



NMI BOARD OF NURSING
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CONTINUING EDUCATION

COMPLETION DATE	PROVIDER PROGRAM NUMBER	COURSE NAME	CONTACT HOURS/CEU

NOTE: You are required to maintain Continuing Education (C. E.) records for three (3) years.
I successfully completed fifteen (15) 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_____.

(NOTARY SEAL)

Signature of Notary Public

My Commission expires _____
Date