



Washington State Department of  
**Health**  
Nursing Home Administrator Credentialing  
PO Box 47865  
Olympia WA, 98504-7865  
360-236-4700

## Nursing Home Administrator Continuing Education Attestation Form

(For use when certificate of registration/completion is not available)

Date	Name of Training/Description of Activity	Hours

I, \_\_\_\_\_, attest under penalty of perjury, that I completed the above listed continuing education in pandemic response and compliance measures, as allowed under [WAC 246-843-130\(3\)](#):

Dated \_\_\_\_\_ at \_\_\_\_\_  
(city, state)

Signature \_\_\_\_\_

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