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Educación

Secretaría de Educación Pública

Folio:

CONSTANCIA DE SITUACIÓN PROFESIONAL

DATOS DE LA PERSONA PROFESIONISTA

Nombre(s)	Primer apellido	Segundo apellido
FRIDA SOFIA		

INFORMACIÓN PROFESIONAL

Profesión	Institución Educativa	Fecha de Titulación	Cédula Profesional	Fecha de Expedición
LICENCIATURA EN PSICOLOGÍA	UNIVERSIDAD AUTÓNOMA DE OCCIDENTE	17/03/2023		27/12/2023

COLEGIO DE PROFESIONISTAS

No se encontró información de colegios.

CERTIFICACIONES

No se encontró información de certificaciones.

COMPETENCIAS TRANSVERSALES

No se encontró información de competencias.

DE LAS SANCIONES

No se encontró información de sanciones.

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Mexican Certificate of Professional Status

Complete English translation of the document reproduced on the first page of this file; the original is in Spanish.

Square brackets contain descriptions of seals, stamps, signatures, images and handwriting, and mark blank fields and text that cannot be read.

[Coat of arms of Mexico] EDUCATION – MINISTRY OF PUBLIC EDUCATION
Folio: [illegible]

CERTIFICATE OF PROFESSIONAL STATUS

PROFESSIONAL'S DETAILS
Given name(s): FRIDA SOFIA
First surname: [illegible]
Second surname: [illegible]

PROFESSIONAL INFORMATION

Profession: BACHELOR'S DEGREE IN PSYCHOLOGY
Educational institution: UNIVERSIDAD AUTÓNOMA DE OCCIDENTE
Degree date: 17 March 2023
Professional license number: [illegible]
Date of issue: 27 December 2023

PROFESSIONALS' ASSOCIATION

No information on associations was found.

CERTIFICATIONS

No information on certifications was found.

CROSS-CUTTING COMPETENCIES

No information on competencies was found.

SANCTIONS

No information on sanctions was found.

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Mexican Certificate of Professional Status

CERTIFICATE OF TRANSLATION

I, Translator's name, certify that I am competent to translate from Spanish into English, and that the English translation in this file is a true, accurate and complete translation, to the best of my abilities, of the document entitled “Mexican Certificate of Professional Status”, reproduced on the first page of this file.

Signature: _____

Date: Translation date

Printed name: Translator's name

Address: Translator's address

Phone number: Translator's phone

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