

**Minnesota Hospital Association
Board Certification Program
Course Approval Form**

Name: _____

Title: _____

Facility: _____

Address: _____

City: _____ ST _____ Zip _____

Phone: _____

Email: _____

| COURSE SPONSOR | COURSE OR SESSION TITLE | COURSE DATES | OFFICE USE ONLY # OF HOURS | | | | | |
|----------------|-------------------------|--------------|-------------------------------|----|----|----|----|----|
| | | | EG | SP | QP | FD | BD | GE |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |

A maximum of 20 percent, or 7 credits, of a trustee's total education credit hours can be earned through outside organizations.

Please attach a copy of program brochure including agenda and program descriptions and send to Christy Brager, Education Specialist in any of the following ways:

By mail: Minnesota Hospital Association, 2550 University Ave. W., Suite 350-S, St. Paul, MN 55114-1900.

By fax: (651) 659-1477

By email: cbrager@mnhospitals.org.