Iowa Board of Nursing

400 SW 8th Street, Suite B Des Moines, IA 50309-4685

REACTIVATION CONTINUING EDUCATION REPORT FORM

The continuing education requirement for the reactivation of a license from an inactive status is <u>36 contact hours or 3.6 CEU's (Continuing Education Units)</u>. These hours <u>MUST</u> have been completed within the <u>36 (thirty-six) months prior</u> to submitting the reactivation application.

Complete this form and submit with the completed reactivation application (if not submitted Online), fee (if not paid online), fingerprint cards and signed waiver form.

Please **check** which of the following documents are being submitted with this form to complete the continuing education requirement for reactivation:

Photocopies of continuing education certificates issued by Iowa Board of Nursing approved providers.
Photocopies of special approval letters for attendance at courses held outside of lowa by non-approved providers AND the copies of continuing education certificates for this credit.
Photocopies of certificates of attendance for offerings that were approved by other State Boards of Nursing with mandatory continuing education requirements, or were offered by the American Nurses Credentialing Center (ANCC), National League of Nursing, National Federation of Licensed Practical Nurses, National Association for Practical Nurse Education and Service, Inc.
Photocopy of a transcript(s) indicating successful completion of academic course(s). Internet generated transcripts must include name of college and student's name to be acceptable. (Grade Reports are NOT acceptable)
Photocopy of an active license in another mandatory continuing education state. If you have resided in lowa for <u>less</u> than 12 months and have an active license from another mandatory continuing education state—this license <u>can</u> be used to meet the continuing education requirement for reactivation in lowa. (Evidence of address change date may be requested.) If you have resided in lowa for <u>more</u> than 12 months, this option is <u>not</u> applicable.
Evidence of completion of a board-approved nurse refresher course.
Evidence of active military duty.

	Evidence of national certification or recertification which is related to the practice of nursing and is current at the time of license reactivation. The national certification or recertification shall be recognized as 36 contact hours of continuing education.	
	Evidence of employment by the federal government, as a nurse, and assigned to duty outside the United States.	
	Evidence of Foreign Service, as a nurse, outside of the United States where a current license was required.	
	Photocopy of current certification in a specialty area of nursing practice for the advanced registered nurse practitioner as defined in rule 7.1 (152).	
Name		
	Please Print	
Address		
City, State, ZIP		
Iowa License Number: Birth Date:		
Signa	ture: Date:	

This information is collected pursuant to Iowa Administrative Code 655—5.2, and may be disclosed pursuant to Iowa Administrative Code 655—Chapter 11.