



CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Laura De La Rosa***

of

***Christus Santa Rosa Hospital Westover Hills***

has completed training on  
Acknowledgement of Paternity

on this day,

August 29, 2025.

  
Ruth Ann Thornton  
Director of Child Support Division



CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Laura De La Rosa***

of

***The Children's Hospital of San Antonio***

has completed training on  
Acknowledgement of Paternity

on this day,

August 29, 2025.

  
Ruth Ann Thornton  
Director of Child Support Division



CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Laura De La Rosa***

of

***Christus Santa Rosa Alamo Heights***

has completed training on  
Acknowledgement of Paternity

on this day,

August 29, 2025.

  
Ruth Ann Thornton  
Director of Child Support Division