

**KANSAS STATE BOARD OF NURSING  
LONDON STATE OFFICE BUILDING  
900 SW JACKSON, SUITE1051  
TOPEKA, KS 66612-1230**

Single Program Offering Application

Individuals, organizations or agencies desiring single program offering 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](http://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 thirty (30) days prior to the first offering date.
2. The application cover page must be completed and all attachments must be present.
3. The \$50.00 application fee must accompany the providership application. The fee will not be returned even if the application is not approved.
4. The content should be organized in the order of the application criteria listed under "Regulation Description" on the attached form and the pages should be numbered. All items listed under "regulation description" must be attached.
5. Examples submitted in support of narrative statements must be referenced by page or appendix number and name of applicant
6. Photocopies must be readable.

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

SINGLE OFFERING CNE PROVIDER

COVER PAGE

NAME OF PROVIDER \_\_\_\_\_

LEGAL BODY \_\_\_\_\_  
(if different from name of provider)

ADDRESS OF PROVIDER \_\_\_\_\_  
\_\_\_\_\_

OFFERING TITLE \_\_\_\_\_

PROPOSED DATE OF FIRST OFFERING \_\_\_\_\_

PROGRAM COORDINATOR \_\_\_\_\_

NURSE CONSULTANT \_\_\_\_\_

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 SINGLE OFFERING CNE PROVIDER APPLICATION**

Approval of the Kansas State board of Nursing (KSBN) Continuing Nursing Education (CNE) application is based on an analysis of the submitted information to 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 K.S.A. 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." In-service education, on-the-job training, orientation, institution specific courses and offering containing the same content as courses that are part of basis preparation for licensure will not be awarded contact hours (K.A.R. 60-9-106).

### **APPLICATION REVIEW PROCESS**

The completed Single Offering CNE providership application will be reviewed by the Education Specialist for compliance with the CNE statutes and regulations.

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 date of the first offering.

Following approval by the Education Specialist, written notification will be sent including the provider number.

**KANSAS STATE BOARD OF NURSING  
SINGLE OFFERING CONTINUING NURSING  
EDUCATION (CNE) APPLICATION  
(ATTACHMENTS)**

<b>Administration Regulation</b>	<b>Regulation Description</b>	<b>Additional Information</b>
<b>1. Written Policies &amp; Procedure Copies</b>		
a. 60-9-107b(3)(A)	Process of assessing need and planning CE	Include description of needs assessment process, planning committees or advisory groups involved in planning and how the definition of CE (65-1117) is used to determine the content for CE offerings.
b. 60-9-107b(3)(B)	Process for fee assessment	Include policy for refunds and insufficient fund checks if applicable
c. 60-9-107b(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
d. 60-9-107b(3)(E)	Process for awarding contact hours: An approved provider may award any of the following: <ul style="list-style-type: none"> <li>▪ contact hours (60-9-105 i ) for actual time attended, including partial credit for one or more contact hours as documented on the offering agenda</li> </ul>	Include a procedure for late arrival/early departure in reference to partial credit policy

	<ul style="list-style-type: none"> <li>▪ credit for fractions of hours over one contact hour</li> <li>▪ 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)</li> <li>▪ independent study (60-9-105 k) credit based on time required to complete the offering as documented by pilot time test results</li> </ul>	<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"> <li>▪ totaling all time and dividing by number of testers, or</li> <li>▪ discard high and low times and average the time spent by the rest of the tester</li> </ul>
<p>e. 60-9-107b(3)(F)</p>	<p>Process for verifying participation and completion of the offering: Documentation to verifying participant attended offering</p> <ul style="list-style-type: none"> <li>▪ participants shall be required to sign a daily attendance roster</li> <li>▪ roster shall contain information about the providership (name, address, provider number, coordinator); information about the offering (date, title, presenter(s)); information about the participants (name, license number, contact hours awarded)</li> </ul>	<p>Include a sample copy of the roster; may include additional participant information (i.e. address) if desired.</p>



	<p>participant evaluations; instructor biographical information; alphabetized attendance roster of individuals who have completed the offering.</p> <ul style="list-style-type: none"> <li>• Typed, alphabetized roster to be submitted to Board within 15 working days of completion</li> </ul> <p>Record storage system assure confidentiality and easy retrieval of records by authorized individuals</p>	
g. 60-9-107b(3)(H)	<p>Process for notice of change of coordinator or required policies the program coordinator shall submit in writing any change of the individual responsible for the providership or required policies and procedures to the board within 30 days</p>	
<b>2. Offering Information</b>	Submit proposed offering copies	
60-9-107b(3)(J)	<ul style="list-style-type: none"> <li>• summary of the planning of this offering</li> <li>• a copy of the offering announcement or the brochure noting the title</li> <li>• The behavioral objectives</li> <li>• The offering agenda (including break times) If independent studies include the pilot results</li> <li>• each instructors education and experience ( a resume or CV)</li> <li>• a current bibliography</li> <li>• the offering evaluation form</li> </ul>	