

# Certificate of Participation

This certifies that:

Christine Larsen (christine@kimballlarsen.com)

*(Name/email of Participant)*

has participated in the educational activity entitled:

WLB-303 The Boundary Ritual

*(Title of Activity)*

provided by:

SE Healthcare

*(Name of Contact Hours Provider)*

2022-09-18

*(Date of Activity)*

151 Meeting St.  
Charleston, SC 29401

*(City/State of Activity)*

and is awarded 0.5 contact hours.

This nursing continuing professional development activity has been approved by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Approval valid through March 20, 2024.

I participated in this educational activity.

*Participant's signature*

*Date*

