Louisiana State Board of Nursing

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CE/NURSING PRACTICE AUDIT FORM # 1 – RN AUDIT ATTESTATION

Louisiana licensed RNs must comply with LSBN rules (i.e., LAC 46:XLVII.§3333; §3335) regarding nursing Continuing Education (CE)/Nursing Practice requirements. **Send required audit documents if you have been notified that you were selected for the audit.** RNs must complete or otherwise meet **one** of the following CE/Nursing Practice requirements to be eligible for relicensure:

1. a minimum of 900 practice hours during the 2-year licensure period as verified by the employer; **OR**
2. a minimum of 30 board-approved contact hours of continuing education during the 2-year licensure period; **OR**
3. meet one of the other options/exceptions (see below).

INSTRUCTIONS: Select one of the options by checking the applicable box, #1, 2 or 3. If you select #3, you must also select the corresponding letter that meets your circumstances (A, B, C, D). Submit this completed form together with supporting documentation as indicated below which is described following the option you select. ***All required documents must ARRIVE together in one packet as your response to the audit via mail at the LSBN office no later than the date/deadline in the correspondence notifying you that you were selected for the audit.*** Do not mail documents separately. Documents that are faxed, emailed, or sent in the nurse portal will not be accepted.

Determination of compliance with the audit requirements will be based on the first, initial submission of required audit documents received at the LSBN office. After the required audit documents have completed the review process, notification will be sent to you regarding the outcome through the message center in the Nurse Portal (https://lsbn.boardsofnursing.org/lsbn). If you wish to confirm that your documents were received in the LSBN office, send mail 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the audit satisfactorily by the specified date or falsification of information will result in the licensure being rescinded to become invalid and may result in disciplinary action against the licensee.

#1 ☐ **NURSING PRACTICE HOURS:** I have practiced a minimum of 900 hours during the 2-year licensure period and have attached the 'CE Audit RN Employment Verification' signed by my employer(s) verifying the hours I worked as a RN during the 2-year licensure period.

#2 ☐ **CONTINUING EDUCATION:** I am providing legible photocopies of certificates for 30 board approved contact hours of nursing CE topics completed in the preceding 2-year licensure period. 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. (All CE documents must reflect approval by either a state board of nursing (SBON) or the American Nurses Credentialing Center (ANCC). Training obtained through employment that does not reflect SBON or ANCC approval will not be accepted.)

#3 ☐ **OTHER OPTIONS/EXCEPTION:** I meet one of the other options for relicensure as indicated below.

- ☐ **A. 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 2-year licensure period. The list of national nursing certification organizations accepted by LSBN as meeting CE requirements is available on LSBN's website or click here.
- ☐ **B. 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 during the 2-year licensure period that provides verification of academic credit awarded to me for nursing coursework. Online student print-outs are not accepted.
- ☐ **C. Initial licensure as an RN in Louisiana was issued in the calendar year of 2025.**
- ☐ **D. Exception in §3335.C.2:** I selected this exception in my renewal application and uploaded the required documentation with the renewal application.

☐ Check here if you are not compliant with and do not meet the audit requirements.

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 RN**	**Louisiana RN License Number**	**Date signed**

PRINT name of RN

Revised 2/12, 3/13, 5/14, 6/15, 9/16, 5/18, 8/19, 2/20, 10/20, 9/21,5/23,5/24,5/25,6/26