

Florida State Association of Rehabilitation Nurses
A NON-PROFIT PROFESSIONAL ASSOCIATION
CERTIFICATE OF ATTENDANCE

This is to certify that: _____

Nursing License # _____

Has attended and met all the requirements of :

April 4, 2025

Early Morning Yoga

Anne Lamberty, BA, RYT200

Nursing Contact Hours: 1.0

**For Nursing Credits; Florida Board of Nursing Provider Number: FBN-50-777; Georgia Board of Nurses
Do not send this certificate to the State Board of Nursing. Please retain all certificates of completion in your files for four (4) years.**

Sponsor Information: Florida State Association of Rehabilitation Nurses

FSARN Continuing Education Chairperson: Kathleen Sobczak, RN, BS, CRRN, CNLCP, CCM

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