New York State Nursing Home Administrator Credit Report

(Refer to Nursing Home Administrator Continuing Education Program Guidelines for requirements and instructions for use.) Submit this report to the Board of Examiners of Nursing Home Administrators ONLY when submitting a completed application for registration renewal or reactivation of your license to document fulfillment of your Continuing Education (CE) requirement. Use as many sheets as is needed to report **approved** CE programming you attended to meet the minimum forty-eight (48) CE credit hour requirement. You must sign the certification at the bottom of **each** Report page used for your application. **Incomplete Reports cannot be processed**.

TYPE OR PRINT LEGIBLY							
1 Title of CE Program or Activity	3 Home Study/	Program Date/s	6 Approval #	8 Approved			
2 Name of CE Program Sponsor	Internal Corp.	City/State	7 Approving Entity	CE Hours Attended			
1	3	1	6	8			
2		5	7	11			
1	3 4	1	6	8			
2		5	7				
1	3 4	1	6	8			
2		5	7				
1	3 4	1	6	8			
2	E	5	7				
1	3	1	6	8			
2		5	7	14			
-	Γotal CE Cre	dit Hours List	ted on This Page	•			
Plus Tot	•						
	•						
CERTIFICATION: I the undersigned certify:	that I have atte	nded the progra	ums or completed the	activities reported			

CERTIFICATION: I, the undersigned, certify that I have attended the programs or completed the activities reported herein for the number of clock hours stated. I am reporting this information to the Board of Examiners of Nursing Home Administrators integral to making application for renewal or reactivation of my Nursing Home Administrator license. I understand that this information is subject to verification, and that willfully making a false statement in submitting such application is a misdemeanor punishable by law (Public Health Law Section 2897-b.1.(d)).

Licensee's Signature	Date
Licensee's Name (Printed)	NYS NHA License Number
	0

Title of CE Program or Activity	3 Hom Stud	v/ Date	ram 6 Approv e/s	Approved
2 Name of CE Program Sponsor	Interr Corp Y/N	nal ⁵ p. Citv/S	tate 7 Approv	y Attended
	3	4	6	8
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	3	4	6	8
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	3	4	6	8
		5	7	
	Tot	al CE Cred	it Hours From This	Page •

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Licensee's Signature	Date
Licensee's Name (Printed)	NYS NHA License Number
	0

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Page ____ of ____