



Oregon

Board of Examiners of Nursing Home Administrators

State Office Building

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REQUEST FOR APPROVAL OF CONTINUING EDUCATION

NOTE: Submit course brochure, agenda and supporting course information with request.

Please allow at least 7 days for processing.

ACTIVITY TITLE		ACTIVITY COST	
		\$	
ACTIVITY DATE(S)		TIME(S)	
ACTIVITY LOCATION		<input type="checkbox"/> CLOSED REGISTRATION (INHOUSE ACTIVITY)	
		<input type="checkbox"/> OPEN REGISTRATION	
ACTIVITY TYPE			
<input type="checkbox"/> MEETING <input type="checkbox"/> COURSE <input type="checkbox"/> WORKSHOP <input type="checkbox"/> SEMINAR <input type="checkbox"/> ONLINE <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> OTHER:			
TOTAL CEU HOURS REQUESTED		INDICATE GENERAL HOURS	INDICATE ETHICS HOURS
SPONSOR/PROVIDER			
CONTACT (NAME)		REGISTRATION CONTACT & TELEPHONE NO. (IF DIFFERENT)	
ADDRESS			
PREFERRED METHOD OF CONTACT: <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> REG. MAIL			WEBSITE ADDRESS
TELEPHONE NO.	FAX NO.	EMAIL ADDRESS	
WILL OFFERING BE REPEATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, HOW OFTEN?	
PURPOSE OF OFFERING			
METHOD OF PRESENTATION			
BRIEFLY DESCRIBE COURSE RELATIONSHIP TO NURSING HOME ADMINISTRATION			
OFFICE USE ONLY			
COURSE APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENERAL HRS.	ETHICS HRS.	TOTAL HRS.
IF NO, EXPLAIN WHY REQUEST DENIED:			

CEU APPROVAL REQUEST

AN EQUAL OPPORTUNITY EMPLOYER