****

**NAB CE Request Form & Instructions**

**Submission Time frame:** (*Avoid late fees*, submit your application 60 days in advance)

~ 55 days or more from event start date

~ 54 days or less from event start date is considered late and subject to late fee or denial

*The above time frame applies to 1-3 hours of CE hours being requested; additional CE hours requested will result in an earlier submission time frame. Please contact QCHF Education Assistant at* [**cmerced@cahf.org**](mailto:cmerced@cahf.org) *for a specific date on 4+ CE hours.*

**Fees: 2024**

**$259.00 ~** between one (1) and three (3) CE hours requested

**$50.00 ~** per additional CE hour being requested for the same training

**$600.00 ~** late fee (less than 55 days from event start date)

**Fee(s): 2025**

**$279.00 ~ standard fee** (55 days or more from event start date) 1-3 CE hours requested

**$50.00 ~** per additional CE hour being requested for the same training

**$0.00 ~** BRN included no additional fee when NAB CEs are requested & box is checked

**Additional Late Fee(s): 2025**

**$100.00 ~ Additional** late fee if submitted within (47-54 days prior to event)

**$650.00 ~ Additional** late fee if submitted within (46 days prior to event)

**All information is required and must be submitted simultaneously to Cheyenne Merced at** [**cmerced@cahf.org**](mailto:cmerced@cahf.org) **before any program will be accepted for review. You may type directly into the form, however, do not modify or edit any of the existing information; doing so may result in the denial of your request.**

**FOR OFFICE USE ONLY**

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Standard Fee: $\_\_\_\_\_\_\_\_\_\_ Additional CE Hr.(s): \_\_\_\_\_\_\_\_\_

Late Fee: $\_\_\_\_\_\_\_\_\_\_ (if applicable)

Total Billed to chapter: $\_\_\_\_\_\_\_\_\_\_

**Program Information**

**Program Title**:

**Date Submitted to QCHF:**

**Chapter or Company Name:**

**Domains of Practice**: (The content areas of tasks, knowledge and skills necessary for administration of a residential care or assisted living facility as approved by NAB) See “[Domains of Practice](https://www.cahf.org/Portals/29/Domains_of_Practice_NHA_-_03-01-2022_ForWeb.pdf)” subcategories and descriptions and provide both the request form and completed domains of practice sheets.

Care, Services, and Supports

Operations

Environment and Quality

Leadership and Strategy

**Program Description:** (This is a detailed description of the overall purpose of the program)

**Speaker(s)**: (A list of all presenter’s full names; **do not** use nick names or abbreviations) you may use a separate Word or Excel document if needed

**(Speaker Info required\*)**

* Speaker name \*
* Employer \*
* Job title \*
* Job description \*
* Experience \*
* Résumé (Sent as Word or PDF file)

(The academic history for the three most recent institutions, the speaker has attended)

* Institution name \*
* Degree \*
* Graduation year

**Learning Objectives**:

**Relevance**: (Describe the program relevance to Home and Community Based Services Executives (HCBS), Resident Care/Assisted Living Administrators (RCAL) and/or Nursing Home Administrators (NHA)

**Attendance Verification Method**: Describe your attendance verification method as well as agree to report to the CE Registry within 30 days of the program end date.

**Program Monitoring Description**: (Please provide a clear explanation of how attendance will be monitored to ensure that the accurate number of CEs are awarded to each participant)

**Requested Approval Start Date**: Program date must be at least 50 days from the date submitted

Program Type (Check all that apply)

In person

Distance Learning

Self-Study

Live Web Event

**Total Program Hours:**

Total program hours are a summation of all hours of education content.

**Total Participant Hours:**

Participant hours are the maximum number of educational hours any one participant can attend and must be calculated to the nearest quarter hour (e.g., 11:15-12:45 would be 1.5 CE). Your participant hours will be automatically adjusted by QCHF if your session agenda breakdown differs from this number.

**Program Agenda**:

**Session Agenda breakdown Hour by Hour**: (must include session title, start and end times or sessions, breaks and lunch if applicable, Speaker (s) intended for session, CE hours requested for each session, individual session descriptions; may include on separate document if desired)

**Supplemental Documentation**: (any materials, handouts or PowerPoints) may be required upon request

**Site or training location & dates**

**Location/Site Name**: (complete name of the venue Address, City, State and Zip)

**Site Start Date:** first day of your program

**Site End Date:** last day of your program

*If you do not enter the exact start and end date for this location, you will receive errors when uploading administrators credits to the CE Registry.*