Ministry of Health
BERMUDA NURSING AND MIDWIFERY COUNCIL
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CONTINUING EDUCATION RECORD OF ATTENDANCE

NAME (please print): _____ **LICENSE #:** _____

CATEGORY:

☐ ADVANCED PRACTICE NURSE ☐ NURSE SPECIALIST ☐ GENERAL NURSE ☐ PSYCHIATRIC NURSE

☐ ENROLLED NURSE ☐ MIDWIFE ☐ NURSING ASSOCIATE

EDUCATION TOPIC	PRESENTER'S NAME	DATE	HOURS