

**APPROVED CONTINUING NURSING EDUCATION ACTIVITIES TO BE LISTED IN *NY NURSE* AND ON THE NYSNA WEBSITE**

*(Please note that only approved activities will be listed. This listing is provided free of charge and it is not required for approval.)*

<b>Sponsoring Agency:</b>	
<b>Address/Location of the activity:</b>	
<b>Telephone Number:</b>	
<b>E-mail Address:</b>	

<b>DATE</b>	<b>TITLE OF THE ACTIVITY</b>	<b>CONTACT HOURS</b>	<b>REGISTRATION FEE</b>	<b>CONTACT PERSON</b>

**You may submit this form with your application or after your activity has been approved. If you do not submit this form with the application, please return it via:**

1. E-mail to [education@nysna.org](mailto:education@nysna.org) (Please note: attachments returned via e-mail are NOT secure; for complete security, please print, fax or return by first-class mail)
2. Fax to 518-782-9533
3. Mail to NYSNA, 11 Cornell Road, Latham, NY 12110, Attn: EPR