



CERTIFICATE OF COMPLETION

**Kathleen Dibble
Provider Number 163663
2545 W. Hillcrest Drive
Thousand Oaks, CA 91320
805-376-5219**

Conducted its

**Transparency In Healthcare
Course Number: 201918
Approved for 1 Hour of Continuing Education Credit**

On Thursday, November 13th, 2008

At 2001 Point West Way, Sacramento, California 95815

**Name: _____
has successfully completed the above course.**

I acknowledge that submitting a false or fraudulent certificate of completion to the Commissioner may subject any application for an insurance denial, and any issued license to suspension or revocation.

**Student Signature
11-13-08**

**Instructor Signature
11-13-08**

Kathleen A. Dibble

**Provider Signature
11-13-08**

This document should be kept for five years from the date of completion.