Individual Offering Approval (IOA) Instructions:

Please read these instructions carefully BEFORE submitting the IOA form.

Nursing continuing Education is defined as "learning experiences intended to build upon the educational and experiential bases of the nurse for enhancement of practice, education, administration and research or theory development to the end of improving the health of the public".

Licensees requesting approval of CNE/CME courses from other than KSBN approved CNE Provider should complete and submit this application **prior to renewing your license**. APRNs renewing their APRN license must have 30 hours of CNE at the advanced practice level. These 30 hours will count for the renewal of your RN license.

All college courses must be submitted for approval with this form **prior to license renewal.** Not all college courses are eligible for CNE, therefore **DO NOT** renew license until approval is received. Submit one college course per this IOA form. DO NOT submit multiple courses on this form. Please note: 1 college credit hour = 15 CNE contact hours.

You **DO NOT** need to complete this form **IF ANY** of the following apply:

- Your certificate of completion/attendance indicates a KSBN provider number beginning with LT or SP
- Your certificate of completion/attendance indicates the offering has been approved for continuing nursing education by another state board of nursing or nationally recognized nursing organization (examples are ANCC, AANP, etc)

CNE credit **CANNOT** be given for:

- In-Service Program
- On the job training
- Orientation for a job
- CPR, BCLS or Code Blue
- Testing out of a course

Once your IOA submission has been reviewed, you will receive an email response informing you of the number of CNE hours you have been approved for, or if your IOA was denied.

DO NOT renew your nursing license until you receive an approval email. Please allow 3 – 4 days for review and approval of your IOA.

Submit IOA Form to KSBN_Education@ks.gov

Individual Offering Approval Form (IOA)

Name:

Kansas RN or LPN License #:

Kansas APRN License # (*If applicable***):**

License Expiration Date (mm/dd/yyyy):

Street Address:

City:

State:

Zip Code:

Telephone #:

Email Address:

Complete this section for CNE credit for a College Course:

College Course Title:

Course Credit Hours Earned:

Course Completion Date:

College/University:

College/University Address:

Rational Statement (*A brief explanation, in your own words, why this course is relevant Continuing Nursing Education for you):*

Learning Objectives (*this information may be found in your course syllabus):*

Transcript: A transcript from your University is required and must be submitted electronically.

Complete this section for continuing education or CME courses completed

Submit ONE course per this IOA Form. DO NOT submit multiple courses on this form. Please make sure the course information attached matches the course on this form.

CNE of CME Course Title:

Provider Name:

CNE Provider Address:

Course Completion Date:

Rational Statement (*A brief explanation, in your own words, why this offering is relevant Continuing Nursing Education for you):*

Learning Objectives for the course:

CNE/CME Agenda/Schedule:(*Agenda with specific times listed must be provided to verify the length of the offering):*

Certificate of Completion: (*The agenda/schedule and the Certificate of Completion must be attached.)*

Attestation:

I realize this application is a legal document and by signing this document I am declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____