

**Iowa Board of Nursing**  
**RiverPoint Business Park**  
400 S.W. 8<sup>th</sup> 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	Zip
Provider is a/an: (check one) <div style="display: flex; justify-content: space-between; padding: 0;"> <div style="width: 45%;"> Individual  Partnership  Corporation </div> <div style="width: 45%;"> Health facility  Government agency  University, college or  school </div> </div>	Is this a subsidiary or division of a parent corporation? Yes                      No If yes, name and address of parent corporation:		
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	Zip
Email address for record keeper:			
Contact person by name/title for Newsletter Information:		Direct phone number:	
Address of newsletter contact:	City	State	Zip
Email address for newsletter contact:			
Submitted by:		Title:	
Signature:		Date:	