

# CONTINUING EDUCATION COURSES COMPLETED FOR ACTIVE LICENSE RENEWAL

- Instructions:
1. Please complete this form indicating each course you participated in to continue your active license status.
  2. Submit all copies of certificates of completion.
  3. Submit this form and copies of certificates of completion to NHAP.

NAME OF ADMINISTRATOR	NHA LICENSE NO.	TELEPHONE NUMBER  (   )   -	
	E-MAIL ADDRESS		
ADDRESS OF RECORD ( <i>Street and Number</i> )	( <i>City</i> )	( <i>State</i> )	( <i>Zip Code</i> )

COURSE COMPLETION DATE	COURSE APPROVAL NO.	TITLE OF COURSE	TOTAL COURSE HOURS

**\*YOU MUST SUBMIT A COPY OF A CERTIFICATE OF COMPLETION WITH THIS FORM. THE CERTIFICATE(S) AND COPY OF THIS FORM SHOULD BE RETAINED IN YOUR FILES FOR AUDIT PURPOSES. THIS FORM IS NOT PROOF THAT YOU HAVE COMPLETED THIS COURSE. ONLY A CERTIFICATE OF ATTENDANCE CAN BE ACCEPTED AS PROOF OF COMPLETION.**

*I acknowledge that the foregoing information on this application is accurate, true and correct.*

\_\_\_\_\_  
 Signature of Administrator

\_\_\_\_\_  
 Date

**THIS FORM MAY BE DUPLICATED**

All information requested by the application is required by the California Department of Public Health, Nursing Home Administrator Program (NHAP). Maintenance of the information requested on this form is authorized by the Health and Safety Code. **Failure to provide any of the required information will result in the application being rejected as incomplete.** For more information or access to records containing your personal information maintained by CDPH, contact the NHAP, MS 3302, P.O. Box 997416, Sacramento, CA 94899-7416, (916) 552-8780.