Certificate of Participation

 This is to certify that

 [Enter First and Last Name]

 [jurisdiction/organization/facility]

 Participated in the

 **Statewide Medical and Health Exercise**

 On

 [Insert day of week], [Insert month and day], 2023 [Insert location]

 **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

