

## Nursing Home Administrators Continuing Education Credit Form Request Form

To request a certificate that documents your participation in an ACHE educational program, complete the form below in its entirety. Please allow two weeks for processing and delivery. Once your certificate is processed ACHE will notify the state board of your attendance.

**Accreditation Statement:** ACHE is a registered sponsor of professional continuing education with the National Association of Boards of Examiners of Long Term Care Administrators (NAB).

**Please provide the information you want listed on the certificate:**

---

Title of the course

---

Total number of credit claimed

Date of the course

---

Course location

**Nursing Home License Number & State**

---

Type of course

*(seminar, panel discussion, on-location, audio/Web conference, online)*

**Indicate where ACHE should send your certificate:**

Name As it will appear on Certificate	
Organization	
Address	
City, State, and Zip Code	
Phone/E-mail address	

**Mail or fax your completed form to:**

Claye Murphy, Division of  
Education  
One North Franklin Street, Suite 1700  
Chicago, IL 60606-4425  
Phone: (312) 424-9351

Fax: (312) 424-2844  
cmurphy@ache.org