



# ACEP Name

## CERTIFICATE OF COMPLETION

This is to certify that

**Participant Name**

Attended the Live Continuing Education Program

**Program Title**

on

**Completion Date**

\_\_\_\_\_ **Credit Hours issued by ACEP No.** \_\_\_\_\_

*Signature*

\_\_\_\_\_  
Name of the ACEP's Authorized Representative  
Title of the Provider's Authorized Representative

*Signature*

\_\_\_\_\_  
Name of the Other Organization  
Name of the Provider's Authorized Representative  
Title of the Provider's Authorized Representative

### ACEP's contact information

[ACEP Name] and [the other organization] are cosponsors of this program. This cosponsorship has been approved by NBCC. ACEP Name is an NBCC Approved Continuing Education Provider, ACEP No. \_\_\_\_\_. The ACEP solely is responsible for this program, including the awarding of NBCC credit.

