



## Verification Certificate

### Certificate Holder's Information

#### CVC

CVC49cb679

#### CERTIFICATE TYPE

Certificate of completion

#### CERTIFICATE HOLDER'S NAME

Said Salim Said

#### CERTIFICATE HOLDER'S NUMBER

505

#### CERTIFICATE HOLDER'S EMAIL

[admin@lacb.org.ly](mailto:admin@lacb.org.ly)

### Course Information

#### DISCIPLINE / COURSE TITLE

الدبلومه المهنية في التمريض

#### COURSE START DATE

12/09/2022

#### GRADUATION DATE

02/03/2023

#### COUNTRY

Libya

#### CITY

Benghazi

### Organization's Information

[avatar user="lacb" size="96" align="left"]

**Libyan Association for capacity Building** (ID: 45)  
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[info@lacb.org.ly](mailto:info@lacb.org.ly)  
[www.lacb.org.ly](http://www.lacb.org.ly)

Issued on 12th May 2025

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