



Oregon

Board of Examiners of Nursing Home Administrators

State Office Building

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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
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▶ **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