



Attachment F
KIPBS Candidate
Certificate of MANDT Training

Candidate Name: _____

Date: _____

I, _____ (name of supervisor), certify that the above-mentioned candidate for KIPBS training has received and passed MANDT Training on the following date: _____.

A copy of the applicant's MANDT training completion is attached.

Name: _____

**Work
Address:** _____

**Work
Phone:** _____

Email: _____