

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:

Understanding Chronic Conditions

Completion Date: _____

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

Verified by:

Agency Supervisor

_____

* Please file in the In- home aide's personnel file