National Association for Health Professionals

Class B Continuing Education Form

This form is for the purpose of documenting Class B continuing education units. Class B credit is described as any hands on health related learning experience. This would include seminars, First Aid, CPR, or health classes. The following information must accompany this form to be eligible for credit.

***Proof of attendance - certificate, diploma, or authorized signature** ***Proof of clock hours - one clock hour equals one credit hour**

Whether you submit your credits online or by mail you should, for your own protection, retain a record of all materials that you have submitted.

Social Security Number _____-_____-_____ Member ID Number _____ Credentials _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____-_____ Work Phone (_____) _____-_____ Extension _____

Date of Activity	Name of Title of Course	Sponsor, Group, or Organization Providing CEU	Clock Hours

Signature _____ Date _____

Please forward this form and corresponding information to:

NAHP
P.O. Box 459
Gardner, KS 66030