

## Continuing Education Certificate

\_\_\_\_\_ has attended  
(name of the individual)

\_\_\_\_\_  
(name of the session & name of the provider)

for the duration of \_\_\_\_\_ Date \_\_\_\_\_  
(length of the session attended)

Credit Value \_\_\_\_\_

Authorized by \_\_\_\_\_  
(signature)

Title of authorized person \_\_\_\_\_

Contact information for authorized person \_\_\_\_\_  
(phone number or email address)