

(DATE)	
The Maryland State Family Ch	nild Care Association expresses sincere appreciation to
(NAME)	for serving in the position outlined below:
	per: α committee in a capacity of volunteering as a facilitator guide or national conference. -1 PAU
This position required many ho	ours of volunteering and is deserved of the amount of PAU's
stated by the Maryland Creden	itialing Program.
(MSFCCA Pre	esident)