

Certificate of Successful Completion

This is to verify that

K'Lhana Harrison

*successfully completed an approved
Nurse Aide Training and
Competency Evaluation Program*

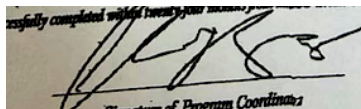
On this 24 day of July, 2026

Certificate No. [SERIES PENDING]

Presented by

**Help Me Care
3654457**

In accordance with Rule 3701-18-24 of the Ohio Administrative Code, presentation of this Certificate is required in order for the individual to participate in the written examination and performance demonstration components of a Competency Evaluation Program (CEP) conducted by the Director of Health. Both components of the CEP must be successfully completed within twenty-four months from the date on this Certificate.



Signature of Program Coordinator