Nevada Hospital Association

5190 Neil Road • Suite 400 • Reno, NV 89502
(775) 827-0184 • Fax (775) 827-0190

Trustee Education Certification Program Course/Event Completion Form

Your Name:_____

Hospital/Organization Name: _____

Mailing Address: _____ City, State Zip: _____

Telephone Number:_____ Email address: _____

Course or event that you are seeking credit:

Course/Event Name: _____

Date(s) Attended:_____

Your Name (please print): _____

Your Signature: _____

This trustee participated in the course or event listed above:

Hospital Representative Name (please print): _____

Hospital Representative Signature: _____

The hospital trustee will be notified once attendance has been recorded and credit awarded.

Please return this form to:
Amy E. Shogren
Director of Communications & Administration
Nevada Hospital Association
5190 Neil Road, Suite 400
Reno, NV 89502
amy@nvha.net