**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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