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

APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION PROVIDER
FEE: $150 GROUP / $50 INDIVIDUAL

Please mark appropriately: ☐ **NEW** ☐ **RENEWAL**
(Please be sure to complete the entire application, including the course information and instructor information forms.)

1. PROVIDER/BUSINESS NAME:	**2. Phone Number:**
3. ADDRESS:	

4. HAVE YOU EVER BEEN A PROVIDER OF CONTINUING EDUCATION FOR NURSES: ☐ **YES** ☐ **NO**

If yes, Provider Name: _____

Provider Number: _____

5. Provider as a/an:

☐ **Association** ☐ **Corporation** ☐ **Government Agency** ☐ **University, College or School**
☐ **Non-Profit Corporation** ☐ **Partnership** ☐ **Organized Health Care System** ☐ **Individual**

6. CONTACT PERSON (if not individual): **Phone No.:**

7. TAX ID NUMBER: Select one that applies and enter number:

Social Security No. (SSN): _____

OR

Federal Employer Identification No. (FEIN): _____

8. Name of Individual Responsible for Record Keeping:

8. Address of Record Storage: **Phone No.:**

Signature: _____ Date: _____