

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

CE SPONSORSHIP REQUEST 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:

The School of Nursing is being asked to sponsor the program by: _____

A. Contribution of funds (specify amount): _____

B. In kind contribution of (specify amount): _____

C. Name only: _____

Notes

Reviewed by Academic Affairs 1/08/03

