

Department of Inspections, Appeals, and Licensing
Iowa Board of Nursing
 6200 Park Avenue, Suite 100
 Des Moines, IA 50321-1270

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) Individual Health facility Partnership Government		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
Email address for record keeper:			
Contact person by name & title for Newsletter Information:		Direct phone number:	
Address of newsletter contact:		City	State
Email address for newsletter contact:			
Submitted by:		Title:	
Signature:		Date:	

NEW PROVIDER APPLICATION CRITERIA CHECKLIST

Below is a checklist of all the items that you should include with your application. All pages of your document should be numbered and include your company or organization's logo.

If you need a template for your policies, please see the last page of this document.

- 1. Designation of the administrative authority** and biographical information about the administrative authority.
 - (Criteria 5.3(4)c.(1): Have a consistent, identifiable authority who has overall responsibility for the operation of the providership and execution of the informal offerings who is knowledgeable in administration and has the capability to organize, execute, and evaluate the overall operations of the providership).
 - Position Description, CV/Resume present
- 2. Organizational Chart** [Criteria 5.3(4)c.(2)]:
 - Organizational chart delineates lines of authority and communication within providership as well as within the parent organization if applicable, and other cooperative or advisory committees.
- 3. Mission, Vision, and Values** [Criteria 5.3(4)c.(3)]:
 - Mission, Vision, and Values consistent with the controlling institution, if applicable
 - Strategic plan with identifiable goals
 - Indicate the overall direction of the providership for a five year period
- 4. List of Program offerings** (if no programs offered yet, then a list of anticipated offerings)
- 5. Evidence of Nursing Participation** [Criteria 5.3(4)c.(6)]:
 - Demonstrate active nursing participation in the planning and administration of informal offerings
 - Nursing Participation documented in written Policy statement, denoted on Organizational Chart and planning minutes
- 6. Policy regarding plan on Subject Matter** [5.3(4)a.(1)-(6); 5.3(4b.(1)-(3);
Appropriate Subject matter that fulfills the educational needs of nurses to meet consumer healthcare needs. (Nursing practice related to health care of patients/clients/families in any setting; professional growth and development related to practice roles; sciences upon which nursing practice, nursing education or nursing research is based; social, economic and legal aspects of health care; management/administration of health care, health care personnel, or health care

- facilities; Education of patients or patients' significant other, students or personnel) 5.3(4) a. (1) to (6)
- Continuing education credit shall not be awarded for the following: self-help or self-care that is not scientifically supported. Cardiopulmonary resuscitation and basic life support classes. Orientation in-service activities. 5.3(4b. (1)- (3);
- 7. Policy to demonstrate planning for each offering. [5.3(4)c. 7-10**
 - Mechanism of assessing the practice gaps of the nurse learner and how the provider shall meet the appropriate subject matter criteria as specified in [5.3(4) a 1-6.
 - State of purpose and measurable and observable learning outcomes. Outcomes shall address the educational needs and shall result in narrowing or closing the identified practice gap(s).
 - Notification of informal offerings. A brochure or written advertisement shall be developed for all informal offerings other than learner designed self-study. Brochure/ad shall have the date, time and location, statement of purpose, educational objectives, audience, credentials of instructors, the continuing education credits to be awarded, costs, refund policy, board approved provider number.
 - Program content and learning experiences relate to the stated purpose and objectives, cover one topic or a group of related topics, current, relevant and scientifically based supportive materials shall be used.
- 8. A Policy for record system and maintenance of participant and program records [Criteria 5.3(4)d.]**
 - Includes maintenance of participation records for a minimum of four years from the date of program completion. (Participant records including: Name of licensee, license number, and contact hours awarded, titles of offerings, and dates of offerings).
 - Secure storage and retrieval of participant records, limiting employee access and describe security measures.
 - Policy for record retrieval including fee for retrieval, securing of records and access
 - Includes maintenance of program records for a minimum of four years from the date of program completion. (Program records include: informal offerings, other than learner designed self-study; brochure or advertising, roster of participants; and summary of participant and provider evaluations).
 - Learner designed self-study, if applicable or statement of not offering of learner

- designed self-study. If applicable: Program records shall include the written agreement between the learner and provider, date of completion, learner evaluation and provider evaluation.
- 9. Policies and Procedures for verification of satisfactory completion of an offering** [Criteria 5.3(4)c.(11)]
 - Written policies and procedures for verification of satisfactory completion
 - Control methods to ensure completion, method to inform participants that completion of offering is required
 - Policies for emergency situations and credit for first time presenters
- 10. Registration Procedures** [Criteria 5.3(4)b.(12)]
- 11. Tuition Refund Policy** [5.3(4)c.(12)]
- 12. Enrollee Grievances Policy** [5.3(4)c.(12)]
- 13. Program and Provider Evaluation Policy** [Criteria 5.3(4)d.(2) & 5.3(4)f.(1)-(3)]
- 14. Policy for Faculty Selection** [Criteria 5.3(4)e.(1)-(7)]
- 15. Policy regarding use of the uniform measure of continuing education credit** [Criteria 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. Sample brochure or written advertisement [Criteria 5.3(4)c.(9)]
 - c. Content of course, e.g., topical outline
 - d. Teaching-learning methodologies and supportive materials
 - e. Resources (references used) [Criteria 5.3(4)e.(5)]
 - f. Sample evaluation form for participation completion
 - g. Sample evaluation form for provider completion
- 17. Policy for co-sponsorship of offering, if applicable, and a sample contract or letter of agreement** [Criteria 5.3(4)c.(14)]

POLICY TEMPLATE

SUBJECT:	Pages: 1-
DEPARTMENT:	Effective Date:
Approved by:	Revised Date:

Policy:

E.g. It is the policy of _____ 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:

Date:

(CEO, for example)

References: 655 Iowa Administrative Code (IAC) Chapter 5