# ONCB RECERTIFICATION FORM B CATEGORY B: GENERAL NURSING

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| (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 = AuthorAQH = Academic quarter hour ASH = Academic semesterhour CME = Continuing MedicalEducation H = Home StudyM = Workshop/Conference Attendee P = Poster development/presentationPRE = PreceptorshipS = Speaker | (7)Number of Approved Contact Hours | (8)Audit Use Only |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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