Certificate of Successful Completion

This is to verify that

[STUDENT NAME — BLANK TEMPLATE]

successfully completed an approved

Nurse Aide Training and
Competency Evaluation Program

On this ____ day of _____, 20__

Presented by

Help Me Care
3654457

In accordance with Rule 3701-18-24 of the Ohio Administrative Code, presentation of this Certificate is required in order for the individual to participate in the written examination and performance demonstration components of a Competency Evaluation Program (CEP) conducted by the Director of Health. Both components of the CEP must be successfully completed within twenty-four months from the date on this Certificate.

Signature of Program Coordinator

Revised 1/1/2018