



Event Details

Date of Event	
Time of Event	
Hours of CE earned	

Name, Credentials	
Birth Month / Birth Date [xx/xx]	
Hospital / Organization	
Address	City/State/Zip

Sponsor/Education Provider Name:	
Address:	
<i>Please describe the education activity you participated in</i>	
Title:	
Speaker(s):	
Learning Objectives/Key Education Takeaways: <i>(Please provide a minimum of two)</i>	
Topics covered (check all that apply). <input type="checkbox"/> Advocacy and Political Activity <input type="checkbox"/> Community Health and Relations <input type="checkbox"/> Health Care Delivery <input type="checkbox"/> Finance and Reimbursement <input type="checkbox"/> Governance <input type="checkbox"/> The Governing Board and CEO relationship	<input type="checkbox"/> Serving as the Board Chair <input type="checkbox"/> Nursing and Allied Health Professionals <input type="checkbox"/> Physicians and Medical Staff <input type="checkbox"/> Quality and Patient Safety <input type="checkbox"/> Other: _____

Proof of Attendance

If you do not have a certificate of completion from the providing organization you may complete THT's Certificate of Completion for Continuing Education. By providing the information above you have stated your attendance and completion of the specified education activity to acquire education hours toward the Certified Healthcare Trustee Designation.

Guidelines for Education Verification

Trustees must complete 24 hours of continuing education within three years in order to meet CHT requirements. If renewing certification, trustees must complete 12 hours of continuing education.

Many national, state and local licensing boards and professional organizations will grant continuing education credit for attendance at this activity when you submit the course outline (save the brochure) and the Certificate of Attendance. A Certificate of Attendance, if available may be submitted in lieu of this form. Permitted education can be provided at the national, state or local level associations and other professional organizations, or by the hospital or health care system at which you govern. THT may accept or reject submitted education hours.

I acknowledge that the information provided is true and accurate. I have circled contact hours from the above offerings for the sessions I attended in their entirety.

Participant's Signature

Date