Licensed Practical Nurse: Eighteen (18) hours of continuing education for the license period of July 1, 2015 – June 30, 2017 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. Eighteen (18) 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

FAX: 202 724-8677
(Email notification to Dr. Bonita Jenkins-- bonita.jenkins@dc.gov prior to faxing)
DO NOT INCLUDE CE DOCUMENTS WITH A PAPER RENEWAL APPLICATION

MAIL: 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.