

{Name of Organization providing this program}

Presents this certificate to:

{Participant Name}

OPTIONAL – NCNTT or CPAHA ID/Award date

For having completed the following program:

{Program Title}

{date of program completion}

{location – if applicable}

For (XX) Continuing Education Contact Hours

This program is accredited by the Council for Tobacco Treatment Training Programs to award XX continuing education contact hours for tobacco treatment providers who successfully complete the program. {Other CE approvals also may be listed here}

{Authorized Signature/title}

Date