

# **SINGLE OFFERING PROVIDERSHIP APPLICATION**

## **COVER PAGE**

**Name of Provider [KAR 60-9-107b(1)(A)]:**

**Legal Body (If different from provider):**

**Address of Provider:**

**The Name of Department or Unit within Organization if Different [KAR 60-9-107b(1)(B)]:**

**Telephone:**

**Email Address:**

**Offering Title:**

**Proposed Date of First Offering (mm/dd/yyyy):**

**Program Coordinator (RN):**

**Nurse Consultant (RN):**

**Date (mm/dd/yyyy):**

# Program Management

## **Assessing Need and Planning** CNE 60-9-107 b (3) (A)

Please describe what advisory groups or planning committees were formed and what factors were reviewed to determine CNE subject and how the subject meets the definition of CNE in KSA 65-1117(a).

Attach policies and procedures.

## **Process for Fee Assessment** 60-9-107 b (3) (B)

Describe the method for determining the price to charge for CNE and what procedure will be used in case of insufficient fund checks, and refund requests due to cancellations.

Attach policies and procedures.

### **Process for Advertisements or Announcements 60-9-107 b (3) (C)**

Describe what material will be distributed or used to announce your CNE offering. Include all information sources and that the required language will be used. “(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 APRN, RN, or LPN relicensure. Kansas State Board of Nursing Provider Number: \_\_\_\_\_” KAR 60-9-107(b)(3)(C). Copies of all announcements must be attached and are required to contain the above required language.

Attach policies and procedures.

### **Process for Awarding Contact Hours 60-9-107 b (3) (E)**

Describe the method of calculating contact hours for actual attendance that will be awarded for each presentation, utilizing the attendance roster. This must include your method of calculating partial credit for late arrivals and early departures in reference to the partial credit policy. “An approved provider may award any of the following: contact hours for actual time attended, including partial credit for one or more contact hours as documented on the offering agenda; credit for fractions of hours over 30 minute to be computed toward a 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; independent study credit based on time required to complete the offering, as documented by the provider’s pilot test results; or clinical hours” 60-9-107 e (1) through (5)

Attach policies and procedures.

### **Process for Verifying Participation and Completion of Offering 60-9-107 b (3) (F)**

Each provider shall maintain documentation to verify participation and successful completion of offering. Participants shall be required to sign a daily attendance roster; the roster shall contain information about the provider (name, address, provider number, coordinator); information about the offering (date, title, presenter(s)); information about the participants (name, license number, contact hours awarded) 60-9-107 f (1) (A) through (C)

Each provider shall maintain documentation to verify successful completion of independent study if applicable. Documentation shall include information about the provider (name, address, provider number, coordinator); information about the offering (date, title, either the completion of a posttest or return demonstration), information about the participants (name, license number, contact hours awarded) 60-9-107 f (2) (A) through (E)

A certificate of attendance shall be awarded to each participant after completion of the offering. Certificates and/or CE transcripts of attendance shall be awarded to participants after completing an offering; certificates and/or CE transcript shall be complete before distribution to participants; each certificate and/or CE transcript shall contain the provider’s name, address and provider number; title of the offering; date(s) of attendance or completion; number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded; signature of individual responsible for the providership; and the name and license number of the

participant,. 60-9-107 g (1) (2) & (3) (A) through (F)

Sample copies of roster and certificate of completion must be attached.

Attach policies and procedures.

**Process for Record Keeping and Storage 60-107-9 b (3) (G)**

Verify that you will keep the records of the offerings for a minimum of two years after presentation. List what records will be retained. “summary of the planning; a copy of offering announcement or brochure; title and objectives; the offering agenda or for independent study, pilot test results; a bibliography; a summary of participant evaluations; each instructor’s education and experience; and documentation to verify completion of the offering, as specified in subsection (f)” 60-9-107 h (1) (A)-(H)

The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals. 60-9-107 h (2)

Attach policies and procedures.

**Process for Notice of Change of Coordinator or Required Policies 60-107-9 b (3) (H)**

Describe what methods that will be used to notify KSBN of a change of the providership coordinator and/or offering policies and procedures. Verify that KSBN will be notified of any changes within 30 days.

Attach policies and procedures.

**Original and Alphabetized Roster of Individuals Who Have Completed an Offering 60-107-9 h (3)**

Verify that once approved you will submit to the board the original signature roster and a typed alphabetized roster of the individuals who have completed an offering within 15 working days of course completion.

Attach policies and procedures.

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**Note: Each applicant must attach all documents required by KAR 60-9-107 i (2) “The provider shall submit the proposed offering, which shall include the information specified in paragraphs (i) (1) (A) through (G)”**

**SUBMIT:**

- Summary of planning
- Copy of the offering announcement or the brochure noting the title of offering
- Offering behavioral objectives
- Offering agenda(including break times) or if independent study include pilot test results
- Each instructors education and experience (a resume or CV)
- A current bibliography, as specified in 60-9-107d (5) “a current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past 5 years or both”
- The offering evaluation form, evaluating presenter and objectives

**Attestation**

I realize that this application is a legal document and by signing below, I am declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

If all the above information is correct please sign below.

Otherwise, please go back and correct any information that is necessary.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_