

# Certificate of Completion

## MEDICATION PASS TRAINING

Presented to:

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Completed on:

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Facility Name:

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Authorized By: \_\_\_\_\_

***Registered Nurses Signature***



GrapeTree Medical Staffing does not provide the training necessary to achieve this certification. This training is completed at the facility named above by the authorized nurse named above. GrapeTree Medical Staffing does not make any representation to accuracy or completeness of this training.