Directions: To recertify through continuing education, the candidate must document 100 contact hours (CH) related to the defined practice of otorhinolaryngology and head-neck nursing. All applicable contact hours must have been completed during the five years preceding the candidate's certification renewal date. All CORLNs are responsible for maintaining continuing education records used for this application. All applications are subject to audit and may be randomly selected for verification of the information provided. Candidates whose applications are selected for audit will be notified on receipt of application and will be requested to document all entries.

A. CONTINUING EDUCATION PROGRAMS: These may include workshops, seminars, professional development offerings, home-study courses, and state or national conferences approved or provided by SOHN or another ANCC accredited organization. Candidates must have written documentation of the number of hours for each program completed. List programs in date order, beginning with the most recent. Print or type all information.

Number of Contact Hours	Program Provider	Program Code *	Program Title	Mo/Yr of Program
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^{*} Program Code: $\mathbf{W} = \text{Workshop/Seminar}$, $\mathbf{C} = \text{State/National Conferences}$, $\mathbf{H} = \text{Homestudy/Correspondence}$, $\mathbf{I} = \text{Internet } \mathbf{0} = \text{Other } \mathbf{0}$

ENTER TOTAL NUMBER OF HOURS OF CONTACT HOURS:	

	o/Yr of ogram	Program Title		Program Code *		Number of
	ogram	Had		Code	Program Provider	ContactHours
			e/National Conferences, H= Homestudy/Correspondence, I= Internet, O			
List	t addition	al programs on a separate she	et, if needed. Enclose with, but do not staple to applicati	on.	TOTAL CONTACT HOURS PAGE 4;	
					TOTAL CONTACT HOURS TAGE 4,	
TOTAL CONTACT HOURS PAGE						
					GRAND TOTAL	<i>:</i>
В	Before s Certifica		RINT your name exactly as it appears on your current CORLN			
	Name (F	PRINT)				
C	CANDIE	OATE AFFIRMATION/AUTHORIZ	ZATION			
	that NC		Application are true and correct to the best of my knowledge ntact any organization or individual listed hereon to verify my			
	SIGNAT	URE	Date			
	Current	RN License Number	State			