

CERTIFICATE OF COMPLETION

This is to certify that

_____ has successfully completed

on

_____ Date

_____ Number of Contact Hours

By: ALLEGRA Learning Solutions, LLC

Authorized Signature

This certificate must be retained by the licensee for a period of six years from the date of issuance.
Do not send this certificate to your state licensing agency. Retain it for your personal records.

ALLEGRA Learning Solutions, LLC is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

ALLEGRA Learning Solutions, LLC is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

ALLEGRA Learning Solutions, LLC, is a provider approved by the California Board of Registered Nursing, Provider #CEP 14693, for the stated number of contact hours.

ALLEGRA Learning Solutions, LLC is an approved provider with the National Association of Alcohol and Drug Abuse Counselors (NAADAC) (Provider #107194).

ALLEGRA Learning Solutions, LLC is accredited as a provider of continuing education by the Florida Board of Nursing (CE Provider # 50-12076).

ALLEGRA Learning Solutions, LLC