

Certificate of Attendance

(Name of Educational Provider)

Certificate of Completion

(Name of Attendee)

has successfully completed the requirements to earn *xx.xx* AAST CECs

(Name of Educational Offering)

(Location of Educational Offering, City, State)

(Date of Educational Offering)

This program has been approved for *(xx.xx)* AAST Continuing Education Credits (CECs) by
the American Association of Sleep Technologists
2510 North Frontage Road, Darien, IL 60561
(Program # XXXX)

Educational Program Director