



1775 90th Street, West Des Moines, IA 50266-1563



phone 515.978.2204 ■ toll-free 800.422.3106 ■ fax 515.978.2209

www.iowahealthcare.org ■ ihca@iowahealthcare.org ■ ical@iowahealthcare.org

CEU Research Request Form

Complete and fax to 515.978.2209

If you are missing a CEU certificate from an IHCA or ICAL education session, the scanner data can be reviewed to determine if your personal profile should be updated. Please complete this form and fax your request to the IHCA office. Please allow 10 days for your profile to be updated. Requests will be taken by fax only at 515.978.2209, no phone calls please.

PLEASE PRINT

First name: _____

Middle initial: _____

Last name: _____

Title: _____

Facility: _____

Business phone #: _____

E-mail address: _____

Class or classes you attended, but do not show CEU credit:

I certify that I attended the above listed classes and request that the Iowa Health Care Association research its data to confirm my attendance and update my CEU record.

Signature _____ Date _____