

Category A \_\_\_\_\_ (the portion of the presentation that relates directly to law and rule)

# Ohio Department of Mental Retardation And Developmental Disabilities

## Nursing Certificate of Attendance

On \_\_\_\_\_ attended a training titled:

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**Contact Hours:** \_\_\_\_\_

**Approval Number:** OBN-010-93-

Provided by: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

This offering has been approved by the Ohio Board of Nursing Approver Unit at the Ohio Department of Mental Retardation and Developmental Disabilities (OBN-010-93). Objectives must be printed on certificate.