

**FOR MONTANA BOARD OF NURSING  
CE AUDIT UNIT  
PO Box 200511 (301 S Park, 4th Floor)  
Helena, MT 59620-0511  
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**APRN CONTINUING EDUCATION (CE) AUDIT**

**Time Period of Audit:** January 1, 2015 - December 31, 2016

**PLEASE COMPLETE THIS FORM, ATTACH COPIES OF CERTIFICATES AND RETURN TO THE CE AUDIT UNIT.**

**Personal Information:** (Please type or print clearly)

Legal Name (Last, First, Middle)				Email Address			
Address			City		State	Zip Code	
Telephone Number: Home Cell Work			MT License Number				
APRN Specialty:							
Nurse Practitioner (NP)		Certified Nurse Midwife (CNM)		Certified Registered Nurse Anesthetist (CRNA)		Clinical Nurse Specialist (CNS)	
Title of your APRN Certification:							

How many months were you licensed between January 1, 2015 and December 31, 2016?    24 Months    Other: \_\_\_\_\_

Have you met the CE requirements of 24 contact hours (with Prescriptive Authority 12 of the 24 need to be in pharmacotherapeutics, where no more than two pharmacology hours may concern the study of herbal or complementary therapies for maintaining prescriptive authority.)?    Yes    No (*If No, contact the CE Audit Unit*)



**APRN TOTAL MUST EQUAL 24 CONTACT HOURS if you were licensed the full 24 months or a pro-rated amount for the period licensed.**

**IF YOU HOLD PRESCRIPTIVE AUTHORITY, COMPLETE THIS SECTION:**

**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 may prorate the contact requirement for nurses licensed less than 2 years, one CE per month of being licensed.)*

**Please ONLY list courses up to the 12 hour requirement 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?	
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No

**No more than 2 hours total in Herbal/Complementary Therapy.**

**PRESCRIPTIVE AUTHORITY TOTAL MUST EQUAL 12 CONTACT HOURS if you were licensed for the full 24 months or pro-rated amount for the period licensed (.5 CE per month of being licensed).**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit copies of Certificates for all programs listed here to the Board of Nursing – CE Audit Unit for auditing purposes. Retain all original certifications and documentation of continuing education for at least two renewal cycles (4 years).