

Iowa Board of Nursing
RiverPoint Business Park
 400 S.W. 8th Street, Suite B
 Des Moines, IA 50309-4685

APPLICATION FOR APPROVED PROVIDER STATUS

Please type or print the information requested.

SECTION I – GENERAL INFORMATION									
Name of controlling agency:		Business phone number:							
Business address:		City	State						
Provider is a/an: (check one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Individual</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Health facility</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Partnership</td> <td style="padding: 2px;"><input type="checkbox"/> Government agency</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Corporation</td> <td style="padding: 2px;"><input type="checkbox"/> University, college or school</td> </tr> </table>		<input type="checkbox"/> Individual	<input type="checkbox"/> Health facility	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government agency	<input type="checkbox"/> Corporation	<input type="checkbox"/> University, college or school	Is this a subsidiary or division of a parent corporation? Yes <input type="radio"/> No <input type="radio"/> If yes, name and address of parent corporation:	
<input type="checkbox"/> Individual	<input type="checkbox"/> Health facility								
<input type="checkbox"/> Partnership	<input type="checkbox"/> Government agency								
<input type="checkbox"/> Corporation	<input type="checkbox"/> University, college or school								
Administrative authority by name/credentials/title who is responsible for continuing education:									
Email address for administrative authority:		Direct phone number:							
Individual by name/title responsible for record keeping:		Direct phone number:							
Address of record storage:		City	State						
Email address for record keeper:									
Contact person by name/title for mailings regarding listings in the Nursing Newsletter:		Direct phone number:							
Address of newsletter contact:		City	State						
Email address for newsletter contact:									
Submitted by:		Title:							
Signature:		Date:							

SECTION II

Please note that references to Chapter 5 criteria are in the brackets, and contain the requirements that will be used for evaluating the application.

1. Designation of the administrative authority and biographical information about the administrative authority. [5.3(4)c.(1)] and [5.3(4)c.(15)]
2. Organizational chart. [5.3(4)c.(2)]
3. Mission, vision and values statements and a strategic plan for their implementation. [5.3(4)c.(3)]
4. List of program offerings. (If no programs have yet been offered, then this item can be satisfied with a list of anticipated potential offerings.)
5. A policy to evidence and guarantee nursing participation. [5.3(4)c.(6)]
6. A policy regarding plan on subject matter. [5.3(4)a.(1)-(6); 5.3(4)b.(1)-(3)]
7. A policy to demonstrate planning for each offering. [5.3(4)c.(7)-(10)]
8. A policy for record system and maintenance. [5.3(4)c.(5) and 5.3(4)d.(1) - (2)]
A sample of the certificate to be used. [5.3(4)d.(3)]
A sample of a written agreement for learner designed self-study, if applicable. [5.3(4)c.(11); 5.3(4)d.(2); see also 5.3(4)e.(2) - (7)]
9. Policies and procedures for verification of satisfactory completion of an offering. [5.3(4)c.(11)]
10. Registration procedure policy. [5.3(4)c.(12)]
11. Tuition refund policy. [5.3(4)c.(12)]
12. A policy regarding enrollee grievances. [5.3(4)c.(12)]
13. A policy regarding program and provider evaluation. [5.3(4)f.(1) - (3)]
14. A policy regarding faculty selection. [5.3(4)e.(1) - (7)]

15. **A policy regarding the use of the uniform measure of continuing education credit. [5.3(4)c.(13)]**

16. **Documents from a typical sample course offering. Documents for this offering shall include:**
 - a. **Narrative of the planning of the offering including evidence of nursing participation.**
 - b. **A sample brochure or written advertisement. [5.3(4)c.(9)]**
 - c. **Content of course, e.g., topical outline.**
 - d. **Teaching-learning methodologies and supportive materials.**
 - e. **Bibliography. [5.3(4)e.(5)]**
 - f. **A sample evaluation form for participant completion.**
 - g. **A sample evaluation form for provider completion.**

17. **A policy for cosponsorship of offerings, if applicable, and a sample contract or letter of agreement. [5.3(4)c.(14)]**

The attached policy **examples** are provided to assist you in the application process. **Please conform the documents with your company logo, policy numbers, review dates, and names of appropriate staff.** The examples given (e.g.) are to provide you guidance. **Please use your own words to describe your policies, purpose statements and procedures.** A pdf copy of the application form is available to fill in the actual application information. After you fill in the pdf form, save the file and print it to include with the other application materials.

