

# STATE OF NEVADA

BOARD OF ARCHITECTURE, INTERIOR DESIGN & RESIDENTIAL DESIGN

## CONTINUING EDUCATION CERTIFICATE OF COMPLETION

**NAME**

**REGISTRATION/LICENSE NO.**

**ACTIVITY/COURSE DESCRIPTION**

(If applicable, note sponsoring organization and instructor)

**HEALTH, SAFETY & WELFARE CEUS**

(1 CEU equals 50 minutes of learning or instruction)

**DATE COMPLETED**

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Signature of instructor or validating authority