



CALIFORNIA ASSOCIATION
FOR NURSE PRACTITIONERS

Continuing Education Offering Request Form

****Complete this form and submit it with the requested documentation on a minimum of 14 days prior to the presentation via email to admin@canpweb.org****

Chapter Name: _____

Sponsoring Group: _____

Date of Course: _____

Time of Course: _____

Name of Course: _____

Instructor / Faculty: _____

Number of contact hours requested: _____

*Note: One contact hour of continuing education (1.0 CH of CE) is the equivalent to 60 minutes of learning.

Name of Regional CEU Coordinator or contact person responsible for course:

Include the above information along with the following:

1. Instructors CV
2. Behavioral Objectives
3. Advertisement / Brochure

****Upon Completion of the CE Activity****

For participants to receive credit, you must mail or email the list of attendees with signatures and RN license number to the CANP office at admin@canpweb.org. Incomplete signatures will NOT receive credit.

CANP
1415 L Street, Suite 1000
Sacramento, CA 95814

CANP is an approved continuing education provider through the Board of Registered Nursing (BRN) provider number 1985.