TuftsMedicine
Lowell General Hospital

PEN Contact Hour Summary Attestation Log

RN Name:		Unit:	

Baseline 15 Contact Hours for License (in the last 2 years)

Program Date	Title	Contact Hours Awarded
	Total Hours for License:	

PEN Program Additional Contact Hours
(15 required for Level I, 30 required for Level 2)

Program Date	Title	Contact Hours Awarded

	Total Hours for PEN:	

This contact hour log is submission for the PEN program. Copies of actual contact hour programs do not need to be submitted with the contact hour log.

Please retain copies of your completed contact hour certificates as documentation backup for programs submitted.

Certificates must be provided upon request.

By completing this log, I attest that all information submitted in the contact hour submission log is true and accurate.

RN Signature: _____

Date: _____