Office of Ombudsman for Older Minnesotans

REQUEST FOR RENEWAL OF OMBUDSMAN DESIGNATION

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Name of Designated Ombudsman and Region

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Designation Period Requested

I request renewal of designation as an ombudsman. I have completed the required sixty (60) hours of continuing education the past twelve (12) months.

Date of Training	**Training Hours**	**Topic**	**Trainer**

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Signature of Ombudsman Date Signature of Ombudsman Supervisor Date

5/03