Certificate of Completion

**This certificate is presented to**

Student’s Name

**for the completion of an approved**

**Idaho Driver Education Course**

**This course included a minimum of 30 hours of classroom instruction, 6 hours of in-car instruction, and 6 hours of in-car observation with an instructor who is licensed and approved by the Idaho State Department of Education. This student is now ready to begin 6 months of Supervised Instructional time with an adult to include at least**

**40 hours of daytime driving and 10 hours of nighttime driving.**

|  |  |  |
| --- | --- | --- |
| **Add Your School Logo Here** | **Type Instructor Name**  **Driver Education School**  **Address**  **Email**  **Phone Number** | Instructor Signature  Date of Completion |

**Upon successful completion of the 6-month instruction period, he/she will be eligible to take the Skills and Knowledge testing on or after:**

**<<Insert Date 6 months after completion date>>**