



Wednesday, April 12, 2023

The CMS Hospital Conditions of Participation (CoPs) 2023, Part 1

PLEASE PRINT ALL INFORMATION USING A BALL POINT PEN

Name _____

Birth Month / Birth Date [xx/xx] _____

Institution / Hospital _____

Address _____

City/State/Zip _____

CE Credit Requested:	Yes	No
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 ⚠⚠⚠

	ACHE	CPE	SW	POA
The CMS Hospital Conditions of Participation (CoPs) 2023, Part 1	2.0	n/a	n/a	2.0


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
--	--

Please RETAIN A COPY of this certificate for your records. Program registration is also required for verification of continuing education credit.