|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Congratulations | | | | |
| you have now completed your telecimt program! | | | | |
| awarded to | | | | |
| Name of Recipient | | | | |
| **During your program, you achieved the following:**  **Number of repetitions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Hours of training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Well done, your dedication and hard work has paid off! | | | | |
|  | From your treating team |  | Date |  |