

CERTIFICATE of COMPLETION

Title of Educational Activity: AOFAS Complete Foot Care Course

Location of Program (city and state): St. Louis, Missouri

Date: October 14-15, 2016

Provider Name: American Orthopaedic Foot & Ankle Society

Provider Address: 9400 W. Higgins Road, Suite 220 Rosemont IL, 60018

This is to certify that (Name): _____

Has successfully completed the educational activity and has been awarded _____ contact hours.

A total of 13.35 category A and _____ category B contact hours have been assigned by the Orthopaedic Nurses Certification Board.

This continuing nursing education activity was approved by the National Association of Orthopaedic Nurses, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Participant: Please retain this certificate in your personal continuing education files for at least six years.

1-2014

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