Medicaid 101

Date: _____ **Activity Code. ___31311_____**

Location: _____ **Presenters: Margaret Brockman, RN, MSN**

Please Read:

For contact hours: You must be present at the entire event (arrive no more than 5 minutes after start of session). You must sign in and note arrival and departure time. You must submit a completed evaluation form. Materials must be received by Kathy Karsting, RN, DHHS School and Child Health Program. kathy.karsting@nebraska.gov. Fax 402-471-7049. Mailing address: P.O. Box 95026, Lincoln, NE 68509-5026.

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