



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)