

# CERTIFICATE OF PARTICIPATION

This certificate is awarded to

\_\_\_\_\_

for the successful completion of the 12-week program

***SMART MOVES***

North Carolina  
State Health Plan

for Teachers and State Employees  
[www.shpnc.org](http://www.shpnc.org)



North Carolina Public Health  
Working for a healthier and safer North Carolina  
Everywhere. Everyday. Everybody.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

