



CENTER FOR PROFESSIONAL STUDIES

This is to certify that

Your Name

*having completed the program of professional study prescribed by the Center
is hereby awarded the*

CERTIFICATE IN HEALTH DATA ANALYSIS

Awarded the seventh day of October, two thousand twenty-six

PRESIDENT



DEAN OF PROFESSIONAL STUDIES

CREDENTIAL NO.
SAMPLE-3234525

VERIFY THIS CREDENTIAL
professionalstudies.org/certificate

