



CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

*Olanders Tasby*

of

*Methodist Richardson Medical Center*

has completed training on  
Acknowledgement of Paternity

on this day,

January 29, 2026.

  
Ruth Ann Thornton  
Director of Child Support Division



CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

*Olanders Tasby*

of

*Methodist Mansfield Medical Center*

has completed training on  
Acknowledgement of Paternity

on this day,

January 29, 2026.

  
Ruth Ann Thornton  
Director of Child Support Division



CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

*Olanders Tasby*

of

*Methodist Southlake Medical Center (Non-Birthing Facility)*

has completed training on

Acknowledgement of Paternity

on this day,

January 29, 2026.

  
Ruth Ann Thornton  
Director of Child Support Division



CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

*Olanders Tasby*

of

*Methodist Celina Medical Center*

has completed training on  
Acknowledgement of Paternity

on this day,

January 29, 2026.

  
Ruth Ann Thornton  
Director of Child Support Division