

# CERTIFICATE OF COMPLETION

*This is to certify that*

\_\_\_\_\_  
Name of Employee

*has successfully completed the  
North Carolina  
State-approved Infection Control Training  
for Adult Care Homes*

*on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

\_\_\_\_\_ Continuing Education Hours  
(a maximum of 3 hours may be allowed)

**Certified by:**

\_\_\_\_\_  
Print Name of Trainer

\_\_\_\_\_  
Employed by

\_\_\_\_\_  
Signature of Trainer

\_\_\_\_\_  
Date