



**Continuing Nurse Education Credit (CNE)**

**Attestation Form**

In order to receive your certificate, please complete the entire form and return per below instructions.

**\*\*Please Type or Clearly Print Information\*\***

**Name of Activity:** \_\_\_\_\_

**Date of Activity:** \_\_\_\_\_

**Speaker:** \_\_\_\_\_

**Nurse Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degree/Credentials: \_\_\_\_\_

Hospice/Organization Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Attestation:**

I claim \_\_\_\_ continuing nursing education credit for participating as a learner in this activity (1 credit for each hour of participation, not to exceed 1.0 credits).

I attest that the number of CNE credits claimed above is accurate.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Note: Attestation form and evaluation must be returned to receive a Certificate of Completion and CE credit. Please return evaluation to Kristie Raven: [kraven@procarerx.com](mailto:kraven@procarerx.com). Certificates will be sent via email within 2 weeks of receipt of forms.**

ProCare HospiceCare is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. (P-0544, 3/31/2021)