

{PROVIDER LOGO/NAME}

Nursing Certificate of Attendance

On {date} _____ attended presentation titled:

TITLE

Provided by {Name}

At {event location and address}

OBN approved Total Contact Hours: {#} including {# } hours Category A *(if applicable)*

Approval Number OBN-010-93-###

This presentation has been approved by the Ohio Board of Nursing Approver Unit
of the Ohio Department of Developmental Disabilities
(OBN-010-93)

Outcome(s)

{List Outcome(s) from page 3 of CE Application}