

Example of *Certificate of Completion*

TRAINEE'S NAME
License # (as appropriate)

Has Completed

CURRICULUM TITLE
_____ Hours

This training program has been approved by the Department of Elder Affairs and is in compliance with
(statute #) FS. and rules (administrative rule #) for (Facility Type)

Location of Training: _____

Date: _____

DOEA Curriculum Approval #: _____

Curriculum Expiration Date: _____

Training Provider Signature