
CONTINUING EDUCATION PROVIDER - CRNP APPLICATION FOR APPROVAL

Submission of this application requesting approval of a CE activity DOES NOT guarantee approval.

- Application must be submitted by mail at least **60 days prior** to the start date of the course being offered.
- Attach non-refundable \$100 fee for each CE course. Make check or money order payable to the Commonwealth of Pennsylvania.
- A separate application **must** be submitted whenever a change is made to this CE course other than date or location.
- Providers of CE activities shall maintain records of course attendance for at least 5 years.

Section I: Complete the following information (please print):

Name of Provider:
Address of Provider:
Telephone Number / Fax / E-mail / Web Address of Provider: ()
Name of Contact Person:
Address of Contact Person:
Telephone Number of Contact Person: ()

Title of Course:
Date(s) and Location(s) of Course:
Requested Number of CE Hours to be Awarded:

(ORIGINAL SIGNATURE OF PROVIDER)

(DATE)

Section II: Please include the following attachments/outline with this application as indicated in the PA CRNP Regulations Section §21.336(b)(1)-(13).

- All attachments **must be numbered** as indicated below
- If submitting multiple pages, include provider name on the top of each attachment

<u>Label:</u>	<u>Description:</u>
1	The full name and address of the provider
2	The title of the program
3	The dates and location(s) of the program
4	The faculty names, titles, affiliations, degrees and areas of expertise
5	The schedule of the program – title of subject, lecturer and time allocated
6	The total number of hours requested
7	The method of certifying attendance, and certificate of attendance to be provided to course participants (as applicable)
8	The course objectives
9	The target audience
10	The core subjects
11	The program director
12	The instruction and evaluation methods
13	Other information requested in writing by the Board (you will be notified if additional information is required after the evaluation of your application).

Section III: FACULTY INFORMATION FORM (Please make copies as needed)

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

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(PRINT NAME OF CONTINUING EDUCATION PROVIDER HERE)