REQUEST FOR ADDITIONAL DATES FOR ACTIVITY
PREVIOUSLY AWARDED NURSING CONTACT HOURS

Submit this form at least TWO (2) WEEKS prior to the date of the additional class to: BWH Nursing CEU Request.

Submit this form when you plan to repeat a program activity that was previously approved for Contact Hours and meets all following criteria:
1. Original program approval is less than 2 years prior to the date of the program you plan to repeat.
2. Content and expected outcomes remain the same.
3. Speakers and/or faculty have not changed.

Requested by: ________________________________
Phone: ________________________________
eMail Address: ________________________________
Course Title: ________________________________
Course Number: ________________________________
Date(s) of Original Offering: ________________________________
Date(s) of Additional Offering: ________________________________
Time(s) of Additional Offering: ________________________________
Instructors: ________________________________

Brigham and Women’s Hospital is an Approved Provider of continuing nursing education by the Northeast Multi-State Division (NEMSD), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation (ANCC/COA). Please submit completed form to NursingCEURequest@partners.org.

Request for Additional Dates-CE Activity: Revised 2-5-2019; CNE CE Team