



Office of the West Bengal Nursing Council
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No 2062/699 / NC

Date: 18/07/2023

From: Registrar, West Bengal Nursing Council

NOTICE

All the Institution / College of Nursing are being advised to follow the updated CNE Certificate format, who are interested/ wish to incept workshops on CNE (Continued Nursing Education).

The updated Certificate format has proper column to put the credit point against CNE hours and WBNC Accreditation No in the requisite column.

Kindly do the needful and follow the given instruction properly.

Batabyal

REGISTRAR

WEST BENGAL NURSING COUNCIL

CERTIFICATE OF ATTENDANCE



Presented to

PARTICIPANT NAME

For attending the Event Name

Organized by _____

On Date At Venue

This activity was awarded (_____) CNE Credit hours (West Bengal Nursing Council Accreditation No _____)



Registrar
West Bengal Nursing Council

Signature
Name
Course Director
Post/Organization

Signature
Name
Course Coordinator
Post/ Organization

CHECKLIST FOR CONTINUED NURSING EDUCATION (CNE)

- | | |
|------------------------------|---------------------------------------|
| 1. Name of the Programme: | 4. Secretary: |
| 2. Name of the Organization: | 5. Date: |
| 3. Organizing Chairperson: | 6. Total No. of Participants present: |

Sl No.	<u>ACTIVITIES</u>	YES	NO	Remarks
1	All the registered participants were present on the day			
2	Details of the delegates were documented			
3	Registration was closed before 11 am.			
4	Speakers were as per the plan			
5	Timing was maintained			
6	Speakers were well versed with the subject			
7	Sessions were conducted as per the schedule			
8	Pre-test and Post-test were conducted as per norms			
9	Attendance certificate are duly authenticated			
10	Credit Point Awarded			

BRIEF SUMMARY/OBSERVATIONS/POINTS TO BE IMPROVED:

1. Name of the Observer:
2. Designation:
3. Department:
4. Name of the Institution:
5. Address:

Sign of Observer