

**Wednesday, June 21, 2023  
CAH CoPs 2023, Part 5**

PLEASE **PRINT** ALL INFORMATION USING A BALL POINT PEN

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Birth Month / Birth Date [xx/xx]**

\_\_\_\_\_  
**Institution / Hospital**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City/State/Zip**

<b>CE Credit Requested:</b>	<b>Yes</b>	<b>No</b>
ACHE Category II:		
CPE:	n/a	n/a
SW:	n/a	n/a
Proof of Attendance:		

**Circle the appropriate continuing education hours or POA for each session attended and total.**  
 ☉☉☉ **NO OTHER CERTIFICATE WILL BE ISSUED** ☉☉☉

	<b>ACHE</b>	<b>CPE</b>	<b>SW</b>	<b>POA</b>
<b>CAH CoPs 2023, Part 5</b>	<b>2.0</b>	n/a	n/a	<b>2.0</b>


**Sponsor: Texas Hospital Association**  
 P.O. Box 679010, Austin, Texas 78768-9010

**ACHE Qualified Education Credit (non-ACHE)**

Participants in this program wishing to have the continuing education hours applied toward ACHE Qualified Education credit (non-ACHE) should indicate their attendance when making application to the American College of Healthcare Executives for advancement or recertification.

**POA's: Proof of Attendance** – course length / instruction time in clock hours.

Many national, state and local licensing boards and professional organizations will grant continuing education credit for attendance at this activity when you submit the course outline (save the brochure) and the Certificate of Attendance. If your discipline was not listed for pre-approved continuing education, it is recommended you contact your own board or organization to find out specific requirements.

  Lindsay Thompson Senior Director of Education and Governance Programs Texas Hospital Association Foundation	I acknowledge that the information provided is true and accurate. I have circled contact hours from the above offerings for the sessions I attended in their entirety.  _____ Participant's Signature
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Please **RETAIN A COPY** of this certificate for your records.  
 Program registration is also required for verification of continuing education credit.