



## Georgia Board of Nursing

### Continuing Competency/Education Plan Options for Registered Nurses

Licensees may select one of the following options to fulfill the continuing competency/education requirements. Licensees should submit all documentation to CE Broker using the instructions contained on the Board's website. Licensees who submit a renewal application and do not complete the continuing competency requirements will be considered to have submitted an incomplete renewal and the license will not be renewed.

Please Select From One Of The Following Five Options				
The selected option must be completed during the biennial renewal period				
Option 1	Option 2	Option 3	Option 4	Option 5
<p>Completion of thirty (30) continuing education hours by a Board approved provider [O.C.G.A. § 43-26-9(b.1)(1)].</p> <p>Please submit transcripts or certificates of completion documenting thirty (30) continuing education hours completed during the biennial renewal period. Transcripts and certificates should include the provider's approval or accreditation information and the number of contact hours awarded.</p> <p>Please visit the Board's website at <a href="http://www.sos.ga.gov/plb/nursing">www.sos.ga.gov/plb/nursing</a> for a list of acceptable providers.</p>	<p>Maintenance of certification or recertification by a national certifying body recognized by the Board. [O.C.G.A. § 43-26-9(b.1)(2)].</p> <p>Please submit evidence of certification during the biennial renewal period.</p> <p>Please visit the Board's website at <a href="http://www.sos.ga.gov/plb/nursing">www.sos.ga.gov/plb/nursing</a>, click on "Licensure" and view the Continuing Education Packet for a complete list of Board approved certifying bodies.</p>	<p>Completion of an accredited academic program of study in nursing or a related field as recognized by the Board [O.C.G.A. § 43-26-9(b.1)(3)].</p> <p>Course of study must be a minimum of two credit hours. Acceptable areas of study include respiratory therapy, informatics, health care administration, and business administration.</p> <p>Please submit transcripts showing completion of course(s) during the biennial renewal period. Please include course description(s).</p>	<p>Verification of competency by a health care facility or entity licensed under O.C.G.A. §31-7 or by a physician's office that is part of a health system and at least five hundred (500) hours practiced as evidenced by employer certification on a form approved by the Board [O.C.G.A. § 43-26-9(b.1)(4)].</p> <p>Please have your employer complete the verification of competence/active practice form.</p>	<p>Completion of a Board approved reentry program or graduation from a nursing education program [O.C.G.A. § 43-26-9(b.1)(5)].</p> <p>Please submit documentation of completion of a Board approved reentry program or graduation from an approved nursing education program within the biennial renewal period.</p>