MARYLAND BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

AFFIDAVIT OF ATTENDANCE AT APPROVED CONTINUING EDUCATION COURSES

Use this form to list the approved continuing education courses you have completed during your current 2-year licensure period. You must attach this form to your renewal application. *You are not required to submit copies of your certificates of attendance unless you are selected for an audit of your continuing education hours.*

Name of Nursing Home Administrator _____License No._____

Sponsoring Agency	Name of Seminar	Dates of Attendance*	Hours Awarded	NAB Approval Number**

* Please be sure the seminars you attended fall within the current 2-year licensure period. If the program has multiple sessions, it is not necessary to list each session separately. Instead, list the program name, dates attended, and the total hours you completed on a single line.

The NAB approval number ***must* be provided in order to receive credit. Please contact the sponsoring organization to obtain the number if the approval number is not listed on the certificate of attendance. ***Only NAB approved programs will be accepted by the Board. Effective March 19, 2012, no continuing education hours can be carried over from the previous renewal period.***

I swear or affirm that the information hereon is, to the best of my knowledge, complete and accurate, and that I did, in fact, attend, for the number of hours indicated, the courses listed.

_____ _____

Signature Date