

**OREGON HEALTH & SCIENCE UNIVERSITY  
SCHOOL OF NURSING  
CONTINUING EDUCATION**

**CE CREDIT APPLICATION FORM**

**PROGRAM TITLE:**

**DATE(S):**

**LOCATION(S):**

**PROGRAM COORDINATOR:**

**NUMBER OF CONTACT HOURS:**

**BRIEF OUTLINE:**

**OBJECTIVES:**

At the end of the conference, participants will be able to:

- 1.
- 2.
- 3.

**METHOD OF EVALUATION:**

Survey tool attached

**INSTRUCTORS:**

**APPROVAL FEE :** \_\_\_\_\_

Assessed in accordance to established procedures.

**NOTES**

Reviewed by Academic Affairs 1/08/03