



CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

*Jacqueline Ballard*

of

*St. David's Medical Center*

has completed training on  
Acknowledgement of Paternity

on this day,

July 31, 2025.

  
Ruth Ann Thornton  
Director of Child Support Division



CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Jacqueline Ballard***

of

***St. David's Georgetown Hospital***

has completed training on

Acknowledgement of Paternity

on this day,

July 31, 2025.

  
Ruth Ann Thornton  
Director of Child Support Division



CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Jacqueline Ballard***

of

***St. David's Round Rock Medical Center***

has completed training on

Acknowledgement of Paternity

on this day,

July 31, 2025.

  
Ruth Ann Thornton  
Director of Child Support Division



CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Jacqueline Ballard***

of

***St. David's North Austin Medical Center***

has completed training on

Acknowledgement of Paternity

on this day,

July 31, 2025.

  
Ruth Ann Thornton  
Director of Child Support Division