

**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

Notes: Reviewed by Academic Affairs: 1/08/03
Revised 5/29/01

