Community Health Worker Continuing Education

Certificate of Training Completion

THIS CERTIFICATE IS PRESENTED TO:

_____

(Print Attendee Name)

WHO HAS COMPLETED THE TRAINING:

_____ On: _____

(Print the Title of the Training) (Completion Date)

THIS TRAINING WAS PRESENTED BY:

_____ _____

(Print The Name of the Educational Training Provider Organization) (Print City/Town, State)

_____

Number of CEs Earned for this Training

_____ _____

(Trainer's Signature and Printed Name) (Date)

SAMPLE