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## FOR MONTANA BOARD OF NURSING CE AUDIT UNIT

PO Box 200511 (301 S Park, 4th Floor) Helena, MT 59620-0511

PHONE: (406) 444-5696 FAX: (406) 841-2323

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## MEDICATION AIDE II CONTINUING EDUCATION (CE) AUDIT

Time Period of Audit: April 1, 2017 - March 31, 2018

## PLEASE COMPLETE THIS FORM, ATTACH COPIES OF CERTIFICATES, AND SUBMIT TO THE AUDIT UNIT.

**<u>Personal Information</u>**: (Please type or print clearly)

| Legal Name (Last, First, Middle)                                                                                  |                   | Email Address |       |                       |
|-------------------------------------------------------------------------------------------------------------------|-------------------|---------------|-------|-----------------------|
|                                                                                                                   |                   |               |       |                       |
| Address                                                                                                           | City              |               | State | Zip Code              |
|                                                                                                                   |                   |               |       |                       |
| Telephone Number: Home Cell Work                                                                                  | 1T License Number |               |       |                       |
|                                                                                                                   |                   |               |       |                       |
|                                                                                                                   | LM                | 42 M . II . C | 211   |                       |
| How many months were you licensed between April 1, 2017 and Have you met the CE requirements of 12 contact hours? | •                 |               |       | <br>nit – info above) |

## **Documentation of Continuing Education for LPNs or RNs Renewal**

ARM 24.159.912 Medication Aide IIs must complete 12 contact hours. (The Board may prorate the contact requirement for nurses licensed less than 1 years at 1 contact hour per month licensed if requested in writing.)

<u>Please ONLY list courses up to the 12 hour requirement and attach completion certificates (do not list ALL courses if you have MORE than 12 hours).</u>

| Course Title | Approved Accrediting Organization | Contact<br>Hours | Date<br>Completed | Certificate Copy<br>Enclosed? | Acceptable |
|--------------|-----------------------------------|------------------|-------------------|-------------------------------|------------|
|              |                                   |                  |                   | Yes No                        |            |
|              |                                   |                  |                   | Yes No                        |            |
|              |                                   |                  |                   | Yes No                        |            |
|              |                                   |                  |                   | Yes No                        |            |
|              |                                   |                  |                   | Yes No                        |            |
|              |                                   |                  |                   | Yes No                        |            |
|              |                                   |                  |                   | Yes No                        |            |
|              |                                   |                  |                   | Yes No                        |            |
|              |                                   |                  |                   | Yes No                        |            |
|              |                                   |                  |                   | Yes No                        |            |

MEDICATION AIDE II CE TOTAL MUST EQUAL 12 CONTACT HOURS if you were licensed the full 12 months or a pro-rated amount for the period licensed (one CE per month of being licensed).

| I certify all of the information contains | in this document is true and correct.                                                     |
|-------------------------------------------|-------------------------------------------------------------------------------------------|
| Signature:                                | Date:                                                                                     |
|                                           | ted here to the Board of Nursing – CE Audit Unit for auditing purposes. Retain all origin |