

Certificate of Completion

This Certifies that on [Date]

*Name of Student*

**Successfully completed the Maryland Board of Nursing Approved  
Dialysis Technician Training Program  
at the  
Name of Program**

Signature of Program Administrator/Coordinator

Name of Program Administrator/Coordinator

Company Logo

# CERTIFICATE OF COMPLETION

[Name of Student]

Has successfully completed the **Maryland Board of Nursing Approved offering** listed below:

Title of Program:

Program Hours:

Didactic:

Lab:

Clinical:

Date of Program Attendance:

Program Name:

Program Address:

Date:

Signature of Program Administrator/Coordinator

Name of Program Administrator/Coordinator

Company Logo