



# 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