

# *Arkansas Department of Health*

## Epinephrine Auto injector Training Certificate

This is to acknowledge that

Has successfully completed all aspects of training for the use of an Epinephrine Auto injector as outlined in the current rules and regulation pertaining to public access to auto-injectable Epinephrine.

\_\_\_\_\_  
Physician Printed Name

Issue Date: \_\_\_\_\_

Certificate expires 2 years from the issue date.

\_\_\_\_\_  
Physician Signature



Arkansas Department of Health  
*Keeping Your Hometown Healthy*