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Name:		CLPNNL License Number:						
LPNs are required to complete 14 hours of learning activities.								
Date of Activity	Time	List Activity	New Learning/Knowledge Obtained					
All activities	Length	Provide specifics	Identify your learning from participating in this activity					

Date of Activity	Time	List Activity	New Learning/Knowledge Obtained
All activities	Length	Provide specifics	Identify your learning from participating in this activity
must occur	of the	on activity –	and indicate how it will contribute to your nursing
between April 1st	activity.	name, type and	practice.
and March 31st		location of	
of the licensure		activity (website,	
year.		book title, in-	
		service, etc.).	
	У		

If you are selected to participate in the quality monitoring process, sign below to verify the accuracy of your participation in the activities above.

Signature:	Date: