Texas Hospital Association

CERTIFICATE OF SUCCESSFUL COMPLETION

November 5-6, 2026
Texas Hospital Association Leadership Fellows Program: Module I

PLEASE *PRINT* ALL INFORMATION USING A BALL POINT PEN

Name

Institution / Hospital

Address

City/State/Zip

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

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

THURSDAY, November 5, 2026	ACHE	CPE	POA
Introduction to the Legislative and Regulatory Process (11:15 – 12:15 p.m.) Will Holleman	1.0	0.0	1.0
Group Photo and Capitol Tour (1:15 – 2:30 p.m.) Benjamin Williams	1.25	0.0	1.25
Introduction to Hospital Finance (2:55 – 4 p.m.) Matt Turner, Ph.D.	1	0.0	1
FRIDAY, November 6, 2026			
Leadership Capstone Overview and Assignments (9 – 9:30 a.m.) Amy Eskew, LSSBB	0.5	0.0	0.5
Leadership Fellows Workgroups and Crafting the Elevator Pitch (9:30 – 11:30 a.m.) Elizabeth Goins, Ph.D.	2.0	0.0	2.0
TOTALS	5.75	0.0	5.75

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

ACHE Qualifying Education Credit (non-ACHE)
Participants in this program wishing to have the continuing education hours applied toward ACHE Qualifying 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
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.