

**FORM B**

**NURSING COUNCIL OF BARBADOS**

**NURSES' AND MIDWIVES' APPLICATION FOR CONTINUING  
PROFESSIONAL EDUCATION AWARDS**

Name of Nurse/Midwife (capitals): \_\_\_\_\_

Nurse Registration Number: \_\_\_\_\_

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

Tel. No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Participation/Attendance Nursing Council approved conferences, courses etc.**

Title and date of conference/course(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of Attendance:            Yes             No

Credit Awards  
*For official use only*

**CPE Presentation:**

Title and date of meeting: \_\_\_\_\_

Topic/title of presentation: \_\_\_\_\_

Credit Awards  
*For official use only*

**Publications:**

Title of the publication: \_\_\_\_\_

Authors: \_\_\_\_\_

Citation and date of publication: \_\_\_\_\_

Credit Awards  
*For official use only*

**Nursing Council Approved graduating/postgraduate qualification:**

Title and date of qualification \_\_\_\_\_  
\_\_\_\_\_

Credit Awards  
*For official use only*

**Nursing Council Approved post graduate training/course:**

Title and year of registration \_\_\_\_\_  
\_\_\_\_\_

Credit Awards  
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**Journal subscriptions:**

Title of the Journal: \_\_\_\_\_

Date of Subscription: \_\_\_\_\_

Credit Awards  
*For official use only*

**Nursing Council approved CPE Activity:**

Type of CPE Activity: \_\_\_\_\_

Date of Implementation: \_\_\_\_\_

Credit Awards  
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**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Approved by:

Chairman: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Date: \_\_\_\_\_

Credit Awards  
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