



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

CERTIFICATION OF RELATED LEARNING EXPERIENCE

NAME: _____

NAME OF COLLEGE OR
UNIVERSITY ATTENDED: _____

DEGREE OBTAINED: _____

DATE OF GRADUATION: _____

BREAKDOWN OF CLINICAL NURSING PRACTICE EXPERIENCE, AS STIPULATED IN NURSING COURSES:

| SUBJECT AREA | TOTAL CLINICAL PRACTICE EXPERIENCE (show in hours & weeks) |
|---------------------|---|
| MEDICAL NURSING | |
| SURGICAL NURSING | |
| PEDIATRIC NURSING | |
| OBSTETRIC NURSING | |
| PSYCHIATRIC NURSING | |
| PHARMACOLOGY | |

Certified By: _____
Registrar or Dean of College of University

Date: _____

(Affix Official Seal Here)