***Your Organization Name***

**CERTIFICATE OF COMPLETION**

***Participant Name***

**successfully completed the requirements**

 **to earn xx.xx hours of CRCE for the course titled:**

***Course Title***

**on**

***Date Credit Earned***

**This Non-traditional program has been approved for x.xx contact hours Continuing Respiratory Care Education**

**(CRCE) credit by the American Association for Respiratory Care**

**Course #**

****  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Proctor/Administrator)