Texas Healthcare Trustees
THA Family of Companies

CERTIFICATE OF SUCCESSFUL COMPLETION
Tuesday, Jan. 31, 2023
Governance Megatrends for 2023

PLEASE _PRINT_ ALL INFORMATION USING A BALL POINT PEN

Name

Birth Month / Birth Date [xx/xx]

Institution / Hospital

Address

City/State/Zip

CE Credit Requested:	Yes	No
ACHE Category I		
CPE		
CHT		
Proof of Attendance		

Circle the appropriate continuing education hours or POA for each session attended and total. ✪✪✪ **NO OTHER CERTIFICATE WILL BE ISSUED** ✪✪✪				
	ACHE	**CPE**	**CHT**	**POA**
Governance Megatrends for 2023	**1.0**	**1.2**	**1.0**	**1.0**

Texas Healthcare Trustees
P.O. Box 679010, Austin, Texas 78768-9010

ACHE Qualified Education Credit (non-ACHE)

Participants in this program wishing to have the continuing education hours applied toward ACHE Qualified Education credit (non-ACHE) should indicate their attendance when making application to the American College of Healthcare Executives for advancement or recertification.

POA's: Proof of Attendance – course length / instruction time in clock hours.

Many national, state and local licensing boards and professional organizations will grant continuing education credit for attendance at this activity when you submit the course outline (save the brochure) and the Certificate of Attendance. If your discipline was not listed for pre-approved continuing education, it is recommended you contact your own board or organization to find out specific requirements.

Public Accountancy: CPE
Record of satisfactory completion of Continuing Education credit applicable to the Texas State Board of Public Accountancy; Texas Hospital Association Foundation approved provider: Sponsor ID #002186. _CPE total should be rounded down to nearest whole number._

Lindsay Thompson

Lindsay Thompson
Senior Director of Education and Governance Programs
Texas Hospital Association Foundation

I acknowledge that the information provided is true and accurate. I have circled contact hours from the above offerings for the sessions I attended in their entirety.

_____
Participant's Signature

Please **RETAIN A COPY of this certificate** for your records.
Program registration is also required for verification of continuing education credit.