

## CERTIFICATE OF SUCCESSFUL COMPLETION

Wednesday, Oct 4, 2023

## **Best Practices to Keep Hospitals Safe from Cyberattacks**

PLEASE <u>PRINT</u> ALL INFORMATION USING A BALL POINT PEN						
	CE Credit	CE Credit Requested:			No	
Name	ACHE Category I					
Birth Month / Birth Date [xx/xx]	CPE					
	CHT					
Institution / Hospital	Proof of Attendance		9			
Address  City/State/Zip						
Circle the appropriate continuing education hours or POA    OOO NO OTHER CERTIFICATE WILL I			nded ar	nd tota	al.	
	ACHE	CPE	CHT	Р	OA	
Best Practices to Keep Hospitals Safe from Cyberattacks	1.0	1.2	1.0	1	.0	
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**Sponsor: Texas Hospital Association** P.O. Box 679010, Austin, Texas 78768-9010

## **ACHE Qualified Education Credit (non-ACHE)**

Participants in this program wishing to have the continuing education hours applied toward ACHE Qualified Education credit (non-ACHE) should indicate their attendance when making application to the American College of Healthcare Executives for advancement or recertification.

**POA's: Proof of Attendance** – course length / instruction time in clock hours.

Many national, state and local licensing boards and professional organizations will grant continuing education credit for attendance at this activity when you submit the course outline (save the brochure) and the Certificate of Attendance. If your discipline was not listed for pre-approved continuing education, it is recommended you contact your own board or organization to find out specific requirements.

## **Public Accountancy: CPE**

Record of satisfactory completion of Continuing Education credit applicable to the Texas State Board of Public Accountancy; Texas Hospital Association Foundation approved provider: Sponsor ID #002186. CPE total should be rounded down to nearest whole number.

Lindsay Thompson
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I acknowledge that the information provided is true and accurate. I have circled contact hours from the above offerings for the sessions I attended in their entirety.

Lindsay Thompson Senior Director of Education and Governance Programs Texas Hospital Association Foundation

Participant's Signature

Please **RETAIN A COPY of this certificate** for your records.