

## **Continuing Education Record**

This is to certify that:	,
Completed 3 hours (print your name)	ne)
Program Name: Paragan Comprehensive	
Program Date(s): 4 / 26/17	
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Continuing Education or Post-Licensure Education (circle one)	
Certified by:	Date: 4/26/17
ATTENTION STUDENT/LICENSEE: You must retain this Certificate in yo	ur personal records for a minimum of
four years from the issue date.	<u> p </u>