<<Region/Chapter Logo>>

# CERTIFICATE OF COMPLETION

This certificate is presented to:

# <<Participant Name>>

For successful completion of

# <<Event Title>>

**Awarded:** <<Event Start Date – Event End Date>>

 **Location:** <<Event Location>>

**National Registry of CPE Sponsors #:** <<Chapter Number>>
**Instructional delivery method:** <<Group-Live or Group-Internet>>

|  |  |  |
| --- | --- | --- |
| **Activity** | **Type1 Credits** | **Type2 Credits** |
| EventName | 2.00 | 2.00 |
| Activity1Name | 3.00 | 0.00 |
| Activity2Name | 0.00 | 2.00 |
| Total | 5.00 | 4.00 |

<<Certificate Awarded Date>>

<<First Name, Last Name>>

Director of Education

<<CHAPTER NAME>>

<<Chapter Address>>

<<Contact Number>>

In accordance with the standards of the National Registry of CPE Sponsors, CPE credits have been granted based on a 50-minute hour.