

Certificate of Professional Education

This is to certify that

[FIRSTNAME LASTNAME]

Successfully completed a [X0] hour program in

[PROGRAM NAME]

Consisting of:

**[COURSE 1]
[COURSE 2]
[COURSE 3]
[COURSE 4]**

[X] CONTINUING EDUCATION UNITS (CEUs)

[DATE OF CERTIFICATION]

Director Extension School Education
on behalf of the Quality Assurance Board



Prof.dr.ir. Arno Smets