Oregon

Nursing Home Administrators Board
700 Summer Street NE, Suite 320
Salem, OR 97301-1287
Phone: 503-378-6538
FAX: 503-585-9114

CONTINUING EDUCATION ATTENDANCE VERIFICATION LETTER

Instructions
Print document, complete and take your letter to the continuing education (CE) activity. The CE provider/sponsor will need to sign and provide a contact phone number. Remember to enter your attendance hours and to attach supporting documentation (refer to "**Note**" below).

► **NHA Name:** _____

► **License No.:** _____

This is to verify the aforementioned administrator's attendance/participation in the following activity:

► **Activity Title:** _____

► **Date:** _____

► **Hours Attended:** _____ General Hours _____ Ethics Hours _____ Total Hours

► **Enter Provider/Sponsor Name and Address:**

_____

_____

_____

_____

⇒ Provider Signature

_____

⇒ Phone Number

Note: If available, please attach supporting activity information including but not limited to:

√ Agenda

√ Itinerary

√ Flyer or brochure