

Department of Health & Human Services

DHHS

N E B R A S K A

*Certificate of Completion*

---

(Name of Participant)

Has successfully completed the offering listed below and has been awarded **1 contact hour**

**Title: Quality Improvement Module C (Self-Study)**

-Barriers to Quality Improvement

-Working with Challenging and Vulnerable Patients

**Date:** \_\_\_\_\_



Andrea Riley, RN BSN BA Community Health Nurse  
DHHS-Public Health, Diabetes Prevention and Control Program

This certificate may be used as proof as having attended a program that may be used for licensure renewal in Nebraska.

This presentation has **not** been peer reviewed and may not count towards peer-reviewed contact hours.

License renewal information can be found online at [http://dhhs.ne.gov/publichealth/Pages/crl\\_nursing\\_nursingindex.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_nursing_nursingindex.aspx)