

# Saad

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## Education

*CNA School*

*Continuing Education for Healthcare Professionals  
Special Programs*

Welcome to Saad Education's Continuing Education for Healthcare Professionals (CEHP). We are pleased to offer more than 500 courses that meet the requirements of the Alabama Board of Nursing's and other accrediting agencies' continuing education requirements for the following healthcare professionals:

ADVANCED REGISTERED NURSE PRACTITIONER  
ADMINISTRATOR  
SPECIALTY CARE ADMINISTRATOR  
AUDIOLOGIST  
CERTIFIED NURSING ASSISTANT  
CERTIFIED REHABILITATION REGISTERED  
NURSE  
LICENSED CLINICAL SOCIAL WORKER  
LICENSED DIETICIAN

LICENSED NURSING HOME ADMINISTRATOR  
LICENSED PRACTICAL NURSE  
LICENSED SOCIAL WORKER  
OCCUPATIONAL THERAPIST  
OCCUPATIONAL THERAPY ASSISTANT  
PHYSICAL THERAPIST  
PHYSICAL THERAPY ASSISTANT  
REGISTERED NURSE  
SPEECH-LANGUAGE PATHOLOGIST

CEHP courses are offered on line and are taught by 150 instructors, each of whom is an acknowledged expert in his or her field. All courses meet federal, state, and other regulatory requirements.



The classes are interactive in nature and can be accessed through Saad Healthcare's main website:

**[www.saadhealthcare.com](http://www.saadhealthcare.com)**

The course materials can also be downloaded as a PDF file for printing. Most courses include an final exam, which can be taken online. Upon completion of a course, you will be able to print a Certificate of Completion for filing with the appropriate accrediting agency.

We can provide you with a complete catalog of available courses. Please call 343-9600 to have it sent to you.

To obtain access to our courses, complete the accompanying registration form and return it by e-mail or fax to:

**Valerie Mitchell**  
**(251) 380-3328 Fax**  
**[valerie.mitchell@saadhealthcare.com](mailto:valerie.mitchell@saadhealthcare.com)**

Once your registration information is entered, you will be e-mailed a user name and login, which will permit you to log in and begin learning.

For more information, call:

**(251) 343-9600**

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### REGISTRATION FORM

<b>Name</b>	First					
	Middle					
	Last					
<b>Work</b>	Company					
	Position or Job Role					
<b>License</b>	Type (RN, PT, etc.)		Number		Expiration	
<b>Work Address</b>						
<b>City</b>		State		Zip		
<b>E-mail</b>						
<b>Phone</b>	Work					
	Home (or Cell)					
	Fax					

FOR OFFICE USE ONLY				
User Name	Password	Date Entered	Expiration Date	Rep
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