IDAHO BOARD OF NURSING
ADVANCED PRACTICE PROFESSIONAL NURSE
CONTINUING EDUCATION ACTIVITIES REPORT

**** Once completed, email this form to Linda Coley at linda.coley@ibn.idaho.gov**
Or fax to 208-334-3262 **

FROM 9/2009 TO 8/2011

NAME_____
IDAHO APPN License number: CNM_____ CNS_____ NP_____ RNA_____
ADDRESS_____
_____

Advanced Practice Professional Nurse License Renewal: Rule 23.01.01.300.03.	RENEWAL OF LICENSURE IS DEPENDENT UPON documentation of 30 contact hours of continuing education during… [the last] two year period
Authorization Renewal: Rule 23.01.01.315.02.b.	RENEWAL OF PRESCRIPTIVE AUTHORITY IS DEPENDENT UPON completion of ten (10) contact hours of approved pharmacology-related continuing education in the twenty-four (24) months immediately preceding application for renewal. Hours may be part of the thirty (30) required hours (above).
DEFINITIONS:	CONTINUING EDUCATION consists of planned learning experiences designed to maintain and update knowledge, skills, and attitudes for the enhancement of practice. CONTACT HOURS = equal clock hours.

THIS REPORT MAY BE AUDITED. IF SELECTED FOR AUDIT, YOU MAY BE ASKED TO SUBMIT DOCUMENTATION OF COMPLETION OF INDICATED CONTINUING EDUCATION. (Attach additional pages if necessary.)

DATE	NAME OF PROGRAM	SPONSOR	Contact Hours	Pharmacology-Related Hours

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