



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:

STROKE

Completion Date: _____

*Partners in Care is sponsored by the
Association for Home & Hospice Care of North Carolina*

Verified by:

Agency Supervisor