

# Iowa Board of Nursing

RiverPoint Business Park  
400 S.W. 8th Street Suite B  
Des Moines, IA 50309-4685

## APPLICATION FOR AN IOWA APPROVED PROVIDER NUMBER

1. Submit this page as the first page of your application.
2. Submit all items requested on pages two and three, numbered and in the sequence in which they have been requested.
3. Submit three copies of the application. Extra copies will not be returned after the committee review unless specifically requested.

### SECTION I - GENERAL INFORMATION

1. Name of controlling agency:		2. Business phone no.	
3. Business address:		City:	State: Zip Code:
4. Provider is a/an: <input type="checkbox"/> Individual <input type="checkbox"/> Health facility <input type="checkbox"/> Partnership <input type="checkbox"/> Government agency <input type="checkbox"/> Corporation <input type="checkbox"/> University, college, or school		5. Is this a subsidiary or division of a parent corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, name and address of parent corporation: _____ _____	
6. Administrative authority by name/title who has overall responsibility for the continuing education program:			
7. Individual responsible for record keeping:		8. Phone no.:	
9. Address of record storage:		City:	State: Zip Code:
10. Application submitted by:		11. Title:	
12. Signature:		13. Date:	

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## SECTION II

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Please note that references to Chapter 5 criteria are in the brackets, and contain the requirements that will be used for evaluating the application.

1. Designation of the administrative authority and biographical information about the administrative authority. [5.3(2)b(1)]
2. Organizational chart. [5.3(2)b(2)]
3. Philosophy, goals and objectives. [5.3(2)b(3)]
4. List of program offerings. (If no programs have yet been offered, then this item can be satisfied with a list of anticipated potential offerings.)
5. A policy to evidence nursing participation. [5.3(2)b(6)]
6. A policy regarding plan on subject matter. [5.3(2)b(7)]
7. A policy for record system and maintenance. [5.3(2)c]  
  
A sample of the certificate to be used. [5.3(2)c(3)]  
  
A sample of a written agreement for learner designed self-study, if applicable. [5.3(2)c(2)]
8. Policies and procedures for verification of satisfactory completion of an offering. [5.3(2)b(11)]
9. Registration procedure policy. [5.3(2)b(12)]
10. Tuition refund policy.
11. A policy regarding enrollee grievances.
12. A policy regarding program and provider evaluation. [5.3(2)e]
13. A policy regarding faculty selection. [5.3(2)d]

- 14. A policy regarding the use of the uniform measure of continuing education credit. [5.3(2)b(13)]**
- 15. 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. A sample brochure or written advertisement. [5.3(2)b(9)]**
  - c. Content of course, e.g., topical outline.**
  - d. Teaching-learning methodologies and supportive materials.**
  - e. Bibliography. [5.3(2)d(7)]**
  - f. A sample evaluation form for participant completion.**
  - g. A sample evaluation form for provider completion.**
- 16. A policy for cosponsorship of offerings, if applicable, and a sample contract or letter of agreement. [5.3(2)b(14)]**