



National Association of Practical Nurse Education & Services, Inc.

CONTINUING EDUCATION RECORD KEEPING SYSTEM (CERKS)

C.E. PROGRAM SUBMISSION FORM

MEMBER INFORMATION

NAME: _____ DATE _____

ADDRESS: _____ SS# _____

(City)

(State)

(Zip)

TEL: (H) _____ (W) _____

CONTINUING EDUCATION PROGRAM INFORMATION

PROGRAM: _____

SPONSORED BY: _____

ADDRESS: _____ SS# _____

(City)

(State)

(Zip)

DATE OF CERTIFICATE: _____ HOURS AWARDED: _____

PROVIDER NUMBERS: _____

C.E. ACTIVITY CODE

Please check one:

In-service Education Academic Course

Live seminar, conference, lecture, workshop or CE Course

Independent study, such as correspondence course, journal or multimedia, etc.

Other (describe): _____

CERTIFICATION

I certify that I have participated in the above number of contact hours and I hereby permit the data on this completed form to be entered into NAPNES/CERKS

Signature: _____ Date: _____

SUBMISSION DIRECTIONS

Please complete a C.E. Program Submission Form for each continuing education activity you attend and submit **along with a photocopy of the C.E. certificate(s) issued by the sponsor**. Send to:

NAPNES/CERKS

Processing Center, P.O. Box 25647

Alexandria, VA 22313