the number ..... or e-mail .....

<b>Name:</b>	_____	_____	_____
	(First)	(Middle)	(Last)
<b>Category:</b>	<input type="checkbox"/> Student	<input type="checkbox"/> Intern	<b>ID Number:</b> _____
<b>Department:</b>	_____	<b>Training Duration:</b>	_____

<b>Name of the Director of Academic and Training Affairs Department:</b>	_____	<b>Stamp:</b>
<b>Signature</b>	_____	

