							Page 1	
Applicant Name:							; a minimum of 15 must be radiology	
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):	

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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):
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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):
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			Continuing Education Documentation Com			Page 4		
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):	