

**CE Provider Company**

**Continuing Education  
Certificate of Attendance**

**Participant Name**

Earned **7.5** hours of continuing education at the course

**Title of Course**

**Course Summary if Needed**

**Presented Date(s) of Attendance**

**By Presenter Name(s)**

This course was provided in a live interactive format at

**Address of course**

**KBD Course ID# (if necessary)**

*Presenter or Other Authorizing Signature*

\_\_\_\_\_  
**Name**