

220

APPROVED THROUGH
 DECEMBER 31, _____

 Reviewed By

 Date _____

KENTUCKY BOARD OF NURSING
 312 WHITTINGTON PARKWAY, SUITE 300
 LOUISVILLE, KY 40222-5172
 (502) 429-3300

NEW

FOR KBN USE ONLY
 Date Paid _____
 Amount Paid _____

APPLICATION FOR PROVIDER RENEWAL

Reporting Period: July 1, ____ through June 30, ____

INSTRUCTIONS: Please type or print the information requested and submit to the Kentucky Board of Nursing at the above address by _____. The application fee of \$100.00 must be submitted with the completed application form.

1. PROVIDER CORE NUMBER: _____

2. PROVIDER NAME: _____

ADDRESS: _____

City/State/Zip: _____

PHONE NO: (____) _____ FAX NO: (____) _____

PROVIDER UNIT WEB ADDRESS: _____

3. NURSE ADMINISTRATOR: (If Administrator has changed, please submit CV/Resume)

NAME: _____

LICENSE NO: _____ PHONE NO: _____

E-MAIL ADDRESS: _____

4. CHIEF ADMINISTRATIVE OFFICER OF PROVIDER ORGANIZATION/AGENCY:

NAME: _____

TITLE: _____

In accordance with the intent of Kentucky Revised Statute 314.073 and Kentucky Administrative Regulations 201 KAR 20:215, and 20:220, I hereby agree to comply with the specified requirements regarding the provision of mandatory continuing education activities.

 Signature of Nurse Administrator

 Date

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KENTUCKY BOARD OF NURSING

PROVIDER NAME: _____ CORE NO. _____

Reporting Period: July 1, _____ through June 30, _____

1. **Report of Offerings:** Attach a listing of all the courses offered during this reporting period.

Total # of Offerings: _____ # Participants: RN _____ LPN _____

2. **DOES YOUR CE PROVIDERSHIP OFFER THE FOLLOWING COURSES?**

THIS INFORMATION IS REQUESTED FOR COURSES THAT ARE OPEN TO THE GENERAL PUBLIC.

DOMESTIC VIOLENCE: Three (3) contact hours

YES NO

I.V. THERAPY FOR LPN's: The program content shall be based on "Policies and Procedures for Infusion Nursing" and "Infusion Nursing: Standards of Practice" and shall include the following components: (a) Technology and clinical applications; (b) Fluid and electrolyte balance; (c) Pharmacology and vesicants; (d) Infection control; (e) Transfusion therapy; (f) Parenteral nutrition; and (g) Legal aspects based on KRS Chapter 314 and Kentucky administrative regulation. *The number of contact hours should be sufficient to adequately cover the content.*

YES NO

PHARMACOLOGY- APRNs are required to earn five (5) contact hours of pharmacology education each licensure period; this content does not have to be limited to advanced practice.

YES NO

USE OF KASPER, PAIN MANAGEMENT, OR ADDICTION DISORDERS – CAPA-CS nurses must complete one and one-half (1.5) approved CE contact hours each earning period. These hours count as part of the required 5 hours in pharmacology.

YES NO

SEXUAL ASSAULT or FORENSIC MEDICINE: Sexual Assault Nurse Examiners (SANE) credentialed nurses are required to earn five (5) contact hours of approved sexual assault content.

YES NO

PEDIATRIC ABUSIVE HEAD TRAUMA (Shaken Baby Syndrome) CE Offering must be at least one and one-half (1.5) hours covering the recognition and prevention of pediatric abusive head trauma.

YES NO

IF YOUR CE PROVIDERSHIP OFFERS COURSES ON THE INTERNET, PLEASE LIST YOUR INTERNET ADDRESS ON THE LINE BELOW:

KENTUCKY BOARD OF NURSING

PROVIDER NAME: _____ CORE NO. _____

3. Were there any issues or concerns that occurred during this reporting period that you would like to report? If so, how were these issues or concerns handled?

4. Attach a copy of one of your offering announcements that includes the following:

- Objectives of the CE Offering
- Content Overview of the Offering
- Name(s) of Presenters
- Fee and Refund Policy
- Location of CE Offering
- Date of CE Offering
- Time of CE Offering
- Number of Contact Hours Awarded to Participants
- KBN Provider Number
- Requirements to be met for Successful Completion

The Board reserves the right to request submission of copies of continuing education files from the provider