



Certificate of Completion

Professional Internship Program

This is to certify that

[Recipient Name]

has successfully completed the required internship program at
[Organization Name] from **[Start Date]** to **[End Date]**.

Internship Position	[Position Title]
Department	[Department Name]
Duration	[Number of Weeks/Months]
Location	[Location]

Awarded this **[Day]** day of **[Month, Year]**.

Internship Supervisor

Human Resources