



**Certificate of Completion of an Approved  
Alcohol Training Awareness Program**

This Certificate of Completion expires three years from the date of the program session

**School Information**

**Name of School**  
360training.com, Inc. dba TIPS

**School Certificate of  
Approval Number**  
Albany AT 0002

**Program Location (Classroom Only)**

**Program Instructor  
(Classroom Only)**

**Program Type (On-Premises or Off-Premises)**

**Program Number and Date**

On-Premises

03/04/2024

**Student Information**

**Name of Student** Jamelia Dewar

**Student's Home Address** 49 Alton Pl

**City, Town, or Village / State / Zip Code** Brooklyn NY 11210

**Email Address** \_\_\_\_\_

**Currently Employed by:** At Your Service NYC

**STUDENT CERTIFICATION:**

BY SIGNING BELOW OR MARKING THE CERTIFICATION BOX ONLINE, I CERTIFY THAT I EITHER ATTENDED THE PROGRAM DESCRIBED ABOVE OR COMPLETED THE ENTIRE ONLINE COURSE AND AM ENTITLED TO BE ISSUED A CERTIFICATE OF COMPLETION.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**INSTRUCTOR OR SCHOOL  
CERTIFICATION:**

I CERTIFY THAT I WAS EITHER THE INSTRUCTOR IN CHARGE OF THE PROGRAM OR THE DIRECTOR OF THE SCHOOL DESCRIBED ABOVE AND THAT THE ABOVE STUDENT SUCCESSFULLY COMPLETED THE ENTIRE PROGRAM.

**Signature** \_\_\_\_\_

**Date** 03/04/2024

FOLD



NY ATAP On-Premise

Issued: 03/04/2024

Certificate #: 000032969097

Jamelia Dewar

49 Alton Pl

Brooklyn

NY 11210

C E R T I F I E D

Expires: 03/04/2027



Phone: 800-438-8477

[www.gettips.com](http://www.gettips.com)

*This card was issued for successful completion of the TIPS program.*

Signature \_\_\_\_\_