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| **Naam trainer 1:** |  | | | | **Naam trainer 2:** |  | |
| Datum start training: |  | | | | **Datum certificering:** |  | |
| Naam organisatie: **LET OP, deze naam wordt op het certificaat vermeld!!** | | |  | | | | |
| Verzendadres certificaten: |  | | | | Factuur naam en adres: |  | |
| **NAAM**  Pedagogisch Medewerker/ Student | | **NAAM** Voorschool / onderwijsinstelling | | **Geboortedatum**  PM’er/ Student | | In te vullen door **TRAINER**  Basistraining VVE **PM 12 dd** | In te vullen door **DOCENT**  **MBO T+P 12 dd** |
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