

Licensed Nursing Home Administrator/ Licensed Health Service Executive Continuing Education Record Sheet

Licensee First Name:

Licensee Last Name:

License #:

License Type: LNHA/LHSE

Renewal Year: From: May 1, (preceding year of renewal) to April 30,

- 20 Earned Clock Hours for the LHSE/LNHA earned annually from the prior May to the date of renewal.
- See Approved list of Activities for CE Credit according to 6400.6850 (A-K)
- We **RECOMMEND** you register for the NAB CE Registry to insure meeting the requirements of licensure

Attestation Statement

I attest by this renewal of license, that I have completed in the preceding year 20 approved Continuing Education clock hours that meet the requirement of competency and knowledge of the Health Services Executive or Nursing Home Administrator professional license. I will maintain proof of having completed the number of CE credits and the validity of clock hours earned as described in 6400.6850. I understand documentation and the continuing education record must be maintained for three years. If audited, I will provide the documentation to validate my completion. I further understand any discrepancies from validating these requirements will be reviewed by the Board's Standard of Practice Committee.

_____ Date

 Signature of Licensee

Total Hours:

Board Approved #	# of CE Hours	Provider/Sponsor	Date	Activity Description
EXAMPLE Number: MN22-53686	5	Leading Age	1/10/2022	Item A: Annual Institute: Class Medication Administration

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EXAMPLE Number: MN22-53686	5	Leading Age	1/10/2022	Item A: Annual Institute: Class Medication Administration