

## INSTRUCTOR APPLICATION FOR C.E. CREDIT

<b>ADMINISTRATOR NAME</b>	<b>NHA LICENSE #</b>	<b>E-MAIL ADDRESS</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

*I certify that I have earned continuing education (CE) credits as an instructor of the following NHAP approved course:*

<b>COURSE PROVIDER</b>	<b>PROVIDER NUMBER</b>
<b>COURSE TITLE</b>	<b>HOURS INSTRUCTED</b>
<b>COURSE APPROVAL NUMBER</b>	<b>DATE (S) COURSE OFFERED</b>
<b>NAME AND LOCATION OF FACILITY AT WHICH TRAINING WAS CONDUCTED</b>	

**PLEASE NOTE:**

**One (1) hour of credit** shall be awarded for each classroom hour completed as an instructor of a NHAP approved course. No more than **sixteen (16)** classroom hours may be acquired during a two-year licensing period.

***For Office Use Only***

Information verified from training reports on file:     Yes     No

\_\_\_\_\_ hour(s) of continuing education approved for the \_\_\_\_\_ renewal period.

Date course was approved: \_\_\_\_\_

The licensee is responsible for not claiming more than the maximum of sixteen (16) hours of continuing education allowed per renewal period.

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.