**(Course Sponsor’s Name)**

**Contact Address of Course Sponsor**

**CERTIFICATE OF COMPLETION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(NAME of Attendee)

**successfully completed the**

**requirements to earn \_\_\_ hours of CSTE**

**Name of Course**

**on**

**Date(s)**

**This program has been approved for a maximum of XXXX contact hours Continuing Sleep Technology Education**

**(CSTE) credit by the Board of Registered Polysomnographic Technologists, 8400 Westpark Drive, 2nd Floor, McLean VA 22102**

**Course # XXXXXXXXX**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

  (Proctor)