Your Chapter Name – ceu cERTIFICATE

*Signature of Registered Attendee*

This certificate is issued on Date, to the Registered Attendee for successful completion of the course

#### **Course Title**

## This certificate is valid for ### PP CEUs

## ICC Preferred Provider #Your Chapter Provider #

## ICC Course #XYZ

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| Insert your logo | |  |  | | --- | --- | | awarded by: | Chair, Education Committee | | INSTRUCTOR: | *Inspector Name* | | |