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| CERTIFICATE | | | | |
| of completion | | | | |
|  | | this certificate is awarded to |  | |
| Attendee’s Name | | | | |
|  | | for viewing **Webinar Title** provided by **Organization Providing Webinar**  worth **\_\_ LEUs** |  | |
|  |  | | | AuthorizedSignature |
| Date Viewed |  | | | Print Signer’s Name & Job Title |