



CONTINUING EDUCATION AFFIDAVIT OF COMPLETION

The licensee shall retain in his personal files for a period of three years complete documentation of continuing education, including evidence of attendance or participation as provided by the approved sponsor for each course taken. Licensees may track attendance or participation through the NAB CE Registry. If contacted for an audit, licensees may attach documentation from the NAB CE Registry to this form.

Click the following links to review the Board's continuing education requirements: [NHA](#) or [ALFA](#)

[Click here](#) to review the Board's Frequently Asked Questions about continuing education requirements.

FIRST NAME	MIDDLE NAME	LAST NAME AND SUFFIX
LICENSE NUMBER:	CHOOSE ONE: <input type="checkbox"/> NHA <input type="checkbox"/> ALFA	MOBILE PHONE:
CONTACT EMAIL ADDRESS:		CONTACT TELEPHONE NUMBER:

CONTINUING EDUCATION TYPE/NAME	DATE OF COMPLETION	HOURS COMPLETED



CONTINUING EDUCATION AFFIDAVIT OF COMPLETION

CONTINUING EDUCATION AS A REGISTERED PRECEPTOR IN AN APPROVED AIT PROGRAM

A licensee who serves as the registered preceptor in an approved AIT program may receive one hour of continuing education credit for each week of training up to a maximum of 10 hours of self-study course credit for each renewal year.

AIT TRAINING DATES	NAME OF AIT(S)	HOURS COMPLETED

AFFIDAVIT OF LICENSEE

I hereby certify that this report is true and accurate. I attest that I have complied with all applicable laws and regulations governing the practice of assisted living administrators or the practice of nursing home administrators. I understand that any false statements or misleading information provided herein shall be sufficient grounds for the discipline of my license by the Board.

Licensee Signature

Date