

Certificate of Successful Completion

This is to verify that

[SAMPLE — NOT A STUDENT]

*successfully completed an approved
Nurse Aide Training and
Competency Evaluation Program*

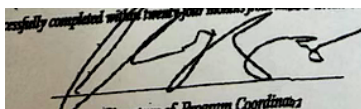
On this 24 day of July, 2026

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.

A handwritten signature in black ink, appearing to be 'J. K. S.', is written over a horizontal line. Below the line, the text 'Program Coordinator' is printed in a small, sans-serif font.

Signature of Program Coordinator