this certificate IS presented to

*for successfully completing ….*

**hours of DSHS approved**

**Continuing Education**

***Course Name***

**Date:**       **DSHS CE Approval Code**

Revised 5/2012

**Training Program Name:**

**Training Program Number:**

**Date**

**Signature of DSHS approved instructor**

for this course and for the Training Program listed below

**Signature of DSHS approved instructor**

**Training Program Name**:

**Training Program Number:**