

**NORTH CAROLINA BOARD OF NURSING**

**CONTINUING COMPETENCE EVIDENCE SUBMISSION FORM**

**To be submitted ONLY by those nurses notified of selection for random audit**

License Certificate Number: \_\_\_\_\_ Nurse Type: RN\_\_\_\_ LPN\_\_\_\_\_

Current Expiration Date:\_\_\_\_\_ Is this FIRST RENEWAL following initial licensure or endorsement? Y N

Licensee Name: \_\_\_\_\_  
 (PLEASE PRINT exactly as noted on current license certificate)

Address: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ E-Mail: \_\_\_\_\_

Using the Reflective Practice Model, I chose to focus my learning plan on the following Dimension(s) as applicable to my Nursing Practice (check one or more):

\_\_\_\_ Professional Responsibility    \_\_\_\_ Knowledge-Based Practice    \_\_\_\_ Legal/Ethical Practice    \_\_\_\_ Collaboration

My primary goal(s) was: \_\_\_\_\_

Briefly describe how your chosen learning option was related to your goal(s):

\_\_\_\_\_

\_\_\_\_\_

I am submitting the required documentation (**see attachments**) in fulfillment of my chosen Learning Option

Choose one:

National Certification     30 contact hours CE     Refresher Course     Academic Education (2.s.h.)

or

Completing 15 contact hours CEs also choose one of the following:

Project     Author     Presentations (5 contact hrs)     640 hrs Active Practice

Employer (agency name & city): \_\_\_\_\_

FT or PT (circle) Area of Practice (eg. Pediatric Nursing): \_\_\_\_\_

**(List and total CE hrs below and attach copies)**

Date	Program Title	CE Hrs	Date	Program Title	CE Hrs
<b>TOTAL CE HOURS:</b>					

**SIGNATURE:** \_\_\_\_\_  
**MUST BE SUBMITTED BY RENEWAL DATE**

**Today's Date:** \_\_\_\_\_

## DOCUMENTATION REQUIRED IN FULFILLMENT OF CONTINUING COMPETENCE LEARNING OPTIONS:

Learning options must be started and completed within each two (2) year licensure period (except for National Certification as noted below) and cannot be carried from one period to another. Licensees are responsible for retaining supporting documentation to provide proof of completion of the option chosen. Options and acceptable evidence of completion include the following:

**Option 1: National Certification or re-certification related to the nurse's practice role by a national credentialing body recognized by the board;** as evidenced by a copy of the certificate which includes name of licensee, name of certifying body, date of certification, and date of certification expiration. Certification shall be initially attained or re-certified during the licensure period, or have been in effect during the entire licensure period.

**Option 2: Thirty (30) contact hours of continuing education activities related to the nurse's practice;** as evidenced by documentation including the name of licensee, title of educational activity, name of the recognized provider, name of employer (if employer-sponsored), number of contact hours, and date of activity.

--- Acceptable continuing education may be taken in a conventional classroom or workshop setting, through on-line courses, professional journals, correspondence, or independent study.

--- Employer sponsored continuing education may be used for no more than 50% of a licensee's total contact hours (i.e., 15 hours) used to fulfill continuing competence requirements.

--- Education activities must be at least 30 minutes in length and have at least one learning objective. One contact hour equals 50 to 60 minutes.

----**Activities NOT accepted as continuing education include: offerings designed for lay persons; offerings less than 30 minutes in duration; on-the-job basic orientation\*; on-the-job training related to new policies, procedures, or equipment; or other educational activities not sufficiently professional in character to reasonably qualify as continuing education. \*Note: Didactic teaching hours offered during extensive orientation, internship, or residency programs are acceptable as employer sponsored continuing education.**

**Option 3: Completion of a Board approved refresher course;** as evidenced by written correspondence from the provider with name of licensee, name of provider, and verification of successful completion of the course.

**Option 4: Completion of a minimum of two (2) semester hours of post-licensure academic education related to nursing practice;** as evidenced by a copy of transcript with name of licensee, name of educational institution, date of attendance, name of course with grade and number of credit hours received. **NOTE: If course is non-nursing, please clearly indicate relationship to practice.**

**Options 5 thru 8: Fifteen (15) contact hours of continuing education activities related to the nurse's practice;** as evidenced by documentation including the name of licensee, title of educational activity, name of the recognized provider, number of contact hours, and date of activity; (must meet same requirements as for Option 4 above and up to 50% (i.e., 7.5 hours) can be employer sponsored). **NOTE: if licensee chooses to complete 15 CE hours, completion of one of the following (to complete options 5 through 8) is also required:**

**Option 5: Completion of a nursing project as principal or co-principal investigator;** as evidenced by an abstract or summary of the project, name of licensee, role of the licensee as principal or co-principal investigator, statement of the problem, project objectives, methods used, and summary of findings.

**Option 6: Authoring or co-authoring a published nursing-related article, paper, book, or book chapter;** as evidenced by a copy of the publication to include name of licensee and publication date. Materials formally accepted for publication but not yet in print may be evidenced by a draft copy and a copy of the publisher's acceptance and commitment to publish.

**Option 7: Designing, developing and conducting an educational presentation or presentations totaling a minimum of 5 contact hours for nurses and other health professionals;** as evidenced by a copy of the program brochure or course syllabi, objectives, content, and teaching methods, and date and location of presentation(s).

**Option 8: Six hundred forty (640) hours of active practice within the previous two (2) year licensure period;** as evidenced by documentation of name of licensee, number of hours worked in calendar or fiscal year, name and address of employer, and signature of supervisor or other person as authorized by agency. (Note: Copy of agency payroll stub showing cumulative hours is acceptable. If self-employed, hours worked may be validated through other methods such as tax or other business records. If active practice is of a volunteer or gratuitous nature, hours worked may be validated by the recipient agency.