

PEN Contact Hour Summary Attestation Log

RN Name:	Click or tap here to enter text.	Unit:	Click or tap here to enter text.
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Baseline 15 Contact Hours for License (in the last 2 years)

Program Date	Title	Contact Hours Awarded
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
	Total Hours for License:	Click or tap here to enter text.

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Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
	Total Hours for PEN:	Click or tap here to enter text.

This contact hour log is submission for the PEN program. Copies of actual contact hour programs do not need to be submitted with the contact hour log.

Please retain copies of your completed contact hour certificates as documentation backup for programs submitted.

Certificates must be provided upon request.

By completing this log, I attest that all information submitted in the contact hour submission log is true and accurate.

RN Signature: _____

Date: _____