



# ACEP Name

## CERTIFICATE OF COMPLETION

### Participant Name

Completed the On-demand Continuing Education Program

Program Title

on

Completion Date

\_\_\_\_\_ Credit Hours issued by ACEP No. \_\_\_\_\_

*Signature*

\_\_\_\_\_  
Name of the ACEP's Authorized Representative

Title of the ACEP's Authorized Representative

ACEP's contact information

