



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 \_\_\_\_\_

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).