

**APGNN and SPN Recognizes**

 **[NAME]**

***Upon the completion of the Pediatric GI Nursing Assessment-Based Program***

***and is awarded a certificate in***

**Pediatric Gastroenterology, Hepatology, and Nutrition Nursing**

***Presented on DATE – [Month, day, year]***

***Valid through [Month, year – 5 years from presented date]***