

# Louisiana State Board of Nursing

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[www.lsbn.state.la.us](http://www.lsbn.state.la.us)

## CE AUDIT FORM # 1 – RN VERIFICATION CHECKLIST

The 'CE Audit Form # 1 – RN Verification Checklist' must be completed and signed by the registered nurse (RN) to verify that he/she had met the mandatory annual nursing continuing education (CE) requirements of the Louisiana State Board of Nursing (LSBN) *prior* to his/her online RN license renewal for 2016. The RN must return this signed form ('CE Audit Form # 1 - Checklist') **along with** photocopies of valid (board accepted) CE documentation for the year 2015 as outlined in options # 1, # 2 or # 3 below.

**If** the RN selects option # 1 below but has **less** than 15 contact hours of nursing CEs completed during 2015 which were recognized/accredited by either the American Nurses Credentialing Center (ANCC) or a specific U.S. State Board of Nursing (State BON), then the nurse **must** also include in his/her audit response packet the '[CE Audit Form # 2 – Nursing Employment Verification](#)' form, completed and signed by each 2015 nursing employer(s), in order to verify the total number of hours & months the RN worked last year.

Please take the time to read each question and answer provided on the '[CE Audit FAQ](#)' list provided at the LSBN website [www.lsbn.state.la.us](http://www.lsbn.state.la.us) carefully *prior* to compiling and submitting your audit response packet to LSBN. The FAQ list provides valuable information to ensure a successful audit outcome. The nurse's audit response packet must be mailed to the LSBN office. Please indicate **ATTN: CE Audit**. **IMPORTANT: mail all documentation in one (1) envelope**. Faxed and/or emailed documents will not be accepted.

**Determination of compliance (or non-compliance) with LSBN mandatory CE requirements will be based on the first and initial audit response packet received at the LSBN office from each nurse. DO NOT MAIL ITEMS SEPARATELY.**

**In accordance with LAC 46:XLVII.3335.I.2.d: failure to complete the audit satisfactorily by the specified date or falsification of information will result in the licensure being rescinded to become invalid and may result in disciplinary action against the licensee. Your complete audit response packet must ARRIVE at the LSBN office no later than Friday, October 14, 2016.**

#1  I am providing legible, unaltered photocopies of certificates for nursing CE topics completed in 2015 for the contact hour level indicated below (*select A, B or C*). **PRIOR to mailing my audit documentation to LSBN, I have carefully reviewed all CE certificates and verified that each topic meets LSBN requirements.** Click [here](#) for samples to self-audit each CE certificate. I attest that each certificate includes: my name; name of nursing topic; date completed; number of contact hours awarded during 2015; name of CE provider/company; and a printed statement indicating accreditation by ANCC or a U.S. State BON -

A. Five (5) ANCC or State BON accredited contact hours of nursing CE completed during 2015. I have attached '[CE Audit Form # 2](#)' completed/signed by my 2015 employer(s) verifying I worked at least 1600 total hours as a registered nurse last calendar year. **NOTE: 1600 hours is equivalent to 10 months @ 40 hours per week.**

B. Ten (10) ANCC or State BON accredited contact hours of nursing CE completed during 2015. I have attached '[CE Audit Form # 2](#)' completed/signed by my 2015 employer(s) verifying I worked at least 160 hours as a registered nurse last calendar year. **NOTE: 160 hours is equivalent to 1 month @ 40 hours per week.**

C. Fifteen (15) ANCC or State BON accredited contact hours of nursing CE completed during 2015. I am not including '[CE Audit Form # 2](#)' with my audit response packet. The CE certificates attached for 15 ANCC/State BON accredited contact hours do not require I provide verification of my nursing practice in 2015. **NOTE: 15 contact hours is the minimum level needed if the nurse worked below 160 hours last year; unemployed; retired from nursing practice; self-employed – or – if unable to provide '[CE Audit Form # 2](#)' signed by his/her 2015 employer.**

#2  I am providing a legible photocopy of my letter/certificate verifying I held national certification in a nursing specialty recognized by LSBN for the **full** 2015 calendar year. **NOTE – The list of [national nursing certification organizations accepted/recognized by LSBN as meeting CE requirements](#) is available at LSBN website, or click [here](#).** **NOTE: only national certifications on the LSBN approved list which were active for the full 2015 calendar year may be utilized for Option # 2.**

#3  I am providing a photocopy of an **official transcript** from the school where I was enrolled in a post-secondary nursing degree program last year that provides verification of the academic credit awarded to me in 2015 for nursing coded coursework. **NOTE - Online student print-outs are not accepted.** *Official school transcripts must indicate: your name, name of nursing program; name/code for nursing related coursework, and the number of academic credit awarded in 2015.*

### ATTESTATION

I affirm and attest that I am the RN identified below and have reviewed the information and documents provided herein *prior* to submission to LSBN for audit review of my 2015 nursing CEs. I further attest that all documentation is true and correct.

\_\_\_\_\_  
Signature of nurse

\_\_\_\_\_  
Louisiana License Number

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
PRINT/TYPE name of nurse