

Senior Director of Education and Governance Programs Texas Hospital Association

Foundation .

CERTIFICATE OF SUCCESSFUL COMPLETION Wednesday, May 24, 2023 A Deep Dive Into Hospitals' Payer Mix

PLEASE <u>PRINT</u> ALL INFORMATION USING A BALL POINT PEN

			CE Credit Requested:			Yes	No
Name			ACHE Category I				
Birth Month / Birth Date [xx/xx]			CPE				
			CHT				
Institution / Hospital			Proof of Attendance				
Address							
City/State/Zip							
Circle the appropriate co	ontinuing education hou NO OTHER CERTIFICA				ended a	nd tota	al.
			ACHE	CPE	СНТ	Р	OA
A Deep Dive Into Hospitals' Payer Mix			1.0	1.2	1.0	1	1.0
	Texas Healthc P.O. Box 679010, Austi						
ACHE Qualified Education Credit (r	non-ACHF)	Public Ac	countancy: CPE				
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.		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.					
POA's: Proof of Attendance – cours	se length / instruction time in cloc	k hours.					
Many national, state and local licensing activity when you submit the course of approved continuing education, it is re-	outline (save the brochure) and th	ne Certificate o	f Attendance. If	f your discip	line was r	not listed	
LindsayThompson	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.						
Lindsay Thompson							

Please **RETAIN A COPY of this certificate** for your records.

Participant's Signature

Program registration is also required for verification of continuing education credit.