Mail the completed application in triplicate to:
Iowa Board of Nursing
Attention: CE Department
400 SW 8th Street, Suite B
Des Moines, IA 50309

CompanyName/Logo

1. In addition to the *Application for Approved Provider Status* cover sheet, include a narrative that describes and designates the administrative authority and biographical information about the administrative authority. Include a CV or Resume of the administrative authority. Include a job description of the administrative authority that includes the mention of the administrative authority duties. See qualifications at 655 Iowa Administrative Code (IAC) 5.3(4)c.(1)

CompanyName/Logo

2. Include an organizational chart of your organization. The chart must include a section showing how the continuing education (CE) department reports up to the administrative authority named in this application. Include any CE or advisory committees in the illustration. See 655 IAC 5.3(4)c.(2)

CompanyName/Logo

3. Submit your continuing education department's mission, vision and values statements. This information may fall in line with your corporate mission, vision and values, but needs to be specific to your department. The committee is specifically looking for the CE department's goals. Include a strategic plan for the CE department. There should be at least three or more SMART (specific, measurable, achievable, relevant and time-bound) goals. These are goals you will reach towards in the next five year period. See 655 IAC 5.3(4)c.(3)

CompanyName/Logo

4. Include a list of program offerings. (If no programs have yet been offered, then this item can be satisfied with a list of anticipated potential offerings.)

CompanyName/Logo

SUBJECT: Nursing Participation in Nursing CE Planning Section II – 5.	Page: 1 of: 1
DEPARTMENT:	Effective Date:
Approved by:	Revised Date:

POLICY:

Example given (e.g.) It is the policy of (your company name) to demonstrate and guarantee nurses are included in the planning and administration of the continuing education (CE) offerings related to nursing CE.

PURPOSE:

E.g. To establish guidelines to assure nurses are involved in the planning of offerings for nursing CE.

PROCEDURE: (List the procedures (who, what, when, where & how) your providership will follow to meet the purpose listed above.)

- A.
- B.
- C.
- D.

Approved by:

(CEO, for example)

Date

References: 655 Iowa Administrative Code (IAC) 5.3c.(6)

CompanyName/Logo

SUBJECT: Appropriate Subject Matter Section II – 6.	Page: 1 of: 1
DEPARTMENT:	Effective Date:
Approved by:	Revised Date:

POLICY:

E.g. It is the policy of _____ to meet appropriate subject matter criteria to fulfill the continuing education needs of Iowa’s nurses, and to demonstrate the planning and needs assessment for such offerings.

PURPOSE:

E.g. To assist with selecting appropriate course subject matter to fulfill the educational needs of nurses to meet the health care needs of consumers, etc. (Special considerations include: A. Appropriate subject matter for CE credits must reflect the educational needs of the nurse learner and the health needs of the consumer. B. Subject matter is limited to offerings that are scientifically founded and predominantly for professional growth. (655 IAC 5.3(4)a. The provider should guarantee that subject matter will meet criteria. The provider should demonstrate the mechanisms that will be used to assess the practice gaps.)

PROCEDURE: (List the procedures (who, what, when, where & how) your providership will follow to meet the purpose listed above.)

- A.
- B.
- C.
- D.

Approved by:

(CEO, for example) Date

References: 655 Iowa Administrative Code (IAC) 5.3(4)c.(7)-(8); and 655 IAC 5.3(4)a.(1)-(6) and 5.3(4)b.(1)-(3)

CompanyName/Logo

SUBJECT: Continuing Education Course Development Section II – 7.	Page: 1 of: 1
DEPARTMENT:	Effective Date:
Approved by:	Revised Date:

POLICY:

E.g. It is the policy of _____ to provide continuing education courses to licensed nurses practicing in Iowa and to make sure all courses are following the current standards of care and evidence-based practices.

