

# Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500 or (225) 755-7520

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

## CE AUDIT FORM # 1 – RN VERIFICATION CHECKLIST

**INSTRUCTIONS:** Submit this form along with the nursing verification form (CE Audit Form #2) and evidence of continuing education (CE) to the LSBN office. You must meet the requirements of the CE audit by completion of the required CE credits (#1), possession of national certification (#2), or completion of academic credits (#3). Select one of the 3 options by checking the box. If you select #1, you must also indicate the number of hours you have worked by selecting the corresponding letter (A, B, or C). Review/refresher courses for recertification (i.e. ACLS, BLS, PALS, advanced IV therapy) do not meet CE audit requirements.

All CE documents must reflect approval by either a state board of nursing (SBON) or the American Nurses Credentialing Center (ANCC). Training obtained through your place of employment that does not reflect SBON or ANCC approval will not be accepted. All CE documents must be mailed or hand delivered with attention to : **CE Audit**. Faxed and/or emailed documents will not be accepted. After the audit response packet has completed the review process, notification will be sent to you regarding the outcome through the message center in the Nurse Portal (<https://lsbn.boardsfnursing.org/lsbn>).

**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.** If you wish to confirm that your packet was received in the LSBN office, mail the CE audit response packet to LSBN using a delivery service that provides you with a tracking number.

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the audit satisfactorily by the specified date or falsification of information will result in the licensure being rescinded to become invalid and may result in disciplinary action against the licensee.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 Thursday, March 12, 2020.***

#1  **CONTINUING EDUCATION:** I am providing legible, unaltered photocopies of certificates for nursing CE topics completed in 2019 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.*

A. Five (5) ANCC or state BON accredited contact hours of nursing CE completed during 2019. I have attached 'CE Audit Form # 2' completed/signed by my 2019 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 2019. I have attached 'CE Audit Form # 2' completed/signed by my 2019 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 2019. 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 2019. **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 2019 employer.*

#2  **CERTIFICATION IN A SPECIALTY AREA:** 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** 2019 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](#).*

#3  **ACADEMIC COURSES:** 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 2019 for nursing 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 academic credit awarded in 2019.*

### ATTESTATION

I affirm and attest that I have read and understand the information above and that I am the RN identified below and that all documentation submitted is true and correct.

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

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

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

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