

LOUISIANA STATE BOARD OF NURSING

17373 Perkins Road
Baton Rouge, LA 70810
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Facsimile (225) 755-7580

FOR OFFICE ONLY

Date Rec'd _____

Fee Submitted _____

Approved _____

Term. Date _____

Disapproved _____

LSBN Number _____

APPLICATION FOR CONTINUING EDUCATION PROVIDER APPROVAL

INSTRUCTIONS FOR COMPLETION OF FORM:

1. Please provide information in word processing form. Form may be reproduced for word processing.
2. Complete all sections. If space provided is insufficient, please add pages.
3. Identify all attachments with name of provider and item number to which it refers.
4. Submit two (2) paper copies and 1 electronic copy (USB, CD, or DVD; preferably in PDF or Microsoft Office format) of this application for approval.
5. Allow at least 60 days for processing the application.

Section I. Identification Data

1. Provider: (The agency, organization, or institution sponsoring the C.E. Program)

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

2. Contact Person: The designated person who has the overall responsibility for the operation of the Nursing Continuing Education Provider Unit according to regulatory requirements as specified in LAC46:XLVII.3335.G.

Name: _____

Position/Title: _____

Credentials: _____
Academic Degree License

Business Address: _____

Business Telephone: _____

Relevant Experience for this Role: _____

Section II. Overall Plan of Continuing Education Program

1. Provide the stated philosophy/mission, purpose and goals of the continuing education program: (attach pages as needed.)
2. Is the continuing education program accredited as a provider unit by the American Nurses Association continuing education system (American Nurses Credentialing Center's (ANCC) Commission on Accreditation)?

Yes _____ No _____

If yes, please attach a certified copy of the accreditation document; you do not need to complete the remainder of this application or an offering application and the fee is waived.

3. Describe the assessment process for determining learning needs of the targeted population and provide a summary of the assessment findings. (Attach pages as needed.)
4. Complete the abbreviated vita form for the Continuing Education Nurse Planner and all members of the planning committee.
5. Attach a copy of the overall program evaluation plan.

Section III. Information Regarding Individual Offerings

1. Submit the offering approval form for each of the first three offerings. At least the first planned offering must be submitted with the application form. The remaining

- two may be submitted as planned in order to complete the process for consideration as a provider.
2. Attach a description of the planned record-keeping system and explain how you intend to maintain confidentiality of information.
 3. Explain how you anticipate the record-keeping system will allow for retrieval of essential information relative to each offering.
 4. The following information must be routinely preserved for each offering:
 - a. Title of offering
 - b. Names and addresses of participants and number of contact hours awarded to each
 - c. Name and titles of all members of the planning committee
 - d. Vita for each faculty/presenter (use attached vita form only)
 - e. Starting and ending dates
 - f. Name and address of facility where offering is held
 - g. Program plan as specified in §3335.G.4
 - h. Description of target audience
 - i. Number of contact hours awarded for the offering
 - j. Summary of participants' evaluation
 - k. Copy of any co-providership agreement, if applicable
 - l. Copy of Certificate awarded to each participant that includes: name and location (include name of organization, city, and state)
 5. The following must be included in your announcement for each offering:
 - a. date
 - b. time
 - c. location
 - d. target audience
 - e. registration fee
 - f. items covered by the fee
 - g. refund policy
 - h. objectives
 - i. agenda
 - j. speaker credentials
 - k. contact hours to be awarded
 - l. the continuing education activity approval statement; and
 - m. a statement indicating compliance with Americans with Disabilities Act (ADA)
 6. Attach a sample of the certificate of attendance that you intend to use that includes; participant's name, and location (include name of organization, city, and state).
 7. Attach a copy of any additional (not addressed in the above questions) policies and procedures pertaining to your continuing education program.

8. Enclosure Checklist. Please enclose a copy of each of the following:

- ___ Philosophy and/or mission, purpose, and goals of the CE program
- ___ Description of the needs assessment process with summary of findings
- ___ Brochure/advertisement flyer for 3 programs offered(or first program planned)
- ___ Vitae (planning committee and presenters for first program)
- ___ Offering/presentation plan (curriculum spreadsheet)
- ___ Offering evaluation form
- ___ Overall program evaluation plan
- ___ Copy of certificate to be awarded
- ___ Copy of co-provider agreement if applicable
- ___ Check amount, made payable to the Louisiana State Board of Nursing:
\$800

CERTIFICATION OF INFORMATION:

This is to certify that the above information is true and correct, and to the best of my knowledge, the proposed offerings represent continuing education as defined in LAC 46:XLVII.3335.B.

Application completed by: _____

Title: _____

Date: _____

VITA FORM

FACULTY/PRESENTER _____

PLANNING COMMITTEE _____

INSTRUCTIONS: Make as many copies of this form as necessary to provide information required to document adherence to the criteria for accreditation. Information for each person must be placed directly on a copy of this form or on a simile of this form word processed. Do not attach any additional material. Thank you.

Name _____

Home Address _____

Business Address _____

Employer Name/Department

Number and Street

City, State, and Zip Code

Telephone _____

Present Position (Title and Description) _____

Education (include basic academic preparation through highest degree held)

DEGREE	YEAR	INSTITUTION	AREA OF STUDY
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Use the space below to provide a **brief** narrative that illustrates your specific professional experience in the subject matter and that validates your expertise as a speaker. Include certification in a specialty, a sample of presentations and publications, grants, and/or awards.