

**CONTACT HOUR FORM**  
**UNIVERSITY OF LOUISIANA AT LAFAYETTE**  
**COLLEGE OF NURSING AND ALLIED HEALTH PROFESSIONS**  
**CONTINUING EDUCATION PROGRAM**

University of Louisiana at Lafayette College of Nursing and Allied Health Professions is Accredited as a Provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation.

LSBN Continuing Education Provider Number 9.

<b>PROGRAM TITLE:</b> Social Media: The Blurring of Professional Boundaries <i>Course content is valid for one (1) year and may be viewed between the dates 5/1/13 to 5/1/14</i> WEBCAST 5/1/13 AND ON DEMAND <a href="http://www.adph.org/alphtn">www.adph.org/alphtn</a>	<b>PROGRAM #</b> <u>13-8 (19)</u> <b>DATE VIEWED</b> _____ <b>CONTACT HOURS</b> <u>1.5</u> <b>BEGIN TIME</b> _____ <b>END TIME</b> _____
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**PLEASE PRINT NAME AND ADDRESS CLEARLY WHERE INDICATED. THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED IN ORDER FOR YOU TO RECEIVE YOUR CERTIFICATE. (Information is used for record keeping and notification. This information will not be shared.)**

**NAME:** \_\_\_\_\_

**HOME MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**INDICATE HIGHEST LEVEL OF NURSING EDUCATION:**

LPN     AD/DIPLOMA     BACHELORS     MASTERS     DOCTORAL  
 OTHER (indicate) \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**PLACE OF EMPLOYMENT PHONE #:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**"I certify I have attended the entire program."**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_