



# Illinois Public Health Nurse Administrators

*"Advancing Public Health Nursing in Illinois"*

<http://www.iphna.org/>

APPLICATION FOR CONTINUING EDUCATION CREDITS		
TITLE:	_____	
DATE OF CE:	_____	NUMBER OF HOURS: _____
TEACHING METHOD:	_____	
LOCATION:	_____	
PRESENTER:	_____	CREDENTIALS: _____
HOST:	_____	_____
	Print	Signature                      Date

GOAL:	_____
OBJECTIVES	
1.	
2.	
3.	
EVALUATION CRITERIA/METHOD:	_____

By signing this application, I hereby acknowledge my responsibility as the host and/or presenter of said program and agree to monitor attendance and assure the program meets the criteria established by the Act	
_____	_____
IPHNA MEMBER/HOST	DATE

IPHNA APPROVAL:	
_____	_____
SIGNATURE/TITLE	DATE
THIS CE OFFERING EXPIRES:	_____

Submit application to Susan Karras - [slkarras@mchenrycountyil.gov](mailto:slkarras@mchenrycountyil.gov)