

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

C.E. PROGRAM APPROVAL FORM

This is to certify that the course, _____, has satisfactorily met the criteria for continuing education program approval. Participants who successfully complete the evaluation form will receive credit for ____ Continuing Education contact hours.

Signed: _____
Director of External Programs/Continuing Education

Date: _____

Signed: _____
Associate Dean for Academic Affairs

Date: _____

Notes:

Reviewed by Academic Affairs 1/08/03