## Name of activity provider: Address of activity provider:

This certificate is presented to

(Participant name)

for successful completion of

Information changes with each educational activity

Contact hours

This nursing continuing professional development activity was approved by American Nurses Association Massachusetts, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This template is provided for your use and adaptation. However, each of the elements listed above MUST be included in the certificate of completion and the approval statement (See above) must standalone and cannot be changed. You may adapt the font, sizing, spacing, orientation, add your