

QUALITY CARE HEALTH FOUNDATION

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QUALITY CARE



CAHF Chapter - QCHF CONTINUED EDUCATION (CE) REQUEST FORM

APPLICATION MUST BE EMAILED TO QCHF

Please save this document prior to completing to avoid losing valuable information

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|---|
| Fees are: \$ 169.00 for new request or Renewal \$ 109.00 for pre-approved class |
| Check Enclosed <input type="checkbox"/> |
| Deduct from Chapter Dues: <input type="checkbox"/> |
| Additional \$50.00 Late Fee: <input type="checkbox"/> (updated 10/29/2018) |

Date of Request: _____ Date of Program: _____

New Program: (date of program must be at least 40 days away)

Pre-Approved Program: (date of program must be at least 10 days away)

<https://www.cahf.org/Education-Events/QCHF/Programs-Services>

Title of Program: _____

Instructor Name: _____

Chapter Name: _____

Chapter Contact Person: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Facility Name: _____

Facility Address: _____

Location of Program: (Address) _____

Number of Hours Requested: _____ (length of program rounded to the nearest hour)

CREDITS DESIRED: (Licensure boards make final approval on all categories of credits approved).

NHAP NHAP(P) BRN

If the program is pre-approved fill out page one only

All rates will automatically be charge/deducted based on the most up-to-date form posted to the CAHF website

COURSE INFORMATION

Program Date: _____

Program Title: _____

SPEAKER/INSTRUCTOR INFORMATION
(Must include resume or curriculum vitae)

PLEASE NOTE: All information must be complete for continuing education credit approval.

Instructor Name: _____

Educational Credentials (degree and field) of speaker/instructor: _____

License #: _____

Years of teaching experience: _____

Years in long term care: _____

DESCRIPTION OF COURSE

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OBJECTIVES

(e.g., At the completion of this program participants will be able to describe, identify, understand, list, evaluate, demonstrate, etc.)

1. _____
2. _____
3. _____
4. _____

AGENDA

(Must be completed in one hour increments)

First Hour: _____

Second Hour: _____

Third Hour: _____

Fourth Hour: _____

(If agenda requires additional class hours use a separate sheet of paper)