

# AWARD OF CONTACT HOURS

*This is to certify that*

**JOHN Q. DIALYSIS**

*has completed the requirements for the*

**WATER TRAINING LEVEL \_\_\_\_SESSION \_\_\_\_:**

**CLASS NAME HERE**

**and is hereby awarded 1.2 contact hours of continuing education.**

*Presented by*

**National Association of Nephrology Technicians/Technologists  
11 W. Monument Avenue, Suite 510, Dayton, Ohio 45402-1233**

**DATE**

***SAMPLE CERTICIFATE ONLY - THIS CERTIFICATE IS NOT VALID***

*Sponsored by*



*This program has been approved for continuing education contact hours by the California Board of Registered Nursing, Provider No. 07941. This certificate must be retained by the licensee for a period of four years after course ends.*