

Name: \_\_\_\_\_

Record Form #: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_

**North Carolina Board of Nursing**  
**NP Continuing Education Record Form**

*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.*

<b>CE Activity</b> <ul style="list-style-type: none"><li>If provided by an accredited sponsor (ANCC, AANP, NCC, PNCB or ACCME, Category I, other national credentialing bodies or practice relevant courses in a institution of higher learning), enter sponsor's name and location, note type/nature of activity</li></ul>	<b>Practice-Relevant Subject</b>	<b>Date(s)</b>	<b>Hour Value</b>

**(Must total at least 50 hours every year 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 Renewal Cycle for 2017-2018 for licensee with the birth month of June: July 1, 2017 - June 30, 2018