

**American Academy of CPR & First Aid, Inc.**

*This is to certify that*

**CHEYANNE KELLY**

*has completed the course in*

**Basic First Aid Course**

*This individual has successfully completed the above mentioned course, and has demonstrated proficiency in the subject by passing the examination, in accordance with the terms and condition of American Academy of CPR and First Aid, Inc.*

**AB1070004-FA**

**04/11/2019**

**04/11/2021**

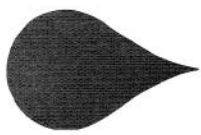
**J. Gowari MD**

*Certification Number*

*Issue Date*

*Renewal Date*

*Director of Training  
Jebangir Gowari, MD*



**American Academy of CPR & First Aid, Inc.**

*This is to certify that*

**CHEYANNE KELLY**

*has completed the course in*

**Adult CPR**

*This individual has successfully completed the above mentioned course, and has demonstrated proficiency in the subject by passing the examination, in accordance with the terms and condition of American Academy of CPR and First Aid, Inc.*

**AB1070004-ADL**

**04/11/2019**

**04/11/2021**

**J. Gowari MD**

*Certification Number*

*Issue Date*

*Renewal Date*

*Director of Training  
Jehangir Gowami, MD*