

# CERTIFICATE

Of Completion

Inclusion of Special Populations Training

**Turner, Michele**

**Date of Completion: April 22, 2025**

Time of Completion:

I hereby certify that I have successfully completed Inclusion of Special Populations Training of 703 KAR 5:070 and received a score of 100% on the certification quiz.

\_\_\_\_\_  
Name (print / signature)

\_\_\_\_\_  
Date

**Spring 2025**