

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

**C.E.SPONSORSHIP APPROVAL FORM**

This is to certify that the offering, \_\_\_\_\_,  
has been approved for sponsorship. The following services have been approved:

Signed: \_\_\_\_\_  
Director of External Relations/CE Date

Signed: \_\_\_\_\_  
Associate Dean for Academic Affairs Date