PURPOSE:

E.g. Identify the process for needs assessment, identifying gaps in knowledge, developing the course, setting learning outcomes, establishing teaching methods, identifying faculty, assuring current resources, and evaluation techniques.

PROCEDURE: (List the procedures (who, what, when, where & how) your providership will follow to meet the purpose listed above.)

- A.
- B.
- C.
- D.

Approved by:

(CEO, for example)

Date

References: 655 Iowa Administrative Code 5.3(4)c.(8)-(10)

CompanyName/Logo

SUBJECT: Record System and Maintenance Section II – 8.	Page: 1 of: 1
DEPARTMENT:	Effective Date:
Approved by:	Revised Date:

POLICY:

E.g. It is the policy of _____ to keep proper records and maintain program information, etc.

PURPOSE:

E.g. To outline the procedures for the record keeping and system and maintenance related to completed continuing education courses.

PROCEDURE: (List the procedures (who, what, when, where & how) your providership will follow to meet the purpose listed above.) Include a sample of the certificate of completion you will use. Note: Providers need to delineate program and participant records as two separate things.

- A.
- B.
- C.
- D.

Approved by:

(CEO, for example)

Date

References: 655 Iowa Administrative Code 5.3(4)d.(1)-(3)

CompanyName/Logo

SUBJECT: Course Completion Section II – 9.	Page: 1 of: 1
DEPARTMENT:	Effective Date:
Approved by:	Revised Date:

POLICY:

E.g. It is the policy of _____ to establish guidelines for monitoring and guaranteeing the successful completion of continuing education programs, and to develop program improvements.

PURPOSE (of the policy):

E.g. To set forth guidelines to verify the satisfactory completion of each educational activity by each participant.

PROCEDURE: (List the procedures (who, what, when, where & how) your providership will follow to meet the purpose listed above.) Make sure to discuss awarding credit in emergency conditions. List what those conditions might be (e.g. death in the family, weather, cancelations by the provider).

- A.
- B.
- C.
- D.

Approved by:

(CEO, for example)

Date

References: 655 Iowa Administrative Code 5.3(4)c.(11)

CompanyName/Logo

SUBJECT: Registration Procedures Section II – 10.	Page: 1 of: 1
DEPARTMENT:	Effective Date:
Approved by:	Revised Date:

POLICY:

E.g. It is the policy of _____ to provide guidance to register for continuing education courses.

PURPOSE:

E.g. To outline the procedures registration for classes, etc.

PROCEDURE: (List the procedures (who, what, when, where & how) your providership will follow to meet the purpose listed above.)

- A.
- B.
- C.
- D.

Approved by:

(CEO, for example) Date

References: 655 Iowa Administrative Code 5.3(4)c.(12)

CompanyName/Logo

SUBJECT: Tuition Refunds Section II – 11.	Page: 1 of: 1
DEPARTMENT:	Effective Date:
Approved by:	Revised Date:

POLICY:

E.g. It is the policy of _____ to provide directions about refund requests for an educational course.

PURPOSE:

E.g. To provide guidelines for requests of refunds of course fees.

PROCEDURE: (List the procedures (who, what, when, where & how) your providership will follow to meet the purpose listed above.)

- A.
- B.
- C.
- D.

Approved by:

(CEO, for example) Date

References: 655 Iowa Administrative Code 5.3(4)c.(12)

CompanyName/Logo

SUBJECT: Enrollee Grievances Section II – 12.	Page: 1 of: 1
DEPARTMENT:	Effective Date:
Approved by:	Revised Date:

POLICY:

E.g. It is the policy of _____ to provide a way for participants to voice a grievance.

PURPOSE:

E.g. To provide guidelines for handling grievances reported by enrollees.

PROCEDURE: (List the procedures (who, what, when, where & how) your providership will follow to meet the purpose listed above.) You must include an option up to and including changing the course content.

