



ACEP Name 1

CERTIFICATE OF COMPLETION

This is to certify that

Participant Name 2

Attended the Live Continuing Education Program

Conference Title 3

on

Conference Dates 4

Approval Information

Approvals	Credit 5
8 NBCC ACEP # _____	_____ Credit hours
9	
9	

Signature 6

Name of the ACEP's Authorized Representative

Title of the ACEP's Authorized Representative

ACEP Contact Information 7

