

# Instructions for CE Coordinators:

- Check the box beside each name on the attendance record if their certificate was returned.
- Complete all requested information at the top of this sheet and in the box to the right.
- Make a copy of the Attendance Record for your records.

**Certificates are invalid if attendee is not registered on this attendance record. Certificates also invalid if mailed separately.**

**For ALL continuing educational activities approved by ANNA, mail the following to ANNA Education Services:**

- Yellow copies of CE Certificates & all unused certificates
- Original Attendance Record(s) (Including instruction page with Attendance Summary completed)
- Approval Process Evaluation Form
- Summary Evaluation Form

**CHAPTERS, PLEASE NOTE:** In order to meet **RECHARTER CRITERIA**, it is the chapter's responsibility to submit reports for **every** educational meeting held by the chapter. The reports are simple, submitted online, and are completely separate from any return paperwork required to process contact hour certificates. Please follow instructions listed below to Submit.

## Instructions:

- Go to [www.annanurse.org](http://www.annanurse.org) & Log In
- Go to ABOUT ANNA >CHAPTERS, then select CHAPTER OFFICERS ONLY
- Select “Chapter Reports and Activities”

## Chapter Reports and Activities

[View](#) [Edit](#) [Webform](#) [Results](#)

### Chapter Meetings

Please submit a report for EVERY meeting held by your chapter; business meeting, educational meeting (with or without contact hours), ANNA Webinars, etc. Your chapter will only receive "credit" or recognition for meetings that are listed.

[Submit a Chapter Business Meeting](#)

[Submit a Chapter Education Meeting](#)

- Select “Business or Education Meeting”.
- Enter information requested, then select “Submit”

## ATTENDANCE SUMMARY

**Total Attendance:** \_\_\_\_\_

**ANNA Members:** \_\_\_\_\_

**CNN's:** \_\_\_\_\_

**CE Certs. Returned:** \_\_\_\_\_

# ANNA

## ATTENDANCE RECORD

Page 1

<input type="checkbox"/> Continuing Education Activity	<input type="checkbox"/> Chapter Business Meeting	<input type="checkbox"/> Both
Date of Activity: _____		Coordinator Name: _____
Title of Educational Activity: _____		Hrs. Approved: _____
Provider/Chapter Name: _____		Chapter No.(if applicable): _____
Site Location: _____		City: _____ State: _____

**PLEASE PRINT CLEARLY – ALL FIELDS REQUIRED**

	NAME	ADDRESS	E-Mail Address *	ANNA Member	CNN	CDN	CCHT	CE Certs Returned
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

\* Email address requested for CE opportunities

**PLEASE PRINT CLEARLY - ALL FIELDS REQUIRED**

	NAME	Address	E-Mail Address*	ANNA Member	CNN	CDN	CCHT	CE Form Returned
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

\* Email address requested for CE opportunities