***SAMPLE***

(Name of Educational Provider)

Certificate of Completion

(Name of Attendee)

# has successfully completed the requirements to earn xx.xx Canadian Sleep Society CEC’s

**(Name of Educational Offering)**

**(Location of Educational Offering, City, Province)**

**(Date of Educational Offering)**

**(CSS/SCS-CEC program number)**

This program has been approved for xx.xx Continuing Education Credits (CEC’s) by the Canadian Sleep Society/ Société Canadienne du Sommeil.

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Educational Program Director