**CONTINUING EDUCATION**

**CERTIFICATION**

 **for**

**NAVIGATORS and**

**CERTIFIED APPLICATION COUNSELORS**

This Certificate of Completion will be accepted as evidence that the person named herein has complied with the continuing education requirements for navigators and certified application counselors in accordance with

Tennessee Departmental Rule 0780-01-55

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Entity Name Entity Tennessee Registration Number

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Name of Navigator / Certified Application Counselor Tennessee Registration Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Entity Representative Date

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Entity Representative Phone Number Entity Representative Email

**Navigator /Certified Application Counselor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TN Registration #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Course No. Credit**

**Course Title** (if applicable) **Completion Date Presenter/Provider Hours Earned**

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 **TOTAL HOURS EARNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**