

TEAM DEVELOPMENT

PRINTED NAME		LICENSE#	
<p>INSTRUCTIONS: For each session/module attended and completed in its entirety, please indicate the date attended and sign in the 'Signature' box. For any session/module NOT attended, please mark thru the entire line. Please total the number of hours attended, write this in the 'Total # Hours Attended ...' box and sign in the 'Signature' box. Once you have completed the hours you which you have enrolled, FAX this sheet to 512-336-1008. Your attendance sheet must be signed and dated in order to receive credit for course completion.</p> <p>CERTIFICATION BY ATTENDEE: My signature certifies that I am the person named above and I am the person that completed the sessions/modules indicated in compliance NAB rules and regulations.</p>			
MODULE #	DATE ATTENDED	# HRS	SIGNATURE
TI ~ Building Effective Teams		2	
TII ~ Leading Effective Teams		2	
TIII ~ Everyday Ethical Dilemmas		2	
Total # Hours Attended & Completed			

CHA SEMINARS CERTIFICATION

CHA Seminars certifies that this course was given on the days listed and that the information contained on this document is correct. In accordance with the Texas Board of Licensure for Nursing Facility Administrators, this information will remain on file for the current year plus two (2) calendar years.

Missy S Stagner
Missy S Stagner, President