

# Certificate of Completion

*Be it known that*

**Laura Monaco**

*Has Satisfied the requirements for a Training course in  
Adult/Child/Infant CPR*

*Issued:* 12/28/2023

*Expiration date:* 12/28/2025



*Instructor*

*Student*

*Certificate ID:* 2129088449

*This Student has Passed Basic Skills Evaluation in Accordance with the **eCPRcertification.com** Terms and Conditions.  
This Certificate is issued by **eCPRcertification.com**. [CustomerService@eCPRcertification.com](mailto:CustomerService@eCPRcertification.com) 866-608-6129*