



**Forensic Nurse Examiner  
Recertification Verification**

To renew your certification as a **FNE, FNE-A and FNE-P** you must submit evidence of having obtained eight continuing education units specific to forensic science and forensic nursing during the year preceding your birth month. A continuing education unit is defined as 'giving presentations; attending conferences or seminars; completing computer assisted learning modules or mentored clinical practicums; and participating in facility evaluation or audit process. Please complete the top portion of this form. If appropriate, submit to your employer for completion and verification of facility activity. Attach copies of any certificates of completion if necessary.

**Personal Information:**

Last name:

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First Name and Middle Initial:

License Number:

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Social Security Number:

Date of Birth:

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MONTH DAY YEAR

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**EMPLOYER INFORMATION:**

Employer Name:

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Address:

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City:

State:

Zip Code:

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Home Phone:

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**COMPLETE APPROPRIATE ONE:**

**FNE-A**

(200) Hours on call \_\_\_\_\_

(3) SAFE Exams \_\_\_\_\_

(8) Education Hrs. \_\_\_\_\_

**FNE-P**

(200) Hours on call \_\_\_\_\_

(3) SAFE Exams \_\_\_\_\_

(8) Education Hrs. \_\_\_\_\_

**FNE**

(200) hrs on call Ped. \_\_\_\_\_

(200) hrs on call Adult \_\_\_\_\_

(3) Ped. SAFE exams \_\_\_\_\_

(3) Adult SAFE exams \_\_\_\_\_

(8) Education Hrs. \_\_\_\_\_

**SAFE PROGRAM COORDINATOR:**

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**DATE:**

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