Texas Hospital Association

CERTIFICATE OF SUCCESSFUL COMPLETION

July 23-24, 2026
Texas Hospital Association Leadership Fellows Program: Module IV

PLEASE *PRINT* ALL INFORMATION USING A BALL POINT PEN

Name

Institution / Hospital

Address

City/State/Zip

CE Credit Requested:	**Yes**	**No**
ACHE Category II:		
Proof of Attendance		

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

THURSDAY, JULY 23, 2026	**ACHE**	**CPE**	**POA**
Intro to Hospital Finance (12:30-1:30 p.m.) Anna Stelter and Matt Turner	1.0	0.0	1.0
Activity: Take Your Chance with Hospital Finance (1:40-2:40 p.m.) Anna Stelter and Matt Turner	1.0	0.0	1.0
Capstone Workgroups (2:40-3:45 p.m.)	1.0	0.0	1.0
Championing Ideas and Influencing Others (3:45-5 p.m.) Dr. John Daly	1.25	0.0	1.25
FRIDAY, JULY 24, 2026			
Capstone Presentations and Live Coaching (9-11:30 a.m.)	2.5	0.0	2.5
TOTALS	6.75	0.0	6.75

Sponsor: Texas Hospital Association
1108 Lavaca Street, Ste 700, Austin, Texas 78701

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

Lindsay Thompson
Vice President of Education and Governance Programs
Texas Hospital Association

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.