Radiologic Nursing Certification Board (RNCB®)
Continuing Education Documentation Form

Applicant Name:				**Applications for Certification must document 30 contact hours within 2 years of the exam date; a minimum of 15 must be radiology specific.**			
Submission Date				**Applications for recertification must document 60 contact hourss within 4 years of your expiration date, with a minimum of 30 being radiology specific.**			
Date of education	**Contact Hours Received**	**Indicate if Radiology Specific or General Nursing**	**Contact hour approval: Name of accrediting provider. Example ASRT, ANCC, ARIN**	**Course Number and/or Title**	**If radiology specific describe how it is pertinent to the care of your patient**	**Accepted (Completed by RNCB® Reviewer)**	**Comments (Completed by RNCB® Reviewer):**

Please copy as needed for additional documentation. Return this form with Certification/Recertification Application and All Supporting Documentation