

INDIVIDUAL OFFERING APPROVAL FORM (IOA)
CONTINUING NURSING EDUCATION

This form must be completed in full. See Instructions on Next Page

PART 1

NAME _____ KS LICENSE # _____ EXP. DATE _____

ADDRESS _____ TELEPHONE # _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

OFFERING TITLE _____

OFFERING LOCATION _____ OFFERING DATE _____

PROVIDER
PROVIDER'S ADDRESS

PART 2

RATIONALE STATEMENT:

SIGNATURE

PART 3

ATTACHMENTS: **(Note: Must be attached or the form will be returned)**

- A. Learning/ Behavior Objectives
- B. Offering Agenda/Schedule **with times listed** to verify the length of the offering. Not Applicable if using college courses.
- C. Certificate of Completion. Not Applicable if using college courses.
- D. An **OFFICIAL** transcript is required for approval of **ALL** college courses.
- E. Self Addressed, Stamped Envelope (**SASE**); **IF A SASE IS NOT PROVIDED, YOU WILL NOT RECEIVE YOUR PROOF OF APPROVED CNE. DO NOT RENEW YOUR LICENSE UNTIL YOU RECEIVE THE APPROVED IOA.**

PART 4

FOR OFFICE USE ONLY

Approved for _____ Contact Hours

Not Approved* _____

*Reason for Denial of Approval: _____

Education Department

Date

This form serves as your continuing education certificate. Keep it in your records in case you are audited for continuing education.

YOU **DO NOT** NEED TO COMPLETE THIS FORM **IF ANY** of the following apply:

1. Your certificate of completion/attendance indicates a KSBN provider number beginning with LT or SP
2. Your certificate of completion/attendance indicates the offering has been approved for continuing nursing education by a state board of nursing or a national nursing credentialing organization.

CONTINUING NURSING EDUCATION CREDIT **cannot** be given for:

1. In-service programs
2. on-the-job training
3. orientation for a job
4. CPR, BCLS, or Code Blue
5. testing out of a course

INDIVIDUAL OFFERING APPROVAL FORM INSTRUCTIONS

Individuals requesting approval of CNE from other than KSBN approved CNE Providers should complete and submit this application **Prior to License Renewal. One Offering Per Form.**

Part 1. Complete the information required in Part 1 of the form **completely**.

Part 2. Nursing continuing education is defined as "learning experiences intended to build upon the educational and experiential bases of the nurse for enhancement of practice, education, administration and research or theory development to the end of improving the health of the public". **The Rationale should be a brief explanation of why this offering is relevant continuing nursing education for you.**

Part 3. Attachments: ALL material must be provided or application will be denied and returned.

- a. Learning/behavior objectives: Statements about what you learned (or anticipate learning) and how the information will help in your practice as a nurse. The objectives should be in the offering brochure. You may use the learning objectives provided in the offering but restate them in nursing terms if necessary. If you are using a college course for continued education, this information may be found in your course syllabus; if not, you will need to write these out yourself.
- b. A detailed agenda **with the times listed** to verify the length of the offering is required. (Not applicable if you are using college courses.)
- c. A certificate of completion. (Not applicable if you are using college courses.)
- d. An **OFFICIAL** transcript **MUST** be provided for all college courses. **
- e. **Enclose a self-addressed stamped envelope (SASE); IF A SASE IS NOT PROVIDED, YOU WILL NOT RECEIVE YOUR PROOF OF APPROVED CNE. DO NOT RENEW YOUR LICENSE UNTIL YOU RECEIVE THE APPROVED IOA.**

College transcript(s) must be requested by licensee. Please request an **OFFICIAL transcript from school to be sent to **YOU**. **Do not send transcript directly to KSBN!** Upon receipt of official transcript, please mail all material to KSBN.

Send to: **Kansas State Board of Nursing, Landon State Office Building,
900 SW Jackson, Room 1051
Topeka, KS 66612
Attention: Education Secretary**

Allow at least 2 weeks processing time from the date this form is received in the KSBN office.

If you have questions concerning this form, please call the KSBN Education Department at 785-296-3782