

Continuing Education Certificate

VERIFICATION OF PROGRAM PARTICIPATION



This certificate is presented to

Participant's Name: _____

Participant's Title: _____ License #: _____

Program: _____

Date: _____ Time: _____

Program Coordinator: _____

Tampa General Hospital (Provider # 50-1943) is an accredited provider
by multiple professional Florida Boards and Councils served by CE Broker.

This program is accredited for _____ contact hours. CE Broker # 20-_____

Lois J. Book

Lois J. Book, EdD, MS, BSN, RN;
CE Provider Administrator



_____ Date Issued