

QUALITY CARE HEALTH FOUNDATION

2201 K Street, Sacramento, CA 95816

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CAHF Chapter - QCHF CONTINUED EDUCATION (CE) BRN ONLY REQUEST FORM

It is mandatory that all Chapter CE requests be submitted via email to Cheyenne Merced at cmerced@cahf.org

It is recommended that you save this document prior to completing to avoid losing valuable information

<p>Fees are: <input type="checkbox"/> \$ 259.00 BRN Only 2024 (1-3 CE hrs.)</p> <p> <input type="checkbox"/> \$ 279.00 BRN Only 2025 (1-3 CE hrs.)</p> <p> <input type="checkbox"/> \$ 50.00 Per Additional hr. 2024-2025</p> <p>Fee will automatically be deducted from Chapter Dues</p> <p>Additional \$75.00 Late Fee: <input type="checkbox"/> (updated 09/03/2024)</p>
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Date of Request: _____ Date of Program: _____

(date of program must be at least 15 days away)

C:\Users\CheyenneMerced\OneDrive - CAHF QCHF\Operations\QCHF\Education_Assistant_QCHF\Chapter_Documents

Title of Program: _____

Instructor Name: _____

Chapter Name: _____

Chapter Contact Person: _____

Phone Number: _____ E-Mail Address: _____

Facility Name: _____

Facility Address: _____

Location of Program: (Address) _____

Virtual / Web Based Documents Requested:

In Person Documents Requested:

Number of Hours Requested: _____ (length of program rounded to the nearest hour)

All rates will automatically be charge/deducted based on the most up-to-date form posted to the CAHF website

<https://www.cahf.org/Education-Events/Education/Programs-Services>

COURSE INFORMATION

Program Date: _____

Program Title: _____

SPEAKER/INSTRUCTOR INFORMATION
(Must include resume or curriculum vitae)

PLEASE NOTE: All information must be complete for continuing education credit approval.

Instructor Name: _____

Educational Credentials (degree and field) of speaker/instructor: _____

License #: _____

Years of teaching experience: _____

Years in long term care: _____

DESCRIPTION OF COURSE

OBJECTIVES

(e.g., At the completion of this program participants will be able to describe, identify, understand, list, evaluate, demonstrate, etc.)

1. _____
2. _____
3. _____
4. _____

AGENDA

(Must be completed in one hour increments)

First Hour: _____

Second Hour: _____

Third Hour: _____

Fourth Hour: _____

(If agenda requires additional class hours use a separate sheet of paper)