
CONTINUING EDUCATION PROVIDER - RN 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 **90 days prior** to the start date of the activity being offered.
- Attach non-refundable \$75 fee for each CE hour that will be awarded. 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 activity other than date or location.
- A copy of all documents that are a part of the application must be submitted to the Board for review.
- 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 Activity:
Date(s) and Location(s) of Activity:
Requested Number of RN 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 RN Regulations Section §21.134(b) (1)-(14):

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

Label: **Description:**

- 1 Full name and address of the provider
- 2 Title of the activity
- 3 Date(s) and location(s) of the activity
- 4 Faculty qualifications (provide CV if applicable)
- 5 Schedule of the activity, including, for activities with multiple presenters, the title of each subject, lecturer and time allotted. For example:

Timeframe	Topic of Discussion	Faculty	Method(s) of Instruction

- 6 Hours of RN continuing education (CE)
- 7 Method of certifying attendance, and *Certificate of Attendance* to be provided to course participants
- 8 Course objectives
- 9 Curriculum
- 10 Target audience
- 11 Program Coordinator
- 12 Instruction methods – please provide a copy of PowerPoint if used
- 13 Evaluation method(s), including participant evaluation and activity evaluation
- 14 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)