

ALABAMA BOARD OF NURSING
Initial Approval
Continuing Education Provider Application

NOTE: Non-refundable fee of \$400 must accompany the completed application

PART A: DEMOGRAPHIC INFORMATION

1. Provider/Business Name:		2. Phone Number including area code:																	
3. Physical Address:		City:	State: Zip Code:																
4. Mailing Address: (if different)		City:	State: Zip Code:																
5. County		6. Provider's web site address:																	
<p>7. Provider is :(Mark one of the options below or if none apply mark "other".)</p> <table border="0"> <tr> <td>Clinic</td> <td>Outpatient Service</td> </tr> <tr> <td>College/University/School</td> <td>Public Health Agency</td> </tr> <tr> <td>Home Health Care/Hospice</td> <td>Publication</td> </tr> <tr> <td>Hospital/Medical Center/Medical System</td> <td>Regional/National Association</td> </tr> <tr> <td>Mental Health Service</td> <td>Regulatory Agency Nursing</td> </tr> <tr> <td>and Rehabilitation Center (Nursing home)</td> <td>Self Employed Provider</td> </tr> <tr> <td>Rehabilitation Center</td> <td>State Association</td> </tr> <tr> <td></td> <td>Other _____</td> </tr> </table>				Clinic	Outpatient Service	College/University/School	Public Health Agency	Home Health Care/Hospice	Publication	Hospital/Medical Center/Medical System	Regional/National Association	Mental Health Service	Regulatory Agency Nursing	and Rehabilitation Center (Nursing home)	Self Employed Provider	Rehabilitation Center	State Association		Other _____
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Mental Health Service	Regulatory Agency Nursing																		
and Rehabilitation Center (Nursing home)	Self Employed Provider																		
Rehabilitation Center	State Association																		
	Other _____																		
<p>8. PROGRAM DIRECTOR: (Contact person responsible for the provider number & approving programs.)</p> <p>Name: _____ Phone No: () - _____</p> <p>Physical Address (if different from above): _____</p> <p>Nursing License Number (if applicable): _____</p> <p>E-mail Address: _____ Fax No: _____</p>																			

9. REGISTERED NURSE CONSULTANT: (If program director is NOT a registered nurse with an ALABAMA nursing license)

Name: _____ Phone No: _____

Physical Address: _____

ALABAMA Nursing License Number: _____

E-mail Address: _____ Fax No: _____

10. INDIVIDUAL RESPONSIBLE FOR RECORD KEEPING: (Complete if different from contact person.)

Name: _____ Phone No: _____

Physical Address (if different from above): _____

E-mail Address: _____ Fax No: _____

11. ADMINISTRATOR OF FACILITY/AGENCY/COMPANY

Name: _____ Phone No: _____

Physical Address (if different from above): _____

E-mail Address: _____ Fax No: _____

12. TRICORDER (TriComm data Reader)

Physical Location will be: _____

Your Computer Operating System XP Vista Windows 7

Other, please specify _____

Part B: ORGANIZATION AND ADMINISTRATION

1. Submit (attach) the mission statement of your agency's education unit regarding continuing education [ABN Administrative Code Rule 610-X-10-.06 (1) (b)].

2. List the education UNIT's objectives regarding continuing education [ABN Administrative Code Rule 610-X-10-.06 (1) (b)] and indicate how each objective will be evaluated, the time frame of the evaluation process and the person

responsible for the evaluation. **An example table is available under the CE tab on the ABN website then select CE Forms**

3. Provide a written description of your agency's organizational structure with details of where the education unit is located within the organizational structure. [ABN Administrative Code Rule 610-X-10-.06 (1) (d)]. Include an organizational Chart.

4. List the roles and responsibilities of the program director of the educational unit. State what qualifies the director for the position. [ABN Administrative Code Rule 610-X-10-.06 (2) (b)]. Attach Job descriptions for each position.

5. When the program director is not a registered nurse licensed in Alabama there shall be evidence of consultation by a registered nurse licensed in Alabama [ABN Administrative Code Rule 610-X-10-.06 (2) (b)(1)]

Part C: POLICIES AND PROCEDURES FOR IMPLEMENTATION AND EVALUATION OF THE EDUCATIONAL PROGRAMS [Chapter 610-X-10-.06(1)(c)]

1. **Attach copies of the following policies & procedures**: It is **not** appropriate to attach one or two sentence responses as a policy and procedure.

- a. Process for assessing and planning for continuing education for nurses including how it is determined that a class/program is needed, and the participants in the assessment and planning process.
- b. Approval process for approving Continuing Education courses/classes/programs including what documents are sent in to get a class approved and who reviews these documents and gives approval for the course(s).
- c. Selection of instructors and verification of instructor competence to present the CE activities including who selects faculty for courses and how competency to present is determined or verified.
- d. Advertising guidelines including how potential participants will be made aware of the program(s), including potential participants that are non-employees and the inclusion of the ABN Provider number & expiration date [ABN Administrative Code Rule 610-X-10-.06(4)(a)]
- e. Fee assessment, Refund guidelines including the charging of any fees for employees and non-employees, collection of fees and refunds.

- f. Awarding of contact hours or credit including the unit used to award contact hours, any requirement for card swiping, certificates (if applicable) and participants arriving late or leaving early.
- g. Electronic submission of records to the ABN including time frame for submitting to ABN after the class completion and person responsible.
- h. Evaluation of classes, courses, programs offered for CE for nurses including document used by participants to evaluate class, person responsible for tallying results and response(s) to any negative comments.
- i. Records and reports maintenance including retention of records, release of records and disposition of records in the event of the demise of the facility/agency/company or retirement of the provider number.

Part D. CONTINUING EDUCATION

1. Submit **TWO** examples of CE courses developed by your facility/agency/company that are planned to be present or sponsored during the first six (6) – twelve (12) months of approval. (Do **NOT** send standardized national courses such as ACLS and BCLS)

For each course, include the following:

Include the following:

- a) Statement of course title, sponsoring agency (ies), date, of presentations(s).
- b) Statement of need for the course.
- c) Written statement of intended learning outcome (measurable behavioral/performance objectives).
- d) Outline of content, time frame for each topic and instructional methodology.
- e) Evaluation process for determining degree to which learner objectives are met, instructor proficiency and effectiveness and management of course.
- f) Instructor(s) qualifications to present the course.
- g) Number of contact hours.
- h) Requirements for satisfactory course completion

CE Provider INITIAL APPLICATION

i) Submit the evaluation form that you plan to use for evaluation of a course or activity.

Please mail this completed application to the Alabama Board of Nursing with the **\$400.00** non-refundable fee to the following address:

ALABAMA BOARD OF NURSING
State of Alabama
P. O. Box 303900
Montgomery, Alabama 36130

Note: Additional forms that may be helpful to you as you plan continuing education activities are available under the CE tab on the website then select CE forms.