

### NHEP EDUCATION/TRAINING ACTIVITIES VERIFICATION FORM

You must enter the hours you spend in the classroom and study time on this form. The hours you spend in this activity are outlined on your Employment Plan (EP). You may enter up to one hour of unsupervised study time for every hour of classroom time in the *Unsupervised Homework Hours* row. If your class requires a lab, internship, practicum, or clinical hours, these hours may be entered in the *Supervised Study Hours* row. You may only claim these hours if the time was supervised.

Fill out your name, and RID #. Fill out the dates for the week this form is covering. Check off the number of hours you must participate in NHEP.

Fill out the class name, the number of hours you spend in class each day up to the hours allowed in your EP, and the weekly total. Fill out the *Unsupervised Homework Hours* row by entering one hour of unsupervised homework time for each hour of classroom time, and the weekly total. Enter any Supervised Study Hours you have, and the weekly total in the *Supervised Study Hours* rows. Your instructors must sign each of your entries for class time and Supervised Study Hours and provide contact information, as show in the example.

Add up all hours in the weekly total column and enter them in the *Total Hours* section. Complete the form by entering your school name, and signing the form.

**Participant Name:** \_\_\_\_\_

**RID #:** \_\_\_\_\_

**BEGIN DATE**    /    /    **END DATE**    /    /  
                     Saturday                      Friday

30 Hours     20 Hours     Other \_\_\_\_\_

Class Name	Hours Attended Each Day							Weekly Total	Instructor's Signature and Contact Information By signing this form, you state that the above named person attended the education/training activity on the date specified.
	S	S	M	T	W	T	F		
<b>Example</b>									
1. Nursing 202			3		3			6	<i>Timothy Simmons</i> , (603) 555-1978, tsimmons@univeristy.edu
2. Nursing 202 Clinical							8	8	<i>Sally Jones</i> , (603) 555-3126, sjones@university.edu
1.									
2.									
3.									
4.									
5.									
Supervised Study Hours (to include lab, internship, practicum and clinical hours – signature required for all hours entered in this row)									
Supervised Study Hours (to include lab, internship, practicum and clinical hours – signature required for all hours entered in this row)									
Unsupervised Homework Hours (one hour for each hour in class)									
<b>Total Hours</b>									Instructor's Comments: _____

**Name of school:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

**ECS Signature** \_\_\_\_\_

For Official Use Only  
 ECS Reviewed/Entered in New HEIGHTS

Initial/Date: \_\_\_\_/\_\_\_\_/\_\_\_\_