

Certificate of Achievement

Maria Humbria

Got a Score Of

100/100 (100%)

On

HIPAA Training Quiz

ProProfs
Quiz Maker

Feb 25, 2023



Certificate of Achievement

Maria Humbria

Got a Score Of

100/100 (100%)

On

FWA Quiz

ProProfs
Quiz Maker

Feb 25, 2023



Certificate of Achievement

Rafael Lopez

Got a Score Of

100/100 (100%)

On

HIPAA Training Quiz

Rafael Lopez Aguilar

Jul 6, 2022

ProProfs
Quiz Maker



Certificate

OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:
CPR / AED / First-Aid
(Adult / Child / Infant / Choking)
AED / Injury & Universal Precautions

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

Raul Humbria

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation - Valid for 2 years. Course administered in accordance with the **2020** ECC/ILCOR and AHA® guidelines. ID#: **7358AC**



COURSE PROVIDED BY:
NationalCPRFoundation

Completion: **February 25, 2023**

Instructor: **Paul J. Scruton**

Signature: *Paul Scruton*

This award for education achievement is presented on behalf of the
Community Transportation Association of America

To:

Raul Humbria

For successful completion of the
**Passenger Assistance Safety and Sensitivity (PASS) 7.0
Basic Online Training Program**

Valid February 28, 2023 through February 28, 2025
Certificate #332275964175891



Scott Bogren
Executive Director, CTAA



Caryn R. Souza
Training and Certification Program Director



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AARP Smart Driver™ Online Course
CERTIFICATE OF COMPLETION

Certificate #:
MLKPaJKpvP8QqXYq

AARP Smart Driver Online Course
4201 FM 1960 WEST, STE 100
HOUSTON, TX 77068,
www.aarpdriversafety.org
TOLL FREE: 1-(800)-350-7025

Participant's DL#: H516730590090
Participant's Name: RAUL HUMBRIA
Date Of Birth: 01/09/1959
Gender: Male
Course State: FL
Course Completion Date: 03/04/2023

Driver Safety

RAUL HUMBRIA
3229 TURRET BAY CT
KISSIMMEE, FL 34743



Josh Dunning
Vice President & National Director
AARP Driver Safety

PARTICIPANT COPY
(Retain for your Records)

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Course Completion Date: 03/04/2023

Driver Safety

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3229 TURRET BAY CT
KISSIMMEE, FL 34743



Josh Dunning
Vice President & National Director
AARP Driver Safety

Present this document to your Insurance Company for motor vehicle insurance premium reduction when applicable

INSURANCE COPY

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Enumeration Date: August 4, 2023,

A request for a National Provider Identifier for Maria de los Angeles Humbria was recently submitted to <https://nppes.cms.hhs.gov>, and you were listed as the contact person. This is to inform you that the request was successfully processed and the following NPI has been assigned: 1821770157.

This provider is a sole proprietor.

Practice Location:

3229 Turret Bay Ct
Kissimmee, FL 34743-6063

Provider Taxonomies:

Taxonomy: 347C00000X
License: H516-544-93-878-0 State: FL
Details: Private Vehicle
This is the Primary Taxonomy.

If you have any questions about this notification you may contact the NPI Enumerator Monday through Friday, 9am to 5pm (Eastern Time)* at:

NPI Enumerator
7125 AMBASSADOR RD STE 100
WINDSOR MILL MD 21244-2751
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY for the deaf, hard of hearing, or those with speech difficulties)
customerservice@npientumerator.com

E-Verify Case Number: 2023060022339JH

Report prepared: 02/28/2023



Company Information

Company ID: 2093518

Company Name: Uchas services

Client Company ID: 2093518

Client Company Name: Uchas services

Employee Information

Name: Rafael Lopez subero

Date of Birth: 05/05/1990

U.S. Social Security Number: ***-**-7597

Employee's First Day of Employment: 02/26/2023

Citizenship Status: Alien Authorized to Work

Alien/USCIS Number: A212922176

Document Information

List A Document: Employment Authorization Document (Form I-766)

Document Number: IOE0913348972

Expiration Date: 09/15/2024

Case Information

Case Status: Closed

Case Submitted By: Maria Humbria

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-80A, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Lopez Subero First Name: Rafael In accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The Information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

03/10/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

(407) 855-7199

Date Certificate Signed

03/10/2023

Medical Examiner's Name (please print or type)

William Hoffmeister

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number

CH7807

Issuing State

FL

National Registry Number

3223000069

Driver's Signature

Driver's License Number

L121-725-90-165-0

Issuing State/Province

FL

Driver's Address

Street Address: 9267 Grand Island Way

City: Winter Garden

State/Province: FL

Zip Code: 34787

CLP/CDL Applicant/Holder

Yes No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



Certificate of Completion

rafael lopez subero

has participated in and successfully completed the educational activity tool

Combating Medicare Parts C and D Fraud, Waste, and Abuse

on

2/24/2022

Print

Close



Division of Provider Information Planning & Development | 7500 Security Boulevard, Baltimore, MD 21244

/ Rich Cuchna /

Rich Cuchna
Director
Provider Communications Group
Center for Medicare, CMS