

**WYOMING BOARD OF NURSING HOME ADMINISTRATORS**

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**CONTINUING EDUCATION AFFIDAVIT  
AND DOCUMENTATION OF ATTENDANCE**

Please provide information for each activity for which you are submitting for review for contact hours. Type or print neatly. Illegible forms cannot be processed. All activities to be reviewed must be itemized below. Please photocopy this page if additional space is needed. Documentation of attendance for each course must be attached to this page. The Board will accept photocopies of attendance documentation. Original documents will not be returned.

DATES	PRESENTER	COURSE/ACTIVITY	PROGRAM SPONSOR	CONTACT HOURS

TOTAL HOURS

This is to certify that the above and attached information is accurate and represents my continuing education activities for my current license renewal period, which have not been previously approved.

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SIGNATURE OF LICENSEE

DATE

Approved by:

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SIGNATURE OF BOARD

DATE