



Name: _____ Specialty/Area of Nursing Practice: _____ Certification #: _____

We recommend that you keep an ongoing log of CL activities during the course of your five-year certification term.

Eligibility criteria include completion of at least 100 hours of continuous learning (CL) activities **related to your nursing specialty/area of nursing practice.*
**You can claim and project your CL activities up to the end of your five-year certification term*

Date	Learning Opportunities	Sponsor/Provider/Institution	Number of CL Hours	Office Use Y/N

**Eligibility criteria include completion of at least 100 hours of continuous learning (CL) activities related to your nursing specialty/area of nursing practice.*

*You can claim and project your CL activities up to the end of your five-year certification term.
Submit your list with your renewal application form by uploading it to the online application.*