

**Kingdom of Bahrain**

## **Attendance Certificate**

**Attendee Name .....**

**In recognition of successful attending**

**Course Title: .....**

**Course Date & Day On: .....**

**NHRA Approved Credits: ..... CME Hours**

**NHRA Accreditation Code: .....**



**Mr. Praveen Kumar**

**Chief Executive Officer/ Bahrain Specialist Hospital**