



NP Continuing Education Record Form

Name: _____

Record Form #: _____

Dates: _____ to _____

You may use this form to record your relevant CE. Use as many of the forms as needed. The Board may request documentation of entries at any time.

CE Activity <small>If provided by an accredited sponsor (ANCC, AANP, NCC, PNCB or ACCME, Category I, or other national credentialing bodies or practice relevant courses in an institution of higher learning), enter sponsor’s name and location, note type/nature of activity</small>	Practice-Relevant Subject	Date(s)	Hour Value

(Must total at least 50 hours every two years from birth month renewal to birth month renewal)
(Refer to the NP Rule 21 NCAC 36.0807.)

Nurse Practitioner Renewal Cycle (birth month to birth month) – Example: Birth month – June
Nurse Practitioner Cycle for 2022-2024 for licensee with birth month of June: July 1, 2022 – June 30, 2024