

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"*

Online/Webinar

Private

Ethics

Preneed

Laws & Rules

**Enter the amount of hours
being offered for each. 0-2**

Licensee's License Number

Licensee Signature

Sponsor Signature

Date

