

*Certificate of Successful Completion*

\_\_\_\_\_  
*(participant's name)*

*has successfully completed*

*(Insert name of program here)*

*Date:* \_\_\_\_\_ *Location:* \_\_\_\_\_  
*(city) (state)*

*Provided by: (Insert name and address of activity sponsor here)*

*for \_\_\_\_\_ Contact Hours*

*(Name of Approved Provider) is an approved provider of continuing nursing education by CNE-Net, the education division of the North Dakota Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*