Certificate of Successful Completion

This is to verify that

_____

successfully completed an approved

Nurse Aide Training and
Competency Evaluation Program

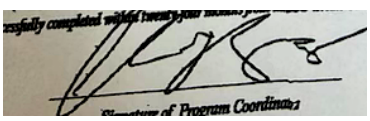
On this _____ *day of* _____ , _____

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

Revised 1/1/2018