

**Certification of Completion: Course Work of Training in
Infection Control and Barrier Precautions Approved
by the New York State Department of Health
and the State Education Department**

Dhanya Vinod

This certifies that

(PARTICIPANT'S NAME)

has successfully completed an approved course in Infection Control and Barrier Precautions, as
mandated by Chapter 786 of the Laws of 1992, on September 24, 2024, 12:15 pm.

(DATE)

This program was presented by

Nursing CE Central IC 208

(NYS-APPROVED COURSE PROVIDER'S NAME AND IDENTIFICATION NUMBER)

of PO Box 54229 Lexington, KY 40555

(ADDRESS, CITY, STATE)

Signature of NYS-approved Course Provider: _____

Shane Slone

This certificate is valid for a period of four (4) years from the above date of course completion.

Be sure to maintain this document in your professional file.