This is to certify that

Received the following Continuing Education Units at the

*CANADIAN ASSOCIATION OF NEPHROLOGY SOCIAL WORKERS*

Regional Meeting (Date)

Presentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes

Presentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes

Total minutes: hours

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name), RSW

CANSW Regional Representative, (Province)