

**Kansas State Board of Nursing
Landon State Office Building
900 SW Jackson, Ste 1051
Topeka, KS 66612-1230
785-296-4929
WWW.ksbn.org**

INDIVIDUAL LPN IV THERAPY COURSE APPROVAL APPLICATION

Individuals desiring to obtain approval of an IV Therapy Administration course for the obtaining of a KS IV Therapy Certification must complete and submit this application to the KSBN. The course must meet the requirements of a KS approved IV Therapy course as outlined in: K.S.A. 65-1136, K.A.R. 60-16-103, & K.A.R. 60-16-104.

You should complete this form if:

1. You have performed intravenous fluid therapy prior to July 1, 1995. You will attach verification of the scope of IV fluid therapy you have performed and will be required to successfully complete the Kansas approved IV therapy examination, or
2. You have successfully completed an intravenous fluid therapy course and passed an intravenous fluid therapy examination not administered by a Kansas approved provider. If the Course was taken by a non-approved KS IV therapy provider, see instructions below:
 - **Attach the syllabus for the course you completed:**
 - The syllabus must provide the breakdown of hours the course consisted of: the # of didactic hours & the # of clinical hours.
 - The syllabus must provide details on the curriculum taught.
 - The syllabus must include details on the methods of student evaluation. The requirements for passing the course and the clinical competency.
 - **Attach the certificate of completion.**

The Board will review the course and exam details to see if it meets or exceeds the standards required in Kansas for an approved IV Therapy course and examination.

To complete the application, do the following:

1. Complete the application in full.
2. Sign the application when completed.
3. Attach all required documents as listed above.

**INDIVIDUAL APPROVAL
LPN IV THERAPY**

Name of Applicant: _____ License # _____

Address: _____ Phone # _____

City State Zip

Name of Provider of Course: _____

Address of Provider: _____
Street City State Zip

Title of Course: _____

Dates Offered: _____ Location _____

Was the course taken within your LPN Curriculum: YES _____ NO _____

List the number of successful peripheral venous access procedures required within course? _____

I declare under penalty of perjury under the laws of the state of Kansas that the information provided above is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Below to be completed by KSBN Education Specialist

Date Received: _____ Approved _____ Not Approved _____

Signature: _____ Date: _____
Education Specialist