



Recovery Maintenance

FOR NURSES AND HEALTH PROFESSIONALS

To receive your Continuing Education Certificate, print out and submit your test results with this completed form along with a check or money order to:

Linda L. Smith & Associates, LLC
917 Heritage Hills
Decatur, GA 30033

COST:

\$5.95 per test (one hour CE) for Florida Nurses
\$6.95 all other nurses/health professionals

NAME: _____

MAILING ADDRESS: _____

NURSING LICENSE NUMBER: _____ STATE OF LICENSURE: _____

EMAIL ADDRESS: _____

MODULES COMPLETED (Check all that apply):

____ Post Test 1 (Date completed: _____)

____ Post Test 2 (Date completed: _____)

____ Post Test 3 (Date completed: _____)

____ Post Test 4 (Date completed: _____)

____ Post Test 5 (Date completed: _____)

____ Post Test 6 (Date completed: _____)

____ Post Test 7 (Date completed: _____)

____ Post Test 8 (Date completed: _____)

____ Post Test 9 (Date completed: _____)

____ Post Test 10 (Date completed: _____)

____ Post Test 10 (Date completed: _____)

____ Post Test 12 (Date completed: _____)

____ Post Test 13 (Date completed: _____)

____ Post Test 14 (Date completed: _____)

____ Post Test 15 (Date completed: _____)

____ Post Test 16 (Date completed: _____)

____ Post Test 17 (Date completed: _____)

____ Post Test 18 (Date completed: _____)

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____ Post Test 25 (Date completed: _____)

____ Post Test 26 (Date completed: _____)

____ Post Test 27 (Date completed: _____)

____ Post Test 28 (Date completed: _____)

____ Post Test 29 (Date completed: _____)

____ Post Test 30 (Date completed: _____)

____ Post Test 31 (Date completed: _____)

____ Post Test 32 (Date completed: _____)

____ Post Test 33 (Date completed: _____)

____ Post Test 34 (Date completed: _____)