



# Certificate of Completion

This Acknowledges That

**[Name of Recipient]**

Completed the **[Name of Program – Activity ID]**  
Offered by **[Name of Organization]**

And has earned **[Number]** PDCs towards SHRM recertification

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Signature of Affiliate Representative  
Printed Name, Title  
Organization Name

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Date of Program or Course

**[Organization Name]** is approved by SHRM to offer Professional Development Credits (PDCs) for the SHRM Certification Program (SHRM-CP® or SHRM-SCP®). For more information about SHRM certification or recertification, please visit [www.shrmcertification.org](http://www.shrmcertification.org).





# Certificate of Participation

This Acknowledges That

**[Name of Recipient]**

Participated in the **[Name of Program – Activity ID]**  
Offered by **[Name of Organization]**

And has earned **[Number]** PDCs towards SHRM recertification

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Signature of Affiliate Representative  
Printed Name, Title  
Organization Name

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Date of Program or Course

**[Organization Name]** is approved by SHRM to offer Professional Development Credits (PDCs) for the SHRM Certification Program (SHRM-CP® or SHRM-SCP®). For more information about SHRM certification or recertification, please visit [www.shrmcertification.org](http://www.shrmcertification.org).





# Certificate of Attendance

This Acknowledges That

**[Name of Recipient]**

Attended the **[Name of Program – Activity ID]**  
Offered by **[Name of Organization]**

And has earned **[Number]** PDCs towards SHRM recertification

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Signature of Affiliate Representative  
Printed Name, Title  
Organization Name

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Date of Program or Course

**[Organization Name]** is approved by SHRM to offer Professional Development Credits (PDCs) for the SHRM Certification Program (SHRM-CP® or SHRM-SCP®). For more information about SHRM certification or recertification, please visit [www.shrmcertification.org](http://www.shrmcertification.org).