**This certifies that**

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

***Participant Name***



*Nursing license number:*

**has on this date successfully completed**

**2021 ACG/VGS/ODSGNA Regional Postgraduate Course**

**and has been awarded 11 contact hours**

**Donna Dickinson, MSN, RN, CGRN, CFER**

***Typed name of authorized person***

"This nursing continuing professional development activity was approved by **Montana Nurses Association**, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation."

11 contact hours; Approval # 2021-0000000424.

Note: According to the criteria of the **American Board of Certification for Gastroenterology Nurses (ABCGN**), 10 hours earned in this activity (approval # ABCGN21\_072) are considered **GI-specific** (category 1) for purposes of re-certification by contact hours through ABCGN. For re-certification you may need to retain this document up to 6 *years.*



Your program approval number: **ACG/ VGS/ ODSGNA 211608** Approved: **10.0 CE**