

Continuing Education Registration Form

Course Name: *Your Weight Matters Virtual Convention*

Dates of Program: May 18 - May 19 2024

Location of Program: Virtual Event

Participant Information:

This information will be used for your Completion Certificate. (Home address is preferred.)

Name: _____

Street: _____

City, State, Zip: _____

Phone: _____

RN ___ LVN ___ LPN ___ Other title: _____

License number: _____ Up to 6.5 hours offered

Date of Completion for Certificate (*last day of attendance*):

CE Credits: Total number of contact hours completed: _____

Participant has completed all course requirements: _____

Authorized signature

On behalf of the sponsoring organization:

Taylor College will be issuing your Certificate of Completion for this course. "Provider is approved by the California Board of Registered Nursing, Provider Number CEP-3285, for the stated number of contact hours."

This course is accepted for CE credit in most states (contact us if licensed in Iowa). This course will also meet requirements for many national accrediting organizations. Please contact us or your Board for confirmation.

Please return this form via email to Lysie Nichols at lnichols@obesityaction.org. Please return this form no later than Monday, June 3, 2024. The OAC will send all forms in to Taylor College. Certificates will be emailed and/or mailed within a month after the event. You will receive your certificate according to your indication below. Thank you for your participation!

Select Your Preferred Option of Receiving Your Certificate

___ Mailed (*use address provided above*)

___ Email certificate to: _____