

SPECIAL APPROVAL INFORMATION

Continuing Education programs attended in or outside of Iowa by a non-approved provider, an organization not specified below, or a continuing medical education (CME) offering **may** qualify for special approval by the board for an individual licensee. However, content must also meet the qualifications of appropriate subject matter as specified in 655 Iowa Administrative Code, Chapter 5, subrule 5.2(4), paragraph "a."

Special approval must be completed prior to license renewal. To request special approval submit a completed application with a copy of the brochure, advertisement, or program description. Include the following information:

- Documentation of the date, time, location, and program title
- Purpose and objectives
- Intended audience
- Credentials of instructors
- Evidence that contact hours, CEUs or CME credit were awarded.

A decision letter will be sent from the board office. If the offering is approved, both the approval letter and the certificate of attendance with the amount of credit awarded from the provider must be retained for a minimum of four years. A denial of approval may be appealed to the board within one month of the denial.

OFFERINGS NOT REQUIRING SPECIAL APPROVAL

Live programs attended within Iowa that are sponsored by an Iowa Board of Nursing approved provider, another board of nursing in a mandatory continuing education state, or the American Nurses Credentialing Center **do not need special approval.**

Offerings attended outside of Iowa or offered as self-study shall be accepted when approved by other state boards of nursing with mandatory continuing education requirements or offered by the:

- American Nurses' Credentialing Center (ANCC)
- National League for Nursing
- National Federation of Licensed Practical Nurses
- National Association for Practical Nurse Education and Service, Inc.

In addition, in order to qualify for continuing education credit, continuing education programs must meet the qualifications of appropriate subject matter as specified in Chapter 5, subrule 5.2(4), paragraph "a." The licensee shall retain a certificate to verify completion of each informal offering for a minimum of four years.

SPECIAL APPROVAL APPLICATION FOR NURSING CONTINUING EDUCATION

(Please Print Legibly)

| | | |
|---|----------------|---|
| NAME: | | IOWA LICENSE NUMBER: EFFECTIVE DATE: EXPIRATION DATE: |
| E-MAIL ADDRESS: | | |
| STREET ADDRESS: | | |
| CITY: | STATE: | |
| ZIP CODE: | DAYTIME PHONE: | IS THIS A SELF-STUDY PROGRAM? YES [] NO [] |
| TITLE OF CONTINUING EDUCATION PROGRAM: | | |
| LOCATION OF PROGRAM ATTENDED NAME/LOCATION OF PROVIDER IF THE PROGRAM IS SELF-STUDY: | | DATE(S): |

Incomplete applications may delay the approval process. Submit one application for each request.

Please submit the completed application and the requested information to the Iowa Board of Nursing, 6200 Park Avenue Suite #100, Des Moines, IA 50321. If you have any questions, call (515) 201-2509.

This information is collected pursuant to Iowa Administrative Code [655]--5.2(7), and must be provided for consideration for approval of continuing education programs from out of state or in-state who are non-approved providers. This information may be disclosed pursuant to Iowa Administrative Code [655]--Chapter 11.

| FOR OFFICE USE ONLY | |
|---|------------------------------|
| Supporting Documents Submitted | Yes [] No [] |
| Approval Granted | Yes [] No [] N/A [] |
| Reason for Denial _____ _____ | |
| Contact Hours Approved _____ Approved by: _____ | |