



# CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Felix Ojeda***

of

***Seton Medical Center***

has completed training on  
Acknowledgement of Paternity

on this day,

March 03, 2025.



Ruth Ann Thornton  
Director of Child Support Division



# CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Felix Ojeda***

of

***Seton Medical Center Williamson***

has completed training on  
Acknowledgement of Paternity

on this day,

March 03, 2025.



Ruth Ann Thornton  
Director of Child Support Division



# CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Felix Ojeda***

of

***Seton Medical Center Hays***

has completed training on  
Acknowledgement of Paternity

on this day,

March 03, 2025.



Ruth Ann Thornton  
Director of Child Support Division



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The  
**Paternity Opportunity Program**

hereby certifies that

***Felix Ojeda***

of

***Dell Children's Medical Center of Central Texas***

has completed training on  
Acknowledgement of Paternity

on this day,

March 03, 2025.



Ruth Ann Thornton  
Director of Child Support Division



# CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Felix Ojeda***

of

***Seton Northwest Hospital***

has completed training on  
Acknowledgement of Paternity

on this day,

March 03, 2025.

  
Ruth Ann Thornton  
Director of Child Support Division