

LPN IV Therapy Course Provider Application

Individuals, organizations or agencies desiring to obtain approval to provide a course for LPNs in IV therapy administration must complete and submit an application to the Kansas State Board of Nursing (KSBN). The course provider must meet the requirements in K.S.A. 65-1136 and K.A.R. 60-16-101 to 105.

Providers for the course must also meet the requirements for CNE (K.A.R. 60-9-107).

Before completing this application, read the following information:

- 1) Applications are to be typed and organized in the order of criteria on the application.
- 2) Identify all items submitted with this application with the name of the individual, organization or agency requesting approval.
- 3) Applications must be submitted at least 30 days prior to the course.

LPN IV Therapy Course Proposal shall include the attached cover page and the following:

- 1) The name and qualifications of the coordinator
 - ◆ The coordinator must be a licensed registered professional nurse; be responsible for the development and implementation of the IV therapy course and have experience in IV therapy and knowledge of IV therapy standards.
- 2) The name and qualifications of each faculty member
 - ◆ Each primary faculty must be currently licensed as a registered professional nursing in Kansas; have clinical experience that includes IV therapy in the past 5 years and maintain competency in IV therapy
 - ◆ Each guest lecturer shall have professional preparation and qualifications for the specific subject area in which that individual instructs
- 3) Mechanism through which the provider will determine that each LPN seeking to take the course meets the admission requirements
 - ◆ To be eligible, the participant must be a nurse with a current license
- 4) A description of the educational and clinical facilities that will be utilized
 - ◆ Each classroom shall contain sufficient space, equipment and teaching aids to meet the course objectives
 - ◆ The facility in which clinical practice and competency examination are conducted shall allow students and faculty access to the IV therapy equipment and IV therapy recipients and to the pertinent records for documentation; there shall be a signed written agreement between the provider and cooperating health care facility that specifies the roles, responsibilities and liabilities of each party. This written agreement shall not be required if the only health care facility to be used is also the provider.

- 5) An outline of the classroom and clinical curricula, including time segments
 - ◆ The course shall consist of at least 30 classroom hours of instruction and a minimum of 8 hours of clinical practice, not including testing time.
 - ◆ The curriculum shall be based on the standards of the infusion nurses society's supplement titled "infusion nursing standards of practice," volume 34, number 1S, dated January/February 2011 (with modifications as outlined in K.A.R. 60-16-104 (g)), the Kansas Nurse Practice Act, including current regulations and the IV therapy policies and procedures of the clinical agency where clinical instruction is given.
- 6) The methods of student evaluation that will be used: KSBN will provide two versions of an approved exam based on the test plan and the final clinical competency evaluation form. Policies and procedures should indicate that the
 - ◆ The final written competency shall require a passing grade of 80 percent or above
 - ◆ The final clinical competency exam shall require a passing score of 100 percent
- 7) If applicable, a request for continuing education approval
 - ◆ Long term providers – IV course provider number shall be printed on the certificates and rosters along with the long-term provider number
 - ◆ Single program providers: a single program application shall be completed; there is no charge for the initial single offering providership for IV therapy.
 - ◆ CE providers shall award at least 32 contact hours to each LPN who completes the course and may award 20 hours one time only to RNs who complete the course.
- 8) Policy to notify KSBN after course approval of any change in the course prior to implementation
- 9) Policy for record keeping and sample of roster and certificate
 - ◆ The faculty shall complete a final record sheet that includes competencies and scores
 - ◆ The course coordinator shall award a certificate of completion to each individual successfully completing the course, submit a typed, alphabetized roster to KSBN within **15** days (listing RN and LPN participants on different rosters) and maintain records of each individual who has successfully completed the course for at least five years.
- 10) Renewal of IV therapy course approval:
 - ◆ All providers shall submit an annual report for the period of July 1 – June 30 of the respective year that includes the total number of licensees taking the course, the number passing the course and the number of courses held.
 - ◆ Single program providerships shall be effective for 2 years and may be renewed by submitting the single offering providership application and paying the fee.
 - ◆ Long term providers shall submit the materials included in the IV therapy proposal with their 5 year long term providership renewal.

Kansas State Board of Nursing
Landon State Office Building
900 SW Jackson Suite 1051
Topeka, KS 66612

Application for approval of IV Therapy Course for LPN's

COVER PAGE

NAME OF PROVIDER _____

ADDRESS OF PROVIDER _____

PROGRAM COORDINATOR (RN) _____

TELEPHONE _____

E-MAIL ADDRESS _____

Long Term CNE Provider Number: _____ (if applicable)

Single program approval application attached: _____ (if applicable)

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