



# Certificate of Completion

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



User Name:



Title:

cobas pro integrated solutions Operator Training (customized)

Completion date:

Tuesday, June 29, 2021

Training Location:

Session Start Date: 6/21/2021

Session End Date:

6/25/2021

Course Duration:

40 Hours 0 Minutes

Trainee Signature

Manager Signature

Date of Signature (dd-mm-yyyy)