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# Certificate Of Completion

**Timothy De Jesus**

Test Title: Have you heard about the (other) major regulatory change this year?

Date Test Taken: February 21, 2025

Test Published: January 2025

Contact Hours: 1

Program Number: 351-100-25

Test Score: 0%

Certificate ID: 878F0-3031BBC-7B79C

*I certify that this individual has completed the program requirements.*

Amanda Voelker MT (ASCP), MPH, Clinical Education Coordinator

Florida JC File# \_\_\_\_\_ JP# 0000496 CC# \_\_\_\_\_

State License Information, if applicable: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The **California** accrediting agency number is: 0001.

Please do not send to the P.A.C.E.® office. This is your official record.

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