

**Biennial Renewal of Licenses - Nurses and Midwives Council of Belize**

Subject Matter Content	Name of Provider or Institution	Date of Offering	No. Of Credit hours in Nursing Subjects	No. of credit hours in Non-Nursing Subjects	No. of Academic hours in Nursing	No. of Academic hours in Non-Nursing Subjects	No. of hours in Nursing/Health Research Project

**TOTAL HOURS:** \_\_\_\_\_

**SIGNATURE OF NURSE:** \_\_\_\_\_

**SIGNATURE OF SUPERVISOR:** \_\_\_\_\_