

**CONTINUING COMPETENCE
North Carolina Board of Nursing**

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

Evidence of Active Practice in Nursing

Requirement for those nurses choosing Learning Option #8: Six hundred forty (640) hours of active practice in nursing 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 person designated by agency. If self-employed, hours worked may be validated through other methods such as tax records or other business records. If active practice is of a volunteer or gratuitous nature, hours worked may be validated by the recipient agency.

(NOTE: Documented evidence of worked or volunteer hours is required ONLY for those nurses who are actually being audited by the North Carolina Board of Nursing and have chosen to use this option. Use of this form is optional – nurses may submit agency payroll stub(s) showing cumulative hours of 640 or more within licensure cycle or other approved documents if available.)

(Please PRINT or TYPE information)

Date: _____

Name of Licensee: _____ **License Certificate Number:** _____

1) Worked a minimum of 640 hours as (title) _____
between (dates) _____ **and** _____.

-OR- (if worked less than 640 hours)

2) Worked (number) _____ **hours as (title)** _____
between (dates) _____ **and** _____.

EMPLOYER (agency name): _____

Employer Address: _____

Supervisor/Authorized Person (please print): _____

Supervisor/Authorized Person Signature: _____