



# CERTIFICATE OF PARTICIPATION

*The Center for Health & Learning is proud to certify that*

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**has completed all units of learning for *Health Quest for Chronic Disease Prevention*  
and has established an action plan for:**

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(Name of school)

A handwritten signature in black ink, appearing to read "JoEllen Tarallo-Falk". The signature is written in a cursive style and is positioned above a horizontal line.

**JoEllen Tarallo-Falk, Executive Director**

**Date**