



# Provider Name 1

## CERTIFICATE OF COMPLETION

This is to certify that

**Participant Name** 2

Attended

**Conference Title** 3

on

**Conference Dates** 4

### Approval Information

Approvals	Credit <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">5</span>
<span style="border: 1px solid red; border-radius: 50%; padding: 2px;">8</span> NBCC Approval No. SP-XXXX	_____ Credit hours
<span style="border: 1px solid red; border-radius: 50%; padding: 2px;">9</span>	
<span style="border: 1px solid red; border-radius: 50%; padding: 2px;">9</span>	

*Signature* 6

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Name of Provider's Authorized Representative

Title of Provider's Authorized Representative

Provider's contact information 7

