

# ACE CERTIFICATE OF COMPLETION

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
COURSE TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COURSE NUMBER

\_\_\_\_\_  
LOCATION

\_\_\_\_\_  
CECs AWARDED



\_\_\_\_\_  
INSTRUCTOR

Credits pre-approved by the following organizations:

ACSM:                    CI:  
NASM:                   AAMA:  
NFPT:                    CDR:  
NCSF:

  
\_\_\_\_\_  
DIRECTOR OF PROFESSIONAL EDUCATION