



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

**PROVIDER/BUSINESS NAME:** \_\_\_\_\_

**Current CE Provider No.** \_\_\_\_\_

**Current CE Provider License No.** \_\_\_\_\_

<b>1. TITLE:</b>	<b>2. DATE(S) TO BE OFFERED:</b>
<b>3. OBJECTIVES:</b>	
<b>4. OVERVIEW/DESCRIPTION:</b>	
<b>5. TYPE OF OFFERING (Academic, Workshop, In-service, Independent Study, etc.):</b>	
<b>6. TEACHING METHOD:</b>	
<b>7. NUMBER OF CONTACT HOURS: (estimated)</b>	
<b>8. CONTENT (Outline Form):</b>	