CONTINUING EDUCATION RECORD

October21-23,2026 | Gulf Coast Regional Conference

Check only sessions you attended. Each listed session carries 1.00 education hour. Do not select concurrent sessions. Retain this record for your certification files.

ATTENDED	SESSION	DATE	TIME	HRS
	WEDNESDAY | OCTOBER 21			
☐	From Strategy to Statewide Impact: Scaling Rural Health Transformation Through Data, AI and Value-Based Care	10/21/2026	1:10 PM	**1.00**
☐	Maternal Child Health - Lousiana	10/21/2026	2:00 PM	**1.00**
☐	Rural Health Transformation Panel	10/21/2026	3:30 PM	**1.00**
☐	Rural Hospital Leadership Panel	10/21/2026	4:30 PM	**1.00**
	THURSDAY | OCTOBER 22			
☐	Keynote - HIMSS Public Policy Update	10/22/2026	8:10 AM	**1.00**
☐	Panel - From Pilots to Impact: Scaling AI in Gulf Coast Healthcare	10/22/2026	10:00 AM	**1.00**
☐	Plug in to Prevent Patient Falls: A Nudge Based Approach to Smart Bed-Nurse Call Connectivity	10/22/2026	10:00 AM	**1.00**
☐	Clinical Care Resiliency- Beyond BC/DR to the Bedside	10/22/2026	11:00 AM	**1.00**
☐	Cracking the Code of ED Utilization	10/22/2026	11:00 AM	**1.00**
☐	From Smart Hospital Vision to Enterprise Scale	10/22/2026	1:00 PM	**1.00**
☐	From Insights to Impact: Actionable Analytics in Healthcare	10/22/2026	1:00 PM	**1.00**
☐	From Survival to Sustainability: The New Rural Hospital Operating Model	10/22/2026	2:00 PM	**1.00**
☐	Humans v. Humanoids Smackdown: Communication as a Clinical Tool	10/22/2026	2:00 PM	**1.00**
☐	Making Rural Care Work: How Orchestration Turns Fragmented Programs into Connected Systems of Care	10/22/2026	3:30 PM	**1.00**
☐	Clinical Leadership (CMIO/CNIO) Panel	10/22/2026	4:30 PM	**1.00**
	FRIDAY | OCTOBER 23			
☐	CISO Panel	10/23/2026	9:45 AM	**1.00**
☐	CIO Panel	10/23/2026	10:45	**1.00**

TOTAL HOURS ATTENDED

Enter the sum of checked sessions across both pages.

ATTENDEE ATTESTATION

I certify that I attended only the sessions selected above and that the total reflects my actual participation. This form is an attendee self-reporting record, not a certificate of HIMSS approval.

Attendee name:

Signature:

Date: