



## ***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:*

### **INFECTION CONTROL**

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

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

**Verified by:**

***Agency Supervisor***