

# *The New York State Nurses Association*



## **CERTIFICATE OF COMPLETION**

*This is to certify that*

*Elizabeth Barrow RN*

*has successfully completed the education activity entitled:*

### ***Empowerment: A Summit to Positively Impact Nursing Practice***

*The New York State Nurses Association is accredited as a provider of continuing nursing education by  
the American Nurses Credentialing Center's Commission on Accreditation*

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