

# **Individual LPN IV Therapy Course Approval**

## **Application Instructions**

**Please read these instructions thoroughly before completing and submitting the application**

Individuals wanting to obtain approval of an IV Therapy Administration course for a Kansas IV Therapy Certification must complete and submit this application. The course must meet the requirements of a KS approved IV Therapy course as outlined in: K.S.A. 65-1136, K.A.R. 60-16-103, and K.A.R. 60-16-104.

You should complete and submit this form if:

- You have performed intravenous fluid therapy prior to July 1, 1995. You will need to attach verification of the scope of IV fluid therapy you have performed and will be required to successfully complete the Kansas approved IV therapy examination, or
- You have successfully completed an intravenous fluid therapy course and passed an intravenous fluid therapy examination that was either through your LPN curriculum or a course which was not administered by a Kansas State Board of Nursing approved provider.

The following documents are required with the application for LPN IV Therapy Course Approval:

- Attach the syllabus for the course you completed:
  - The syllabus must provide the number of didactic hours and the number of clinical hours
  - The syllabus must provide details on the curriculum taught
  - The syllabus must include details on the methods of student evaluation. The requirements for passing the course and the clinical competency.
- Attach either a transcript showing the course completed and passed if taken through your LPN curriculum or a certificate of completion if the course was taken through a provider not pre-approved by the Kansas State Board of Nursing.

Your course information will be reviewed to evaluate if it meets or exceeds the standards required in Kansas.

Only complete this application if you have a Kansas LPN license. LPNs with an out of state license should not complete this application as we can apply IV therapy certification to Kansas LPN licenses only.

To complete the application, do the following:

- Complete the full application
- Attach all required documents as listed above.

## **Individual LPN IV Therapy Course Approval Application**

**Complete the following information:**

Applicant Name:

Kansas issued LPN License Number:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email Address:

Name of Provider:

Provider Street Address:

City:

State:

Zip Code:

Title of Course:

Date Course Completed:

Was the course taken within you LPN Curriculum?                      Yes                      No

List the number of successful peripheral venous access procedures required within the course:

**Attestation:**

I realize that this application is a legal document and by submitting this application 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. If all the above information is correct, please email or mail the application and supporting documents. Otherwise please go back and correct any information that is necessary.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**After completing this application, either email the application and supporting documents to [sharon.oxby@ks.gov](mailto:sharon.oxby@ks.gov),**

or mail to:

Kansas State Board of Nursing

Attn: Stacy Johnson

900 SW Jackson, Ste 1051

Topeka KS 66612