

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

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

PLEASE COMPLETE THIS FORM, ATTACH COPIES OF CERTIFICATES, AND SUBMIT TO THE 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

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? Yes No (If No, contact the CE Audit Unit)

Documentation of Continuing Education for LPNs or RNs Renewal

ARM 24.159.2102 LPN/RNs must complete 24 contact hours. (The Board may prorate the contact requirement for nurses licensed less than 2 years at 1 contact hour per month licensed.)

Please ONLY list courses up to the 24 hour requirement and attach completion certificates (do not list ALL courses if you have MORE than 24 hours).

Course Title	Approved Accrediting Organization	Contact Hours	Date Completed	Certificate Copy Enclosed?		Acceptable
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	

LPN/RN TOTAL MUST EQUAL 24 CONTACT HOURS if you were licensed the full 24 months or a pro-rated amount for the period licensed (one 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).