



ABC Hospital
Department of Anesthesia
10275 West Higgins Road, Suite 500
Rosemont, IL 60018

Certificate of Completion
Anesthesia Inservice Program

Rosemont, IL

Name: _____

AANA ID Number: _____

Date/s of Participation: _____

Number of MAC Ed CE Credits awarded: _____

Jane Doe, CRNA

Signature of Program Provider verifying completion

This program has been prior approved by the American Association of Nurse Anesthesiology for XX MAC Ed CE Credits; Code Number XXXXXXXX; Expiration Date XX/XX/XX.

AANA is an approved provider by the California Board of Registered Nursing, CEP #10862.