AMERICAN REGISTRY FOR DIAGNOSTIC MEDICAL SONOGRAPHY

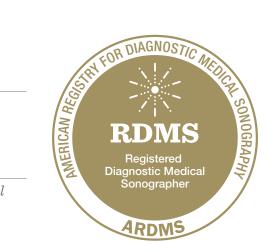
HEREBY CERTIFIES THAT

Registered Diagnostic Medical Sonographer®

HAS SATISFIED THE PREREQUISITES RELATING TO EDUCATION AND CLINICAL EXPERIENCE AND HAS PASSED THE ARDMS CERTIFYING EXAMINATION(S)

 $Chair, ARDMS\ Council$

Vice-Chair, ARDMS Council



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