WHEN IS THIS FORM USED?

- The Verification Form may be used when a certificate is not provided or does not state the number of hours completed.
- It is commonly used for in-service education, Infection Prevention and Control (IPC) activities, workplace presentations, classes, workshops and other continuing education activities.
- A certificate is not required to accompany a properly completed Verification Form.

WHO COMPLETES & VERIFIES THE FORM?

- The form is normally completed and verified by the person(s) responsible for the activity, such as the instructor, presenter, activity or project leader, or an authorized representative of the organization.
- Where the participant assists with completing the form, the person(s) responsible for the activity should verify the information before signing and stamping/sealing the form.

IMPORTANT

Each verification slip must be signed and stamped or sealed to be valid.

VERIFICATION FORMS

1

NURSING CE EXAMPLE

Hospital Educational Sessions

I verify that (name)…**Jane Doe**……

Attended (title of Course/Seminar/Workshop)…**Effective Wound Assessment & Management**……

On (date attended)…**January 10, 2025**……for…**5**……hours
(Number of hours minus refreshment breaks)

Presenter…**Danielle Brown RN1**……

Name of Sponsor of continuing education activity…**Example Public Hospital**……

Name and title of Course Instructor…**Avery Examrre, RN, MScN - In-service Director**……

Signature of Course Instructor……*A. Examrre*

(Instructor's Seal/Stamp)*

EXAMPLE GENERAL HOSPITAL — EDUCATION DEPARTMENT — FICTIONAL SAMPLE — NOT VALID FOR USE

2

NON-NURSING CE EXAMPLE

Professional Development Course.

I verify that (name)…**Jane Doe**……

Attended (title of Course/Seminar/Workshop)…**Crochet for Beginners**……

On (date attended)…**March 4, 2025**……for…**3**……hours
(Number of hours minus refreshment breaks)

Presenter…**Riley Fiction**……

Name of Sponsor of continuing education activity…**Caribbean Skill Development Institute**……

Name and title of Course Instructor…**Riley Fiction- Professional Development Facilitator**……

Signature of Course Instructor……*R. Fiction*

(Instructor's Seal/Stamp)*

SAMPLE LEARNING INSTITUTE — TRAINING SERVICES — FICTIONAL SAMPLE — NOT VALID FOR USE

3

NON-NURSING CE EXAMPLE

Community / Church Organization

I verify that (name)…**Jane Doe**……

Attended (title of Course/Seminar/Workshop)…**Community Leadership & Conflict Resolution**……

On (date attended)…**July 19, 2025**……for…**4**……hours
(Number of hours minus refreshment breaks)

Presenter…**Morgan Sample**……

Name of Sponsor of continuing education activity…**XYZ Conference of Churches**……

Name and title of Course Instructor…**Morgan Sample- Pastor of XYZ Group of Churches**……

Signature of Course Instructor……*Rev. M. Sample*

(Instructor's Seal/Stamp)*

EXAMPLE COMMUNITY/CHURCH OUTREACH — EDUCATION PROGRAMME — FICTIONAL SAMPLE — NOT VALID FOR USE

***each slip must be stamped or sealed to be valid**

Record the full number of verified hours completed, even if it exceeds the required minimum.

Educational guide and completed example prepared by *Nurse Navigator*. All applicant and example activity details are fictional. The original application form remains the property of the Nursing Council of Jamaica.