



# CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Veronica Garcia***

of

***Methodist Hospital***

has completed training on  
Acknowledgement of Paternity

on this day,

May 30, 2025.

  
Ruth Ann Thornton  
Director of Child Support Division



# CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Veronica Garcia***

of

***Northeast Methodist Hospital***

has completed training on  
Acknowledgement of Paternity

on this day,

May 30, 2025.



Ruth Ann Thornton  
Director of Child Support Division



# CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Veronica Garcia***

of

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

has completed training on

Acknowledgement of Paternity

on this day,

May 30, 2025.



Ruth Ann Thornton  
Director of Child Support Division