



First ACEP's Name and Second ACEP's Name

CERTIFICATE OF COMPLETION

This is to certify that

Participant Name

Attended the Live Continuing Education Program

Program Title

on

Completion Date

_____ **Credit Hours**

Signature

Name of the First ACEP's Authorized Representative
Title of the ACEP's Authorized Representative
ACEP Name and Contact Information

Signature

Name of the Second ACEP's Authorized Representative
Title of the ACEP's Authorized Representative
ACEP Name and Contact Information

[First ACEP Name], ACEP No. ____, and [Second ACEP Name], ACEP No. ____, are cosponsors of this program. The cosponsorship has been approved by NBCC. Both ACEPs are responsible for this program, including the awarding of NBCC credit.

