

***Certificate of Successful Completion***

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

*has successfully completed*

*(Insert name of program here)*

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

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

*for \_\_\_\_\_ Contact Hour(s)*

*This continuing nursing education activity was approved 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.*