- A.
- B.
- C.
- D.

Approved by:

(CEO, for example) Date

References: 655 Iowa Administrative Code 5.3(4)c.(12)

CompanyName/Logo

SUBJECT: Program and Provider Evaluations Section II – 13.	Page: 1 of: 1
DEPARTMENT:	Effective Date:
Approved by:	Revised Date:

POLICY:

E.g. It is the policy of _____ to establish guidelines to effectively evaluate the programs and the courses offered by the providership.

PURPOSE:

E.g. To identify the criteria _____ will use to evaluate program and provider outcomes.

PROCEDURE: (List the procedures (who, what, when, where & how) your providership will follow to meet the purpose listed above.) Include a statement on your program evaluations informing the participants they may send a copy of their evaluations directly to the Board of Nursing.

- A.
- B.
- C.
- D.

Approved by:

(CEO, for example)

Date

References: 655 Iowa Administrative Code 5.3(4)f.(1)-(3)

Company Name/Logo

SUBJECT: Faculty Selection Section II – 14.	Page: 1 of: 1
DEPARTMENT:	Effective Date:
Approved by:	Revised Date:

POLICY:

E.g. It is the policy of _____ to establish guidelines to select qualified faculty/instructors for nursing continuing education courses.

PURPOSE:

E.g. To identify the criteria _____ will use to select faculty/instructors who will teach continuing education courses, according to 655 IAC 5.3(4)e.(1)-(7).

PROCEDURE: (List the procedures (who, what, when, where & how) your providership will follow to meet the purpose listed above.)

- A.
- B.
- C.
- D.

Approved by:

(CEO, for example) Date

References: 655 Iowa Administrative Code 5.3(4)e.

CompanyName/Logo

SUBJECT: Continuing Education Credit Award Section II – 15.	Page: 1 of: 1
DEPARTMENT:	Effective Date:
Approved by:	Revised Date:

POLICY:

E.g. It is the policy of _____ to use a uniform method for calculating the continuing education credit hour award.

PURPOSE:

E.g. To provide guidelines for calculating the continuing education credits to meet 655 IAC 5.3(4)c.(13). See also 655 IAC 5.2(3)

PROCEDURE: (List the procedures (who, what, when, where & how) your providership will follow to meet the purpose listed above.) Do not include semester hours if you are not a college who issues formal education credits.

- A.
- B.
- C.
- D.

Approved by:

(CEO, for example)

Date

References: 655 Iowa Administrative Code 5.3(4)c.(13) and 655 IAC 5.2(3)

Section II – 16.

Submit documents from a typical sample course offering. Documents for this offering shall include:

- a. Narrative of the planning of the offering including evidence of nursing participation.**
- b. A sample brochure or written advertisement. [5.3(4)c.(9)]**
- c. Content of course, e.g., topical outline.**
- d. Teaching-learning methodologies and supportive materials.**
- e. Bibliography. [5.3(4)e.(5)]**
- f. A sample evaluation form for participant completion.**
- g. A sample evaluation form for provider completion.**

CompanyName/Logo

SUBJECT: Co-Sponsoring Continuing Education Events Section II – 17.	Page: 1 of: 1
DEPARTMENT:	Effective Date:
Approved by:	Revised Date:

POLICY: *If you will not co-sponsor offerings, please submit this page stating that as your policy.

E.g. It is the policy of _____ to provide a mechanism for non-approved providers to offer an applicable course to Iowa nurses for nursing continuing education credit.

PURPOSE:

E.g. To provide guidelines to non-approved providers about the nursing continuing education requirements in Iowa and so credit may be awarded for applicable course content.

PROCEDURE: (List the procedures (who, what, when, where & how) your providership will follow to meet the purpose listed above.) Include a sample contract or letter of agreement that will be used between the approved provider and the entity for whom you will co-sponsor the education event.

- A.
- B.
- C.
- D.

Approved by:

(CEO, for example)

Date

References: 655 Iowa Administrative Code 5.3(4)c.(14)