

Certificate...CHN/GP15/391.....



REPUBLIC OF THE GAMBIA

**MINISTRY OF HEALTH, SOCIAL WELFARE AND WOMEN'S AFFAIRS,
THE GAMBIA**

This is to certify that

MAMADI CAMARA

.....
Attended a course of training in Community Health at the
School for Enrolled Community Health Nurses, Mansakonko,

from.....**1st May**.....**20.01**..... to **1st May**.....**20.03**.....

and having satisfied the examiners both in theory and
practice is hereby recognised by the Nurses and Midwives'

**Council of The Gambia as an Enrolled
Community Health Nurse.**

Awarded this.....**1st**.....day of.....**May**.....**20.03**.....

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[Signature]
Principal

.....
[Signature]
Chief Nursing Officer

.....
[Signature]
Director of Health Services