Certificate of
Internship COMPLETION

# This Acknowledges That

*Recipient Name*

# Has Successfully Completed The

 Clinical Psychology Post-Doctoral Internship at

|  |  |
| --- | --- |
| Start date – end date | Tiffany Griffiths, Psy.D. DateTraining Director |

 Tiffany Griffiths, Psy.D. & Associates