



## CERTIFICATE OF EXCELLENCE



THIS IS TO SIGNIFY THAT

\_\_\_\_\_

has met the requirements for a Level 1 certification in the  
Pathways Community HUB Certification Program. This certification will remain active from  
\_\_\_\_\_ through  
\_\_\_\_\_

\_\_\_\_\_  
SARAH REDDING, MD, MPH  
EXECUTIVE DIRECTOR

\_\_\_\_\_  
BRENDA A. LEATH, MHSA, PMP  
CERTIFICATION DIRECTOR

\_\_\_\_\_  
DATE