

Iowa Board of Nursing

400 SW 8th Street, Suite B
Des Moines, IA 50309-4685
515.281.3255
E-Mail: ibon@iowa.gov



REACTIVATION CONTINUING EDUCATION FORM

Submit this form and documents with the fingerprint cards and criminal history waiver form.

PLEASE CHECK WHICH **ONE** OF THE REQUIRED DOCUMENTS YOU ARE SUBMITTING

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

- Copies of individual continuing education certificates issued by Iowa Board of Nursing (IBON) approved providers. The certificates of attendance should include licensee name, course date, course title, awarded hours and provider approval information. **Course listings from an employer, college or university are NOT acceptable.**
- Copies of individual certificates of attendance for offerings that were approved by other state boards of nursing with mandatory CE requirements, or were approved by the American Nurses Association Credentialing Center, National League for Nursing, National Federation of Licensed Practical Nurses, National Association for Practical Nurse Education and Service, Inc.
- Copy of an official transcript from a formal academic institution indicating successful completion of academic courses which meet the criteria related to appropriate subject matter as defined in rule 5.3(4)a. The transcript should include the school's name, licensee's name, course date, and course title. Print outs from online learning managements systems are not allowed.
- Copy of current certification in a specialty area of nursing practice for the advanced registered nurse practitioner as defined in rule 7.1 (152). Copy of other national certification or recertification which is related to the practice of nursing. The national certification or recertification shall be recognized as meeting the CE requirement.
- Copy of an active license or other verification showing the issue and expiration dates of the license in another **mandatory CE** state. The list of mandatory CE states may be found on the website under the CE tab.
- Copies of special approval letters from the IBON for attendance at courses by non-approved providers AND copies of the CE certificates.
- Evidence of: active military duty, employment by the federal government as a nurse assigned to duty outside the United States, foreign service or missionary work as a nurse where a current license was required.
- Evidence of completion of a board-approved nurse refresher course.

Name: _____
Please Print

Address: _____

Iowa License Number: _____ Birth Date: _____

Signature: _____ Date: _____