

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

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