

Certificate of Achievement

Having achieved all the requirements and outcomes of

FIRST AID LEVEL 3

Awarded to

C. MAHER

8010165052086 *Id Number*

CI: 685

Registration Number

Presented by Destination Medicine under this seal on

Principal Signature





01/11/2028

Expiry Date

Signature

FAL3/10/2024/001 *Certificate Number*

This certificate is issued without any alteration of any kind