

Name of Organization

Organization Address, City, State, and Zip

Certificate of Attendance

Presented To:

For Successfully Completing the Continuing Nursing Education Activity

Name/Title of Program

Date(s) of Program

____ **Contact Hours**

Signed _____

This continuing nursing education activity was approved by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Approval valid through (insert expiration date).