Manager/Team Leader

EXHIBIT F:

CONTINUING EDUCATION (CE) HOURS FOR CORE CE; CONTACT HOURS/CE FOR ELECTIVE #18; GRAND ROUNDS FOR ELECTIVE #13 VERIFICATION

Name: _	(NAME OF APPLICANT)	_			
	Title of Program/Subject Matter (Check CE vs Contact Hour column as appropriate)	Date	# Hrs.	CE	Contact
		TOTAL:			
If using f If using f	for CE/CH: Attach copies of transcript/certificate/verification of com for Grand Rounds: List presentation titles and dates, and have mana	pletion- no si	gnature	neede	ed.
	Signature:				