

# Certificate of Completion

\_\_\_\_\_,  
*insert name*

\_\_\_\_\_,  
*insert title*

has completed the portions of the NC DMA CAP/C Pediatric Training that are checked and dated below.

- Module 1, Physical Development  
(for nurses) \_\_\_\_\_  
*insert date*
  
- Module 2: Psychosocial Development  
(for nurses, nurse aides, and case managers) \_\_\_\_\_  
*insert date*
  
- Module 3: Disorders Commonly Seen in  
CAP/C Children \_\_\_\_\_  
(for nurses, nurse aides, and case managers) *insert date*
  
- Module 4: Working with Families and with  
DMA \_\_\_\_\_  
(for nurses, nurse aides, and case managers) *insert date*

A copy of this certificate should be maintained in the employee's personnel file and shown to the Case Manager or to DMA as requested.