# ONCB RECERTIFICATION FORM B CATEGORY B: GENERAL NURSING

**Please type or print clearly using pen. Photocopy this form if additional space is needed.**

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| (1)  Activity Title | (2)  Date Completed (chrono- logical order) | (3)  Activity Sponsor | (4)  Accredited Provider or Provider # | (5)  Location (Your City/State if Home Study) | (6)  Type of CE\*  A = Author  AQH = Academic quarter hour ASH = Academic semesterhour CME = Continuing Medical  Education H = Home Study  M = Workshop/Conference Attendee P = Poster development/presentation  PRE = Preceptorship  S = Speaker | (7)  Number of Approved Contact Hours | (8)  Audit Use Only |
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Name:

Subtotal This Page:

\*See ONCB web site ([www.oncb.org](http://www.oncb.org)) for a list of all approved activities and

contact hour equivalencies.

Audit use only: Approved contact hours