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

^{*} 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:	

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

	o/Yr of ogram	Program Title		Program Code *	Program Provider	Number of ContactHours		
			ational Conferences, H= Homestudy/Correspondence, I= Internet					
			if needed. Enclose with, but do not staple to applica		TOTAL CONTACT HOURS PAGE 1: TOTAL CONTACT HOURS PAGE 2: GRAND TOTAL			
В		Before signing Candidate Affirmation, PRINT your name exactly as it appears on your current CORLN Certificate:						
	Name (F	PRINT)						
C	CANDI	CANDIDATE AFFIRMATION/AUTHORIZATION						
	that NCI		pplication are true and correct to the best of my knowled act any organization or individual listed hereon to verify n					
	SIGNAT	URE	Date					
	Current	RN License Number	State					