



## **INTERNATIONAL CENTER FOR REIKI TRAINING**

**21421 Hilltop Street, #28  
Southfield, Michigan 48033  
1-800-332-8112  
Email: [center@reiki.org](mailto:center@reiki.org)**

### **Certificate of Completion**

**This certifies that**

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***Has attended and successfully completed:***

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***Name of the class***

**Number of Contact Hours: \_\_\_\_\_**

**Date(s) of the Educational Activity \_\_\_\_\_**

**Hours of the Educational Activity \_\_\_\_\_**

**Location (City, State) \_\_\_\_\_**

**Instructor(s) Name(s) \_\_\_\_\_**

**Instructor(s) Signature(s) \_\_\_\_\_**

**As the Attendee I understand that I may turn this Certificate of Completion into my licensing or certification board for potential credit toward my continuing education or contact hours for my license or certificate. I understand and accept that each state board, state, national board or licensing agency makes its own decision on whether to accept and how many hours, if any, to accept for Reiki classes.**

**Student Signature \_\_\_\_\_ Date \_\_\_\_\_**