(Insert Agency, Date, Location) - VR CET - Substance Use Disorder I Course

Last Name	First Name	Email	Package	Attendance
			VR CET - Substance Use Disorder I	
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			VR CET - Substance Use Disorder I	
			VR CET - Substance Use Disorder I Course	

All students above have successfully passed the certififcation listed.

Instructor Name: _____

Date: _____

Signature: _____