

Kansas State Board of Nursing  
Landon State Office Building  
900 SW Jackson, Ste. 1051  
Topeka, KS 66612-1230  
www.ksbn.org

INDIVIDUAL OFFERING APPROVAL FORM  
CONTINUING NURSING EDUCATION

PLEASE PRINT OR TYPE

This form must be completed in full. See Instructions on Reverse

**PART 1**

NAME \_\_\_\_\_ KS LICENSE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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 Attendance/Completion. Not Applicable if using college course(s)
- D. An **OFFICIAL** transcript is required for approval of **ALL** college courses.
- E. **Self Addressed, Stamped Envelope (SASE); MUST BE ENCLOSED OR DOCUMENTS WILL NOT BE RETURNED.**

**PART 4**

**FOR OFFICE USE ONLY**

Approved \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ IF APPROVED, NUMBER OF CONTACT HOURS \_\_\_\_\_

\_\_\_\_\_ If checked, you must attach a copy of your certificate of completion/attendance with this form and keep with your continuing education records to be submitted if you are selected for an audit.

\_\_\_\_\_  
Education Department

\_\_\_\_\_  
Date

# This form serves as your continuing education certificate. On your renewal form under "provider" list IOA and LT0108-0338 as the provider number.

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 CNE hours for offerings not approved for nursing continuing education by the Kansas State Board of Nursing 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: These objectives will be statements about what you learned (or but restate them in nursing terms. If you are using a college course for continued education, this information may be found on your course syllabus; if not, you will need to write these out yourself.
- b. A detailed agenda **with the times listed out** to verify the length of the offering is required. Not applicable if you are using college courses
- c. A certificate of attendance/completion.
- d. An **OFFICIAL** transcript **MUST** be provided for all college courses.
- e. **Enclose a self-addressed stamped envelope (SASE); MUST BE ENCLOSED OR DOCUMENTS WILL NOT BE RETURNED.**

\*\*\*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 send all material to KSBN for continued education approval.

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 Dept (785-296-3782)