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| **NC Division of Vocational Rehabilitation Services** |  | **NC Division of** **Services for the Blind** |

**CERTIFICATE OF COMPLETION**

 **This certificate is presented to (full name)**

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**For successfully completing the following training**

CAREER COUNSELING

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|  |

**DATE OF TRAINING:**

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**LOCATION OF TRAINING:**

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**TRAINING PROVIDED BY:**

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**ORGANIZATION:**

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**SIGNATURE:**

dsb-4008sub-VR-C A copy is to be retained by Agency Client ID:

 New 9/2016 Date Certificate Provided to Recipient:
 Method:      Initial: