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|  | **CERTIFICATEof ACHIEVEMENT** |  |
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|  | THIS ACKNOWLEDGES THAT |  |
|  INTERN NAME |
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|  |  |  |  |  |
|  | HAS SUCCESSFULLY COMPLETED |  |
|  |  |  |
|  | •STATE OF DELAWARE•INTERNSHIP PROGRAM |  |
|  |  |  |
|  |   |  | **Erica Pratz**, Program Coordinator |  |
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