

# CERTIFICATE

*of* TRAINING

*This certifies that*

**Donn Kropp**

*Has successfully completed the online continuing education course:*

**Respiratory System Part 1: The Foundation  
2 Continuing Education Hour(s)**

March 14, 2012

**DATE**

Donn Kropp, RN, BSN

**INSTRUCTOR**



**SIGNATURE**



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## BOARD APPROVALS

**Adult Residential Facility (ARF)** Vendor No. 2000149-735-2 Course Approval No. ARF-WaitingApproval **Residential Facility for the Elderly (RCFE)** Vendor No. 2000149-740-2 Course Approval No. RCFE-WaitingApproval  
**Group Home (GH)** Vendor No. 2000149-730-2 Course Approval No. GH-WaitingApproval

Provider approved by the **California Board of Registered Nursing**, Provider #CEP 15849 for Contact Hours as shown above for each course completed. The licensee must retain this certificate for a period of four (4) years after the course ends.

Provider approved by the **California Board of Vocational Nursing** Provider # V10718, & **Psychiatric Technicians** Provider #V10722, for Contact Hours as shown above for each course completed. The licensee must retain this certificate for a period of four (4) years after the course ends.