

Spanish For All Austin, L.L.C

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40 Hours Hea	hcare Interpreter Training Certificate of Completion Award
	that my signature is a recognition that I agree to receive
	a 40 hours Healthcare Interpreter Training Certificate of Completion
from Spanish Fo	All Austin, L.L.C after successful completion and passing of requirements.
I,	that my signature is a recognition that I agree if I do not pass
*	o receive a letter of statement (not certificate) of attendance, accompanied by a student did not pass the criteria for successful completion.
Student's name:	
Signed:	Date: