## Sample CE Certificate

Your Organization's Logo

Participant's Name (First, Middle, Last)

**Course Title** 

Presenter's Name and Credentials

**Training Date** 

Location (if in person – if not, omit this)

Program Format (List One): Live Remote/In Person/On Demand

Number of Contact Hours:

CE Category (Listed on NASW CE Approval Letter):

Sponsored By: Organization Name & Contact Information

This program is approved by the National Association of Social Workers (*Approval* #xxxxxxxxxxxx) for (xx) continuing education contact hours.

Organization's Contact Name & Signature