

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

APPLICATION FOR APPROVED PROVIDER STATUS

Please type or print the information requested.

SECTION I – GENERAL INFORMATION			
Name of controlling agency:		Business phone number:	
Business address:		City	State
Provider is a/an: (check one) Individual Health facility Partnership Government agency Corporation University, college or school		Is this a subsidiary or division of a parent corporation? Yes No If yes, name and address of parent corporation:	
Administrative authority by name/credentials/title who is responsible for continuing education:			
Email address for administrative authority:		Direct phone number:	
Individual by name/title responsible for record keeping:		Direct phone number:	
Address of record storage:		City	State
Email address for record keeper:			
Contact person by name/title for mailings regarding listings in the Nursing Newsletter:		Direct phone number:	
Address of newsletter contact:		City	State
Email address for newsletter contact:			
Submitted by:		Title:	
Signature:		Date:	

SECTION II

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)]**