# highschool_border2CHAPTER name

This is to certify that

## [Student Name]

has successfully completed

### Course Title

held on Month Day, Year

for \_\_\_\_ hours of continuing education for CMCA® recertification.

*This course is approved by the* *Community Association Managers International Certification Board (CAMICB) to fulfill continuing education requirements for the CMCA® certification.* [*www.camicb.org*](http://www.camicb.org)