Public Health Ontario | **Santé publique Ontario**
PARTNERS FOR HEALTH | PARTENAIRES POUR LA SANTÉ

certificate
of Completion

<<Insert name of facility>>

hereby attests that

«Insert name»

has successfully completed

IPAC Core Competencies
«Insert Title of Module»

_____   _____
Signature of trainer   **Date**

Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé