# Application for CORLN Recertification through Continuing Education in Otorhinolaryngology and Head-Neck Nursing

**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.

| Mo/Yr of Program | Program Title | Program Code * | Program Provider | Number of Contact Hours |
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* Program Code: **W** = Workshop/Seminar, **C** = State/National Conferences, **H** = Homestudy/Correspondence, **I** = Internet **O** = Other

***ENTER TOTAL NUMBER OF HOURS OF CONTACT HOURS:*** ____________

*CONTINUE ON PAGE 2*

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| Mo/Yr of Program | Program Title | Program Code * | Program Provider | Number of ContactHours |
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*** Program Code: W= Workshop/Seminar, C= State/National Conferences, H= Homestudy/Correspondence, I= Internet, O= Other.**

**List additional programs on a separate sheet, if needed. Enclose with, but do not staple to application.**

***TOTAL CONTACT HOURS PAGE 4;*** ___________

***TOTAL CONTACT HOURS PAGE 3:*** ___________

***GRAND TOTAL:*** ___________

**B** Before signing Candidate Affirmation, PRINT your name exactly as it appears on your current CORLN Certificate:

_______________________________________________

Name (PRINT)

**C CANDIDATE AFFIRMATION/AUTHORIZATION**

I affirm that all statements given on this Application are true and correct to the best of my knowledge and that NCBOHN is hereby authorized to contact any organization or individual listed hereon to verify my continuing education history.

_______________________________________________

SIGNATURE Date

_______________________________________________

Current RN License Number State