

SAMPLE CERTIFICATE OF COMPLETION

*Certificate of Completion*

*This certifies that*

[LICENSEE NAME\*]

[CPA CERTIFICATE NUMBER]

*has met the standards required for completion of*

[COURSE/PROGRAM TITLE\*]

[DATE\*]

*and has been awarded \_\_\_\_\_ hours\* of Continuing Professional Education Credit*

[SPONSOR NAME\*]

[SPONSOR NUMBER\*]

[ADDRESS\*]

[TELEPHONE NUMBER\*]

*Authorized Signature\**

**\*THESE ITEMS MUST APPEAR ON THE COMPLETION CERTIFICATE.**