

[Your Name]  
[Your Title/Position]  
[Your Organization]  
[Organization Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Title]  
[Recipient Organization]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am pleased to certify that [Individual's Full Name] has successfully completed the requirements for [Specific XC Certification Program Name] certification. This certification was awarded on [Date of Certification], in recognition of [his/her/their] exemplary performance and commitment to [specific skills/competencies related to the certification].

[Individual's Full Name] has demonstrated a thorough understanding of [briefly outline the key competencies covered by the certification], and has actively participated in [mention any relevant training, workshops, or assessments].

This certification is valid for [duration of certification, if applicable], and I am confident that [Individual's Full Name] will continue to uphold the high standards associated with this designation. Please feel free to reach out if you have any questions regarding this certification or require further information.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Job Title]  
[Your Organization]