

(Article 10)

No. \_\_\_\_\_

Name

Date of birth      dd / mm / yyyy

### Certification of Completion

This is to certify that the above-named has completed the following training course as a trainee in the International Training Program for Radiological Protection at the Institute of Radiation Emergency Medicine, Hirosaki University.

Course period    from    dd/mm/yyyy    to    dd/mm/yyyy

Training course

Category

Training field

Date    dd/mm/yyyy

Institute of Radiation Emergency Medicine  
Hirosaki University

Director

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