

MONTANA BOARD OF NURSING
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| Audit Period: January 1, 2017 - December 31, 2018 |
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Documentation of Continuing Education for Prescriptive Authority Renewal

ARM 24.159.1469 For the APRN who holds prescriptive authority, 12 of the 24 contact hours must be in pharmacotherapeutics, where no more than two of these contact hours may concern the study of herbal complementary therapies. The Board prorates the contact hours requirement for nurses licensed less than 2 years to 1 CE hour per month of licensure.

Please ONLY list courses up to the 12 hours and attach certificates (do not list ALL courses if you have MORE than 12 hours).

| Course Title/Subject Matter/Content | Approved Accrediting Organization | Contact Hours | Date Completed | Was major content Herbal/Complementary Therapy? | Certificate Copy Enclosed? |
|-------------------------------------|-----------------------------------|---------------|----------------|--|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

Signature: _____ Date: _____

Submit copies of your certificates for all programs listed above.