



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: _____