

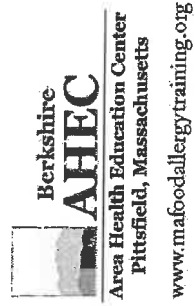
# CERTIFICATE OF ALLERGEN AWARENESS TRAINING

**Name of Recipient: Sandra L Hillson**

**Date of Completion: February 24, 2019**

**Date of Expiration: February 24, 2024**

**Issued By:**



*The above-named person is hereby issued this certificate for completing an allergen awareness training program recognized by the Massachusetts Department of Public Health in accordance with 105 CMR 590.009(G)(3)(a).*

*This certificate will be valid for five (5) years from date of completion.*