



CERTIFICATE OF SUCCESSFUL COMPLETION

Tuesday, June 6, 2023

Rural Health Care Governance Workshop

PLEASE PRINT ALL INFORMATION USING A BALL POINT PEN **CE Credit Requested:** Yes No Name CHT **Institution / Hospital** Proof of Attendance **Address** City/State/Zip Circle the appropriate continuing education hours or POA for each session attended and total. **○○○** NO OTHER CERTIFICATE WILL BE ISSUED **○○○** CHT **POA Rural Health Care Governance Workshop** 1.5 1.5

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.

Lindsay/hompson

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.