

INSTRUCTIONS

- ▶ **RANDOM AUDITS:** Retain all continuing education attendance verification documentation until your license has been renewed. The Board randomly audits a percentage of licensees to verify compliance with its continuing education requirement. You will be notified in writing if you are selected for audit, and the Board will request copies of your continuing education documentation. Unsolicited documentation will not be retained or returned.
- ▶ **RECORDS:** Keep a copy of this report for your records.
- ▶ **REMITTANCE:** Remit your Continuing Education Report Form with your Renewal Application and fee to the Oregon Board of Nursing Home Administrators at the address listed above.
- ▶ **CARRYOVER CREDIT:** If you exceeded your continuing education requirement in the prior license period, you may carryover up to 5-10 hours depending on your license status. If you qualify for carryover credit, enter your carryover hours on the Continuing Education Report Log below.
Maximum Carryover: Inactive status 5 hours / Active status 10 hours.

CHECK APPLICABLE STATEMENT

INITIAL License – This is my first renewal following initial licensure. I have satisfied the pro-rated continuing education requirement for this report period.

ACTIVE Status – I have satisfied the 60-hour continuing education requirement (55 general + 5 ethics hours) for this report period.

INACTIVE Status – I have satisfied the 30-hour continuing education requirement (27 general + 3 ethics hours) for this report period.

LAST NAME		FIRST NAME		MI
LICENSE NUMBER	LICENSE STATUS	PREFERRED EMAIL ADDRESS (Receive Board updates and notifications via email.)		

CONTINUING EDUCATION REPORT LOG				
ACTIVITY TITLE	ACTIVITY TYPE <small>(lecture, meeting, etc.)</small>	DATE(S) <small>(m/d/yr)</small>	GENERAL HOURS	ETHICS HOURS
2009 CARRYOVER HOURS (if applicable)				X
TOTAL HOURS				
<input type="checkbox"/> Check Here if Continued on Reverse				

I certify this report to be an accurate account of my compliance with the continuing education requirement for renewal of my Oregon Nursing Home Administrator license.

_____ _____
 Signature Date

