

## **INDIVIDUAL OFFERING APPROVAL FORM INSTRUCTIONS**

Individuals requesting approval of CNE from other than KSBN approved CNE Providers should complete and submit this application **prior to License Renewal. One Offering Per Form.**

**NOTE:** All college courses must be submitted for approval with this form prior to license renewal. Not all college courses are eligible for CNE, therefore **DO NOT** renew license until approval is received.

YOU **DO NOT** NEED TO COMPLETE THIS FORM **IF ANY** of the following apply:

1. Your certificate of completion/attendance indicates a KSBN provider number beginning with LT or SP
2. Your certificate of completion/attendance indicates the offering has been approved for continuing nursing education by a state board of nursing or nationally recognized nursing organization.

CONTINUING NURSING EDUCATION CREDIT **cannot** be given for:

1. In-service programs
2. on-the-job training
3. orientation for a job
4. CPR, BCLS, or Code Blue
5. testing out of a course

**Part 1.** Complete the information required in Part 1 of the form **completely and sign.**

**Part 2. Attachments:** **ALL material must be provided or application will be denied and returned.**

a. Nursing continuing education is defined as “learning experiences intended to build upon the educational and experiential bases of the nurse for enhancement of practice, education, administration and research or theory development to the end of improving the health of the public”.

**The Rationale should be a brief explanation of why this offering is relevant continuing nursing education for you.**

b. Learning/behavior objectives: Statements about what you learned and how the information will help in your practice as a nurse. You may use the learning objectives provided in the offering but restate them in nursing terms if necessary. If you are using a college course for continued education, this information may be found in your course syllabus; if not, you will need to write these out yourself. See pg. 2 for detailed information on writing learning objectives and what defines a learning objective.

c. A detailed agenda **with the times listed** to verify the length of the offering is required. (Not applicable if you are using college courses.)

d. A certificate of completion. (Not applicable if you are using college courses.)

e. An **OFFICIAL** transcript **MUST** be provided for all college courses. **College transcript(s) must be requested by licensee. Please request an OFFICIAL transcript from school to be sent to YOU. Do not have paper transcripts sent directly to KSBN!** Upon receipt of official transcript, please mail all material to KSBN. **Transcripts sent electronically from school must be sent directly to KSBN, not to licensee.**

f. **Enclose a self-addressed stamped envelope (SASE); IF A SASE IS NOT PROVIDED, YOU WILL NOT RECEIVE YOUR PROOF OF APPROVED CNE. DO NOT RENEW YOUR LICENSE UNTIL YOU RECEIVE THE APPROVED IOA.**

**Part 3.** Designate if you are applying for advanced practice contact hours.

Send to: **Kansas State Board of Nursing, Landon State Office Building,  
900 SW Jackson, Room 1051**

**Topeka, KS 66612**

**Attention: Education Secretary**

Allow at least 2 weeks processing time from the date this form is received in the KSBN office. If you have questions concerning this form, please call the KSBN Education Department at **785-296-3782**

## **Guidelines for Submitting or Writing Learning Objectives**

### **Learning/Behavior Objectives:**

- Learning objectives are clear and measurable by use of an action verb that describes a measurable behavior and/or specifies something that can be actively demonstrated as a result of attending the educational program.
- Learning objectives clearly describe what the learner will know or be able to do as a result of having attended an educational program or activity.

**Examples of verbs** that can be used to demonstrate how the educational course enhanced your knowledge:

- Identify, list, define, analyze, assess, describe, locate, discuss, explain, perform, demonstrate, plan, create, compare.

**Examples of verbs** to **avoid** when writing learning objectives:

- Know, understand, learn, appreciate.

The verb should correspond with what opportunities were given to “you” as the participant, in order to demonstrate the newly learned information.

### **Examples of learning objectives:**

- Students will be able to identify the risk factors for coronary artery disease.
- The content of the course provided me with the skills to perform intravenous fluid therapy according to current standards of practice.

**Ask yourself what did “I” accomplish/learn & how can “I” demonstrate what “I” have learned**

INDIVIDUAL OFFERING APPROVAL FORM (IOA)  
CONTINUING NURSING EDUCATION

**This form must be completed in full and approval received before using the CNE for renewing**

**PART 1**

NAME \_\_\_\_\_ KS LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

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

OFFERING LOCATION \_\_\_\_\_ OFFERING DATE \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE

**PART 2**

ATTACHMENTS: **(Note: Must be attached or the offering will be denied)**

- A. Rationale Statement
- B. Learning/ Behavior Objectives
- C. Offering Agenda/Schedule **with specific times of learning listed** to verify the length of the offering.  
Not Applicable if using college courses.
- D. Certificate of Completion. Not Applicable if using college courses.
- E. An **OFFICIAL** transcript is required for approval of **ALL** college courses.  
\_\_\_\_\_ Paper transcript attached \_\_\_\_\_ Electronic transcript requested
- F. Self Addressed, Stamped Envelope (**SASE**); **IF A SASE IS NOT PROVIDED, YOU WILL NOT RECEIVE YOUR PROOF OF APPROVED CNE. DO NOT RENEW YOUR LICENSE UNTIL YOU RECEIVE THE APPROVED IOA.**

**PART 3**

- Check here if applying for Advanced Practice contact hours

**PART 4**

**FOR OFFICE USE ONLY**

Approved for \_\_\_\_\_ Contact Hours Not Approved\* \_\_\_\_\_

\*Reason for Denial of Approval: \_\_\_\_\_

\_\_\_\_\_  
Education Department

\_\_\_\_\_  
Date

**KSBN Provider Number: LT0108-0338. This form serves as your continuing education certificate. Keep it in your records in case you are audited for continuing education.**