**

**Certificate of Attendance**

**Presented To:**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Your Name)*

***For Successfully Completing the Continuing Nursing Education Activity***

**ACTIVITY NAME**

*Activity ID #* ***2021-\_\_\_\_\_-ENPDC***

*for* ***\_\_\_\_*** *contact hours*

|  |
| --- |
| **Emory Nursing Professional Development Center (ENPDC) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.** |

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Nurse Planner*