

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
ACEP21 Scientific Assembly
October 25-28,2021
Boston, MA

NURSES' CONTINUING EDUCATION VERIFICATION RECORD

Name (please print) _____ Reg ID # _____
Address _____
City _____ State _____ Zip _____
License # _____ E-Mail Address: _____

Course #	Course Title	Contact Hours
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I certify I have attended all the courses listed above and have earned a total of _____ contact hours for this conference.

Signature _____
Date _____

The Scientific Assembly has been designated for 24.0 units of Continuing Education Credits (CEU's). This represents a total of 24.0 contact hours.
To receive a certificate of credit for this meeting you MUST complete this verification record IN FULL and return it to the ACEP. Please e-mail the form back to gwestbrook@acep.org or mail to the address listed below. Your certificate will be returned to you by e-mail.

ACEP Meeting Registration
PO Box 619911
Dallas, TX 75261-9911