



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Nursing Home Administrators Licensing Board
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

REQUEST FOR CONTINUING EDUCATION APPROVAL

A copy of this form is to be submitted with all requests for approval of continuing education programs. Please provide a copy of the certificate of attendance or program brochure which includes hours of attendance, program topics, and presenters. A separate form must be submitted with each request. All requests must be received by the Board within thirty (30) days of program completion.

Part I: This part must be completed by the program attendee or program sponsor

PROGRAM APPROVAL IS REQUESTED BY: PROGRAM SPONSOR ATTENDEE

NAME OF ATTENDEE OR PROGRAM SPONSOR REQUESTING APPROVAL: _____

ADDRESS: _____ TELEPHONE: _____

PROGRAM TITLE: _____

PROGRAM LOCATION: _____ PROGRAM DATE: _____

REQUESTED NUMBER OF CONTINUING EDUCATION UNITS: _____

Part II: This part will be completed by the Nursing Home Administrators Licensing Board's Continuing Education Committee.

Your request has been reviewed by the Continuing Education Committee and has been approved/denied for the following reason(s):

_____ APPROVED AS SUBMITTED FOR _____ CEUs

_____ ADDITIONAL INFORMATION IS REQUIRED (SEE REMARKS)

_____ DENIED AS SUBMITTED FOR _____ CEUs

_____ NUMBER OF CEUs APPROVED _____

REMARKS:

EDUCATION COMMITTEE MEMBER: _____ DATE: _____

ATTENDEES: A copy of this form must be attached to your certificate of completion as proof of approval when you submit your continuing education documentation at the time of licensure renewal.

PROGRAM SPONSORS: Program attendees must be issued a certificate of attendance, which includes the name of the program sponsor, program title, number of continuing education units (CEUs), name of attendee, program location and program date.