

BOARD OF EXECUTIVES OF LONG TERM SERVICES & SUPPORTS

CEU Program Attendance Report

Sponsors must complete and email, mail or fax this form within 30 days of the program date to BELTSS including the name of attendee; license number; credit hours; date of attendance; name of sponsoring organization; name of program; name , phone of person completing this report, date of completion; and the approval number (NAB or BELTSS) for the program

- 1. Name of Sponsoring Organization:
- 2. Program Information:

Title:

Date:

Location:

NAB approval number:

BELTSS approval number

- 3. Name, title and phone number of person completing this report:
- 4. Date of report completion:
- 5. NHA licensees from State of Ohio attending:

NAME	LICENSE #	CREDIT HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____