

Provider's Name

Certificate of Completion

This Certifies that

Licensee's name

*is credited hour(s) of continuing education
by attending the "course title" on "Date of Course" at
"Course Location"*

**If applicable, indicate
the number of hours 0-2
being requested for each.**

Ethics

Preneed

Laws & Rules

Licensee's License Number

Licensee Signature

Sponsor Signature

