National Association for Health Professionals

CONTINUING EDUCATION SUBMISSION FORM

Certificants who have received a NAHP credential are required to comply with the following annual criteria:

- Submission of ten (10) continuing education units that support the NAHP-credential role
- Payment of renewal dues
- A copy of the certificant's current CPR card* CPR is mandatory and 4 credit hours are awarded towards the 10 hours due each year.

Online CPR certification will not be accepted by the NAHP.

Name: _____ Date: _____ Certification Number or SSN _____

Mailing Address: _____ Apt#_____ City: _____ State: _____ Zip Code: _____

CONTINUING EDUCATION ACTIVITIES

Category/Type	Program Title/Description	Program Date	Program Sponsor	Location	# of Hours Earned
				Total CEUs:	

Email completed form to Alma White at awhite@nahpusa.com or Mail form to: NAHP PO Box 459 Gardner, KS 66030