



NOTICE OF CONTINUING EDUCATION AUDIT
 NORTH DAKOTA BOARD OF NURSING
 SFN 53264 (04-17)

FOR OFFICE USE ONLY
Date Received

TIME PERIOD OF AUDIT -

PERSONAL INFORMATION

PLEASE TYPE OR PRINT CLEARLY

Legal Name (Last, First, Middle)			Maiden Name (If Married)	Social Security Number
Address	City	State	Zip Code	Date of Birth
Home Telephone Number		Work Telephone Number		
Email Address	ND LPN/RN License Number	Expiration Date of RN/LPN License		

DOCUMENTATION OF CONTINUING EDUCATION

LPNs, RNs, and Advanced Practice Nurses without Prescriptive Authority must document at least twelve (12) contact hours of continuing education or the equivalent of academic credit.

Advanced Practice Nurses with prescriptive authority must document at least fifteen (15) contact hours of continuing education or the equivalent of academic credit in pharmacotherapy related to the scope of practice.

Date	Instructor/Provider	Code or Course Number	Title of Education Activity or Course	Contact Hours or Number of Credits

I certify all of the information contained in this document is true and correct.

Signature _____

Date

SUBMIT COPIES OF CERTIFICATES REQUESTED TO THE BOARD FOR AUDITING PURPOSES

Retain all original certificates and documentation of continuing education for at least two renewal cycles (4 years).

NORTH DAKOTA BOARD OF NURSING
 919 S 7th STREET, SUITE 504
 BISMARCK, ND 58504-5881
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 Web Site www.ndbon.org