

**Certificate of Training**

**This Certifies that**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has completed the Non-Metro Area Agency on Aging Nutrition training course NM-AAA Training #3**

**And is Awarded this Certificate By**

**Non-Metro Area Agency on Aging**

**Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Constance Rudnicki MS, RDN, LD**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Authorized Signatures***