

DISTRICT OF COLUMBIA BOARD OF NURSING  
2016 CONTINUING EDUCATION COMPLIANCE FORM  
REGISTERED NURSE RENEWALS

**Registered Nurses:** Twenty four (24) hours of continuing education; **Advanced Practice RNs** include fifteen (15) hours of the required 24 hours *in pharmacology* for the license period of July 1, 2014 – June 30, 2016 in the applicant's current area of practice

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Current Area of Practice (Be specific) \_\_\_\_\_

**CE BROKER CE COMPLIANCE SUBSCRIBER**

If you are a CE Broker CE compliance subscriber, do not send documentation

**DOCUMENTATION NEEDED:**

None

Please provide your License Number \_\_\_\_\_

**FIRST TIME RENEWING**

If this is the first time that you are renewing your license, you are not required to meet the continuing education requirement.

**DOCUMENTATION NEEDED:**

None

Please provide your License Number \_\_\_\_\_

**ANY OF THE FOLLOWING METHODS OF COMPLIANCE MAY BE UTILIZED**

**CONTACT HOUR OPTION**

May be used if you have completed continuing education offerings

**DOCUMENTATION NEEDED:**

Original verification forms or certificates from approved continuing education provider

**ACADEMIC OPTION**

May be used when you have completed a course leading towards a degree in nursing or any academic course relevant to the practice of nursing.

**DOCUMENTATION NEEDED:**

Official transcript in sealed envelope submitted by licensee

❑ **TEACHING OPTION**

May be used if you have developed and taught a course or an educational offering for a continuing education provider approved by an accrediting body or Board of Nursing. **Four (4) Contact Hours** for each approved contact hour.

Please note: *This is not an option for nurses required to develop and teach continuing Education courses as a condition of employment.*

**DOCUMENTATION NEEDED** (any of the following):

Verification form indicating your name, the name of the accrediting body and the number of contact hours **AND**

Letter from an accrediting body acknowledging their approval of your course

❑ **AUTHOR OR EDITOR OPTION**

Author of a book chapter or peer reviewed article (if the manuscript has been published or accepted for publication during the period for which credit is claimed) or editor of a book during the renewal period. **Twenty-four (24) Contact Hours Awarded**

**DOCUMENTATION NEEDED** (any **one** of the following):

Letter of acceptance **OR**

Copy of title page of book or article (for articles, include name of journal, if not indicated on the title page) **OR**

Copy of page listing you as editor

❑ **MILITARY DEPLOYMENT**

**DOCUMENTATION NEEDED:**

Date of deployment: \_\_\_\_\_

[Please note: Deployed nurses will be given a 6-month grace period after deployment to meet CE requirements]

❑ **EXTENDED ILLNESS**

**DOCUMENTATION NEEDED:**

Documentation from your health care provider

❑ **OTHER**

Please submit letter of explanation

<b>FAX:</b>	202 724-8677 (email notification prior to faxing)
<b>MAIL:</b>	Board of Nursing/Audit 899 North Capitol Street NE Suite 200 Washington, DC 20002

Please note: *Due to the volume of information being forwarded to the Board, staff will be unable to verify the receipt of information. You will be notified if information has not been received.*