



## ***Certificate of Completion***

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

*The above named individual has successfully completed a one hour educational activity that includes: 1. Review of Objectives; 2. Reading of educational material from the Partners in Care Newsletter; and, 3. Satisfactory completion of a test on an educational subject entitled:*

### ***Fall Risk Reduction***

**Completion Date:** \_\_\_\_\_

*Partners in Care is sponsored by the  
South Carolina Home Care & Hospice Association*

**Verified by:**

***Agency Supervisor***

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