Iowa Board of Nursing

400 SW 8th Street, Suite B Des Moines, IA 50309-4685 515.281.3264



E-Mail: ibon@iowa.gov

REACTIVATION CONTINUING EDUCATION REPORT FORM

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.

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

Please check which of the following documents that you are submitting to complete the continuing education requirement:

u	Nursing approved providers. The certificates of attendance shall include the licensee name, course date, course title, awarded hours, and provider approval information. Reports from employers' learning management systems are NOT acceptable.
	Photocopies of special approval letters from the Board of Nursing for attendance at courses by non-approved providers AND the copies of continuing education certificates that match the special approval letters.
	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, and National Association for Practical Nurse Education and Service, Inc.
	Photocopy of an official college or university transcript(s), issued to the student indicating successful completion of academic course(s). Grade reports from a college, university or employer are NOT acceptable.
	Photocopy of an active license in another mandatory continuing education state. If you have resided in lowa for LESS than 12 months and have an active license from another mandatory continuing education state—this license CAN be used to meet the continuing education requirement for reactivation in Iowa. (Evidence of address change date may be requested.) If you have resided in Iowa for MORE than 12 months, this option is NOT applicable.
	Evidence of completion of a board-approved nurse refresher course.

	Evidence of active military duty in the previous 36 months.
I	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). National certification or recertification which is related to the practice of nursing and is current at the time of a license renewal. The national certification or recertification shall be recognized as 36 contact hours of continuing education.
Total co	ontact hours or CEU's required: Total contact hours or CEU's earned:
Total se	emester or quarter hours earned:
Name:	Please Print
Address	S:
Iowa Lic	cense Number: Birth Date:
Signatu	re: Date:
	ormation is collected pursuant to Iowa Administrative Code 655—5.2, and may be disclosed nt to Iowa Administrative Code 655—Chapter 11.

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