



**Alabama Board of Nursing
Application for Reinstatement of Continuing Education Approval**

Name of Provider/Business:

Telephone:

Provider Number: ABNP

Physical Address:

Mailing Address:

Website:

Email:

How many CE activities did you provide over the past 4 years:

Provider Type (choose one):

- | | |
|---|--------------------------------|
| Clinic | Outpatient Service |
| College/School | Public Health Agency |
| Hospice/Home Health | Publication |
| Hospital/Medical Center/Medical System | Regional/National Assn. |
| Mental Health Service | Self-Employed Provider |
| Nursing Home/Rehab Center | State Association |
| Other: | |

Program Director (contact responsible for provider number and program approval)

Name:

Telephone:

Email:

Fax:

Physical Address:

Alabama Nursing License Number (if applicable):

Registered Nurse Consultant (if Program Director does not hold an RN license issued by Alabama another Compact party state)

Name:

Telephone:

Physical Address:

Nursing License Number:

Email:

Fax:



Individual Responsible for Record-Keeping

Name:

Telephone:

Physical Address:

Email:

Fax:

Administrator of Provider

Name:

Telephone:

Physical Address:

Email:

Fax:

Location of Tricorder

Physical Location:

Which version of Windows are you running?

Organization and Administration

Agency's Mission Statement [ABN Administrative Code § 610-X-10-.06(1)(b)]:

Attach Unit Objectives [ABN Administrative Code § 610-X-10-.06(1)(b)] (to include evaluation tools/methods and individual responsible):

Sample documents are available on the CE Resources page of the [ABN website](#).

Description of the Provider's Organizational Structure [ABN Administrative Code § 610-X-10-.06(1)(d)] (to include details of the education unit's location within the organizational structure):



Describe the Roles and Responsibilities of the Education Unit Program Director [ABN Administrative Code § 610-X-10-.06(1)(d)]:

Note: If the Program Director does not hold either a valid Alabama RN license or a multistate RN issued by a Compact party state, provide evidence of consultation with an RN who does [ABN Administrative Code § 610-X-10-.06(2)(b)(1)]:

POLICIES AND PROCEDURES FOR IMPLEMENTATION AND EVALUATION OF EDUCATIONAL PROGRAMS [Chapter 610-X10-.06(1)(c)]

Attach copies of the following policies & procedures (simple one or two sentence answers are not appropriate policies and procedures):

- 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.
- 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).
- 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.
- Advertising guidelines including how potential participants will be made aware of the program(s), including potential participants that are nonemployees and the inclusion of the ABN Provider number & expiration date [ABN Administrative Code § 610-X-10-.06(4)(a)]
- Fee assessment, Refund guidelines including the charging of any fees for employees and non-employees, collection of fees, and refunds.
- 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.
- Electronic submission of records to the ABN including time frame for submitting to ABN after the class completion and person responsible.



- 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.
 - 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.
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Continuing Education

Submit TWO examples of CE courses developed by your facility/agency/company that were presented during the past 12 months (Do NOT send standardized national courses such as ACLS and BCLS).

For each of the two courses, include the following:

Course title, sponsoring agency(ies), and date of presentation

Statement of need for the course

Written description of intended learning outcome (measurable behavioral/performance objectives)

Outline of content, time frame for each topic, and instructional methodology (sample available on the [CE Resources page](#))

Evaluation process for determining degree to which learning objectives are met, instructor performance, and course management

Number of contact hours

Instructor(s) qualifications to present the course

Requirements for satisfactory course completion

Summarize participants' evaluations (DO NOT send copies of participant evaluation forms).

Mail the completed application (with the non-refundable \$500 fee) to:

**Alabama Board of Nursing
ATTENTION: Continuing Education
PO Box 303900
Montgomery, AL 36130**