

**KANSAS STATE BOARD OF NURSING
LONDON STATE OFFICE BUILDING
900 SW JACKSON, SUITE 1051
TOPEKA, KS 66612-1230**

Long Term Provider Application & Five Year Renewal

Individuals, organizations or agencies desiring long-term continuing nursing education providership status should complete and submit this application. Please review the following rules and regulations related to continuing nursing education in the Nurse Practice Act. (available on-line at www.ksbn.org):

65-1117 (a)
65-1119 (e)
60-4-103
60-9-105
60-9-106
60-9-107

Please review these instructions before completing the application.

1. Applications are to be submitted sixty (60) days prior to a Board meeting. Board meetings are scheduled during March, June, September and December of each year (Dates are posted on web site: www.ksbn.org). Five year renewal notices will be mailed to providers with deadlines for the submission of their renewal application
2. The cover page must be completed and all attachments must be present.
3. The \$200.00 application fee must accompany the initial providership application. The fee will not be returned even if the application is not approved. There is no fee for the five-year renewal.
4. Four (4) typed copies of the initial application must be submitted. One typed copy of the five-year renewal must be submitted.
5. The content should be organized in the order of the application criteria listed under "Regulation Description" on the attached form and the attachments labeled and numbered. All items listed under "regulation description" must be addressed.
6. Examples submitted in support of narrative statements must be referenced by page or appendix number and name of applicant
7. Photocopies must be readable.

KANSAS STATE BOARD OF NURSING
LONDON STATE OFFICE BUILDING
900 SW JACKSON, SUITE 1051
TOPEKA, KS 66612-1230

LONG-TERM CNE PROVIDER

COVER PAGE

Initial Application

5 year renewal

LT PROVIDER NUMBER: _____

NAME OF PROVIDER _____

LEGAL BODY _____
(if different from provider)

ADDRESS OF PROVIDER _____

PROGRAM COORDINATOR (RN) _____

TELEPHONE _____

E-MAIL ADDRESS _____

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 Program Coordinator

Date



INSTRUCTIONS FOR KSBN LONG-TERM CNE PROVIDER INITIAL APPLICATION AND FIVE YEAR RENEWAL COMPLETION

Approval of the Kansas State board of Nursing (KSBN) Continuing Nursing Education (CNE) application is based on an in-depth analysis of the submitted information to best determine the applicant's capacity to offer continuing nursing education activities meeting the definition of CNE in accordance with KSBN CNE statutes and regulations.

Definition of CNE (from 65-1117 (a)) "Continuing nursing education means learning experiences intended to build upon the educational and experiential bases of the registered professional and licensed practice nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.

INITIAL APPLICATION REVIEW PROCESS

The completed CNE providership application will be listed on the CNE Committee agenda for review at the next board meeting.

Three of the application copies will be mailed to designated CNE Committee members. The Education Specialist and the reviewers will evaluate the application for compliance with the CNE statutes and regulations. The reviewers will give their evaluative comments to the committee.

Following the board meeting, the Education Specialist will send written notification of the board's decision. If the application is approved, a provider number will be allocated.

Applications not approved or that have approval pending will receive written notification of requirements. Requirements must be submitted by the stated deadline for sufficient review prior to the upcoming board meeting. If application requirements are not met, notification will be given that the application process is considered abandoned. A new application and fee is required if the providership is still desired.

FIVE-YEAR RENEWAL REVIEW PROCESS

The providership renewal will be listed on the next CNE Committee agenda for review.

The Education Specialist will review the renewal application for compliance with CNE statutes and regulations and make recommendations to the CNE Committee. Providers will be notified if the renewal application is incomplete or does not meet regulations and be given the opportunity to make corrections/additions prior to CNE Committee meeting.

Following the board meeting, the Education Specialist will send written notification of the board's decision.

**KANSAS STATE BOARD OF NURSING
LONG-TERM CONTINUING NURSING EDUCATION (CNE)
PROVIDER INITIAL APPLICATION & FIVE YEAR RENEWAL**

Administration		
Regulation	Regulation Description	Additional information
60-9-107 b (1) (A)	Name and address of organization	
60-9-107 b (1) (B)	Name and address of department or unit within the organization responsible for approving nursing continuing education	
60-9-107 b (2) 60-9-107 c (1)	Name, education and experience of program coordinator responsible for CNE; The CNE coordinator must be a registered nurse with three years of clinical experience, baccalaureate degree and at least one year of experience developing and implementing educational offering;	
Program Management – Written Policies and Procedures		
60-9-107 b (3) (A)	Process of assessing need and planning CE	Include description of formal or informal needs assessment process, planning committees or advisory groups involved in the planning and evaluation of CNE and how the definition of CE (65-1117) is used to determine the content for CE offerings.
60-9-107 b (3) (B)	Process for fee assessment	Include policy for refunds and insufficient fund checks if applicable
60-9-107 b (3) (C)	Process for advertisements or announcements, Published information shall contain the following statement: (Name of Provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for ___contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number: _____	Include a sample announcement/brochure
60-9-107 b (3) (D) 60-9-107 d	Process for offering approval: <ul style="list-style-type: none"> ▪ Summary of planning ▪ Behavioral Objectives (60-9-105 d) ▪ Content which shall meet definition of CNE in KSA 65-1117 ▪ Instructor’s education and experience documenting knowledge/expertise, ▪ current bibliography (books 10 yr, periodicals 5 yr) 	

