**Registered Nurse(s) Education**

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| **Name** | **PALS**  **Renew by**  **Or**  **Recertification Date** | **PEC**  **Completion Dates and Hours** | | | | | | **ENPC**  **Exp. Date**  **as listed on the card**  **OR**  **Date of Course Completion** | **14 hours of Education**  **Provide Completion**  **Dates and Hours**  **(as listed on the certificate)**  **\*Do not repeat the same dates** |
| **Day 1**  **4 Hrs** | **Day 2**  **4 Hrs** | **Day 3**  **4 Hrs** | **Day 4**  **4 Hrs** | **Day 1 8 Hrs** | **Day 2 8 Hrs** |  |
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