

Sample Continuing Education Form

***Your logo
Your Center Name
Your Name
Your address, phone, website, email***

Certificate of Completion

This certifies that

Has attended and successfully completed:

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 _____