

Discover More



Certificate of Completion

This certificate of completion shall serve as evidence of successful completion of training by:

[Redacted]



User Name:

[Redacted]

Title:

cobas e 411 Operator Training (customized)

Completion date:

Friday, October 4, 2024

Training Location:

Session Start Date:

9/30/2024

Session End Date:

10/2/2024

Course Duration:

20 Hours 0 Minutes

Trainee Signature

[Redacted]

Date of Signature (dd-mmm-yyyy)

04-10-2024

Man

[Redacted]

The training certificate is only available after training is completed. The absence of signatures does not indicate incomplete training.