

# Certificate of Completion

*Be it known that*

**Joachim LaValley**

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

*Issued: 01/23/2014*

*Expiration date: 01/23/2016*



*Instructor*

*Student*

*Certificate ID: 09K41631A5334441W*

*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*

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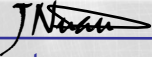
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Instructor

Student

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**eCPRcertification.com**

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**WebAccess, LLC**

**866-608-6129**

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January 23, 2014

Billed to: Lori LaValley  
52 E. Madison Ave.  
Springfield, OH, 45504

Certificate: 09K41631A5334441W

Item name	Price	Date Purchased
CPR (Adult/Child/Infant) Wall Certificate Only	\$21.79	01/23/2014
<b>Total:</b>	<b>\$21.79</b>	

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