|  |
| --- |
|  |
| **Facilitating Career Development Instructor** Certificate of Completion |

**[Insert Name]**

|  |
| --- |
| has successfully completed the National Career Development Association’s Instructor Training Program for Facilitating Career Development Training and Certification Program at [location] on [date] led by [master trainer name] and is eligible to register with NCDA as an NCDA FCDI Instructor. |

|  |  |
| --- | --- |
| [date]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Completion | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [master trainer name], NCDA CDF Master Trainer |