

Kansas State Board of Nursing Continuing Education Annual Report

Reporting Year:

Name of Provider	
Provider Number	
Legal Body (if different from name of Provider)	
Address of Provider	
Program Coordinator	
Phone Number	
E-mail address	

Interactive Offerings

Total Number of Offerings	
Total Number of Offering Contact Hours: <small>Sum of all contact hours presented</small>	
Total Number of Participants	RN
	LPN
	LMHT

Offering Contact Hours taught by:

Offering Contact Hours taught by: <small>Sum of CH taught by each category; total should be the same as "Total Number of Offering Contact Hours"</small>	Nurses	
	Others	

Independent Study Offerings

Complete only if you offer Independent Study

Number of Independent Study topics offered:	
Total Number of Independent Study Contact Hours offered: <small>Sum of all contact hours for IS topics</small>	
Total Number of Participants	RN
	LPN
	LMHT

I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct to the best of my knowledge.

Signature of Providership Coordinator

Date