



# CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Judith Rodriguez***

of

***Methodist Hospital***

has completed training on  
Acknowledgement of Paternity

on this day,

February 01, 2025.



Ruth Ann Thornton  
Director of Child Support Division



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The  
**Paternity Opportunity Program**

hereby certifies that

***Judith Rodriguez***

of

***Northeast Methodist Hospital***

has completed training on  
Acknowledgement of Paternity

on this day,

February 01, 2025.



Ruth Ann Thornton  
Director of Child Support Division



# CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Judith Rodriguez***

of

***Methodist Boerne Medical Center Emergency Department***

has completed training on

Acknowledgement of Paternity

on this day,

February 01, 2025.



Ruth Ann Thornton  
Director of Child Support Division