



# Certificate of Completion



This is to confirm that \_\_\_\_\_

Name

has successfully completed a Nursing Assistant Training Program approved under the terms of the Omnibus Budget Reconciliation Act (OBRA) of 1987, 18.88A RCW and 246-841 WAC, at

Name of Training Site

Address of Training Site

on \_\_\_\_\_ authorized under state testing number \_\_\_\_\_

Date

Promissor Testing Number

Total Training Program Hours:

Classroom: \_\_\_\_\_ Clinical: \_\_\_\_\_

Nursing Assistant's Signature: \_\_\_\_\_

Program Director's Signature

Date