	<ul style="list-style-type: none"> ▪ offering evaluation that includes assessment of learner achievement of each objective, expertise of individual presenters. 	
<p>60-9-107 b (3) (E) 60-9-107 e</p>	<p>Process for awarding contact hours: An approved provider may award any of the following:</p> <ul style="list-style-type: none"> ▪ contact hours (60-9-105 i) as documented on an offering agenda for actual time attended, including partial credit for one or more contact hours ▪ credit for fractions of hours over one contact hour ▪ instructor credit, which shall be two contact hours for each hour of first-time presentation of an approved offering, excluding standardized prepared curriculum (e.g. ACLS, PALS, TNCC, ENPC, MANDT, etc) ▪ independent study (60-9-105 k) credit based on time required to complete the offering as documented by the provider’s pilot time test results ▪ clinical hours 	<p>Include procedure for late arrival/early departure in reference to partial credit policy</p> <p>Pilot testers should be representative of target audience; Contact hours may be determined using the time documented by pilot testers by:</p> <ul style="list-style-type: none"> ▪ totally all time and dividing by number of testers, or ▪ discard high and low times and average the time spent by the rest of the testers
<p>60-9-107 b (3) (F) 60-9-107 f 60-9-107 g</p>	<p>Process for verifying participation and completion of the offering:</p> <p>Documentation to verify that each participant attended offering</p> <ul style="list-style-type: none"> ▪ participants shall be required to sign a daily attendance roster ▪ roster shall contain the provider’s name, address, provider number and coordinator; the date and title of the offering and the presenter(s); the participant’s name and license number, and the number of contact hours awarded <p>Documentation to verify completion of independent study offering, if applicable.</p> <ul style="list-style-type: none"> ▪ Documentation shall include information about the provider’s name, address, provider number and coordinator; the title of the offering; the date on which the offering was completed; and the presenter(s); the participant’s name and license number, and the number of contact hours awarded and either the completion of post test or return demonstration <p>Certificate:</p> <ul style="list-style-type: none"> ▪ Certificates of attendance shall be awarded to participants after completing an offering; ▪ Each certificate shall be complete before distribution to participants; ▪ each certificate shall contain the provider’s name, address and provider number, title of the offering, date(s) of attendance, number of contact hours 	<p>Include a sample copy of the roster; may include additional participant information (i.e. address) if desired.</p> <p>Include sample copy of verification of completion of independent study offering if applicable</p> <p>Include a sample of copy of the certificate</p>

	awarded and if applicable, the designation of any independent study or instructor contact hours awarded; signature of individual responsible for the providership, name and license number of the participant	
60-9-107 b (3) (G) 60-9-107 h	<p>Process for record keeping and record storage</p> <ul style="list-style-type: none"> • For each offering the approved provider shall retain the following for two years: summary of the planning, copy of announcement/brochure, title and objectives, offering agenda or, for independent study, pilot time test results, bibliography, summary of participant evaluations; each instructor’s education and experience; documentation to verify completion of the offering as specified in subsection (f). • Record storage system assure confidentiality and easy retrieval of records by authorized individuals 	Include description of where files are kept
60-9-107 b (3) (H)	<p>Process for notice of change of coordinator or required policies</p> <ul style="list-style-type: none"> ▪ the program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days 	
60-9-107 b (3) (I)	<p>Total Program Evaluation “a systematic process by which an approved provider analyzes outcomes of the overall continuing nursing education program in order to make subsequent decisions”(60-9-105 p, s)</p>	<p>A sample plan is attached that can be modified to fit the needs of the organization. The total program evaluation plan can be developed in whatever format best fits your needs.</p> <ul style="list-style-type: none"> ▪ Include a sample copy of the total program evaluation
60-9-107 b (4) 60-9-107 i	<p>Initial application only: Submit 2 proposed offerings</p> <ul style="list-style-type: none"> • A summary of the planning • Copy of the offering announcement or brochure • Title and behavioral objectives • Offering agenda or for independent study, pilot test results • Each instructor’s education & experience • A current bibliography as specified in paragraph (d) (5); and • The offering evaluation form 	

Sample Total Program Evaluation

The total program evaluation plan should provide a systematic process for collecting and analyzing the data needed to determine if the providership is meeting the established policies and procedures. This is not an evaluation of individual education offerings.

The total program evaluation plan must evaluate the entire program:

- Program administration – program coordinator’s responsibilities
- Program management – policies and procedures
- Total Program Evaluation – ability of the plan to measure the overall effectiveness of the CNE providership.

The total program evaluation is done at least annually and is reported in the annual report to KSBN. It may be presented as a narrative or a chart or in any format appropriate for the provider.

Area	Frequency	Resp. Person	Criteria	Findings	Actions/ Recommendations
Administration			Review job description		
Policies: Assess need, planning - written tool - evaluation summaries			Review survey for appropriateness; were survey findings and identified needs from evaluation summaries used in program planning		
Policies: Fee Assessment			Policy meets organization and customer needs		
Policies: Announcement			Review to be certain they reflect necessary information		
Policies: Offering approval process			Review policies and compare to KSBN requirements		
Policies: Awarding contact hours			Review agendas/pilot test results to verify contact hours awarded; review documentation of partial credit		
Policies: Verifying participation/ completion			Review rosters and certificates; compare to KSBN requirements		
Policies: Record keeping			Audit contents of files for compliance with KSBN requirements		
Policies: Notification of changes			Review procedures for changes reported to KSBN		
Total Program Evaluation effectiveness			Review total program evaluation and compare contents to KSBN requirements		