September 22-25, 2016

This is to certify that ______________________________ has successfully completed this educational activity.

This four-day educational activity has been designed to meet the following certifications. See program for session distinctions.

ACNM: ACNM Specialty Credits have been applied for.

MN Board of Chiropractors: Selected sessions approved for credit.

MN Board of Nursing: This program has been designed to meet the Minnesota Board of Nursing rules implementing mandatory continuing education, provisions of the Minnesota Nurse Practice Act. It is the responsibility of the individual to determine if the program meets Board of Nursing criteria.

I certify that I attended this program for ______ ACMN Specialty credits on ________________.
(dates)

I certify that I attended this program for ______ MN Board of Chiropractors credits on ________________.
(dates)

I certify that I attended this program for ______ Nursing contact hours on ________________.
(dates)

Attendee Signature ______________________________

Program Coordinator ______________________________
Bonnie J. Hansen, Conference Coordinator

*It is the responsibility of the licensee to determine applicability of this program for licensing requirements for their profession.