Radiologic Nursing Certification Board (RNCB®)
Continuing Education Documentation Form

**** PLEASE DOWNLOAD THIS FORM TO YOUR COMPUTER BEFORE YOU FILL IT OUT IN ORDER TO SAVE A COPY TO YOUR COMPUTER.**

Applicant Name:		**Applications for Certification must document 30 contact hours within 2 years of the exam date; a minimum of 15 must be radiology specific.**
Submission Date		**Applications for recertification must document 60 contact hourss within 4 years of your expiration date, with a minimum of 30 being radiology specific.**

Date of education	Contact Hours Received	Indicate if Radiology Specific or General Nursing	Contact hour approval: Name of accrediting provider. Example ASRT, ANCC, ARIN	Course Number and/or Title	If radiology specific describe how it is pertinent to the care of your patient	Accepted (Completed by RNCB® Reviewer)	Comments (Completed by RNCB® Reviewer):

Please copy as needed for additional documentation. Return this form with Certification/Recertification Application and All Supporting Documentation