

Community Health Worker Continuing Education Certificate of Training Completion

THIS CERTIFICATE IS PRESENTED TO:

(Print Attendee Name)

WHO HAS COMPLETED THE TRAINING:

(Print the Title of the Training)

On: _____
(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)