Name of Licensee (Print): _____

License #: _____

Georgia State Board of Nursing Home Administrators
237 Coliseum Drive, Macon, GA 31217-3858
(478) 207-2440 (Telephone) * (866) 888-7127 (Fax) * www.sos.ga.gov\plb\nursinghome

Page _____ of _____

CONTINUING EDUCATION REPORT

Course Title	Education type Covered per 393-13-.01	Mark Type of Approved Source	Location of Training (city/state)	Date of training/course (MM/DD/YY)	C.E.U.'s Earned and Documented on certificate
		____ NAB ____ N.C.E.R.S. ____ Professional Trade ____ Other/explain			
		____ NAB ____ N.C.E.R.S. ____ Professional Trade ____ Other/explain			
		____ NAB ____ N.C.E.R.S. ____ Professional Trade ____ Other/explain			
		____ NAB ____ N.C.E.R.S. ____ Professional Trade ____ Other/explain			
		____ NAB ____ N.C.E.R.S. ____ Professional Trade ____ Other/explain			
		____ NAB ____ N.C.E.R.S. ____ Professional Trade ____ Other/explain			
		____ NAB ____ N.C.E.R.S. ____ Professional Trade ____ Other/explain			
		____ NAB ____ N.C.E.R.S. ____ Professional Trade ____ Other/explain			
		____ NAB ____ N.C.E.R.S. ____ Professional Trade ____ Other/explain			