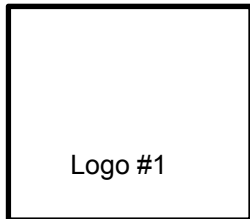


CERTIFICATE of TRAINING  
*[Training Name]*  
*Navigator Training for Cancer Care*

**Trainee Name**

*For successfully completing the 48-hour Cancer Patient Navigator course on Month DD, YYYY, and demonstrating the skills necessary to provide patient navigation. This course took place in [City, State] and was instructed by [organization name] program staff and various faculty.*



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[Signatory #1]  
[Title]  
[Organization]

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[Signatory #2]  
[Title]  
[Organization]



Funding provided by [name of funding organization]