

# AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

## NURSES' CONTINUING EDUCATION VERIFICATION RECORD

Name (please print) \_\_\_\_\_ Reg ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License # \_\_\_\_\_

E-mail \_\_\_\_\_

Course Title Please check appropriate conference

- ☐ **Reimbursement: Trends and Strategies in Emergency Medicine -**
- ☐ **Advanced Procedure Coding for Emergency Medicine -**

I certify I have attended the course marked above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**In order for you to receive your CEU's, the NURSING BOARD requires signed attendance sheets as verification of attendance.** You must complete this verification record and return it to the ACEP Event Registration Manager [gwestbrook@acep.org](mailto:gwestbrook@acep.org) or return by mail:

ACEP  
PO Box 619911  
Dallas, TX 75261-9911

**Your certificate will be e-mailed to you.** Please allow 2 weeks to process.

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If you have any questions, please contact ACEP Member Care at 844.381.0911

**THANK YOU!**