

## **Verification Certificate**

## **Certificate Holder's Information**

CVC	
CVCf16d8f4	
CERTIFICATE TYPE	
Certificate of completion	
CERTIFICATE HOLDER'S NAME	<b>CERTIFICATE HOLDER'S NUMBER</b>
Amani Fouad AlZarouk	737
CERTIFICATE HOLDER'S EMAIL	
info@lacb.org.ly	
Course Information	
DISCIPLINE / COURSE TITLE	
دورة التمريض المتقدم	
COURSE START DATE	GRADUATION DATE
10/06/2021	14/07/2021
COUNTRY	CITY
Libya	Bingazi

## **Organization's Information**

## Libyan Association forcapacity Building (ID: 45

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

+218924575404 info@lacb.org.ly www.lacb.org.ly

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