



**NMI BOARD OF NURSING
P.O. Box 501458
Saipan, MP 96950
Telephone: (670) 233-2263
Email: nmibon@nmibon.info**

CONTINUING EDUCATION FOR NURSES

NOTE: You are required to maintain Continuing Education (C. E.) records for three (3) years.

I successfully completed thirty (30) hours or more of Continuing Education (CE) during my last license period. I declare under penalty of perjury under the laws of the CNMI that the foregoing is true and correct.

Print Name & Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____.
[Signature]

(NOTARY SEAL)

Signature of Notary Public

My Commission expires

Date