

## Model Certificate of Completion/Transcript Form

### Appendix E

Provider Name  
 Contact Information  
 Logo



The individual named below attended the continuing education program as described.

Name: Company/Institution: Address: City/State/Zip: Date:				
Title of Registered Course	Contact Hours	LA CES Provider Name	Format	Content Development Resources
	1.5 Hours		Lecture	Practitioner in field/school faculty
Covers Health, Safety, and Welfare	Professional Development Hours	LA CES Course Number	Grade Received (if exam used)	Material Resources
Yes	1.5 Hours			PowerPoint Presentation
Learning Objectives:   				

### Provider Authorization

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Instructor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Back to [Top^](#)