**Provider Name:**  **Provider Address:**

 **Provider City/State/Zip:**

**This certifies that**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Learner name***

*[Depending upon your state, you may need to include space for nurse license number]*

**has on this date successfully completed**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Title of Activity***

**and has been awarded \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ contact hours**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date of activity***

Note: According to the criteria of the American Board of Certification for Gastroenterology Nurses (ABCGN), the # of hours earned in this activity are considered GI-specific for purposes of re-certification by contact hours through ABCGN. For re-certification you may need to retain this document up to 6 *years.*

This continuing nursing education activity was approved by the Society of Gastroenterology Nurses and Associates, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.