Recertification by Contact Hours

Contact Hour Record Form

Contact Hour Requirement is 125!

This form is for use in recertification by contact hours. **It must be accompanied by the recertification application and appropriate fee.** This form may be duplicated. If you are recertifying by contact hours, you must complete all of the information requested below for each program. If you have kept track of your contact hours online at www.cc-institute.org, you can submit a printout of that form.

Acceptable Dates are
January 1, 2003 - June 30, 2008

NAME: _____

This form must accompany your application if recertifying by contact hours.

Acceptable Providers (see page 5)

American Nurses Credentialing Center (ANCC), an agency, organization, or educational institution accredited by the ANCC, state boards of nursing in CA, FL, KS, KY, IA,NV, AL, OH, LA, WV, American Association of Critical-Care Nurses (AACN), any state nurses' association, American Association of Neuroscience Nurses (AANN), Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN), American Association of Nurse Anesthetists (AANA), Association of periOperative Registered Nurses (AORN), American Academy of Family Physicians (AAFP), American Academy of Nurse Practitioners (AANP), American Academy of Physicians Assistants (AAPA), American College of Nurse Midwives (ACNM), National Association of Nurse Practitioners in Women's Health (NPWH), National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)

Program Title	Date	Provider Name	Accreditation Provider	# of CHs
Restructuring Health Care	*mo/day/yr*	*AORN*	*ANCC*	*5*
Monitoring the Patient Under Local Anesthesia	*mo/day/yr*	*Hospital XYZ*	*any state nurses' association*	*2*

EXAMPLE

The right-hand column on each page must be totaled and a grand total provided on the last page.

Total This Page _____

Grand Total _____

Contact Hour Record Form (continued)

Program Title	Date	Provider Name	Accreditation Provider	# of CHs

The right-hand column on each page must be totaled and a grand total provided on the last page.

Total This Page _____

Grand Total _____