

1 GENERAL GOVERNMENT CABINET

2 Board of Nursing

3 (Amendment)

4 201 KAR 20:215. Continuing competency requirements.

5 RELATES TO: KRS 194A.540, 218A.205(3)(i), 314.011(12), 314.042(11), 314.073, 314.991(1)-  
6 (3), 620.020(8)

7 STATUTORY AUTHORITY: KRS 218A.205(3)(i), 314.073, 314.131(1), (2)

8 NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1), (2), and 314.073 require

9 Section 1. Definitions. (1) "Contact hour" means fifty (50) minutes of an approved, organized  
10 learning experience.

11 (2) "Earning period" means November 1 through October 31 of a current licensure period.

12 (3) "Preceptor" means a nurse with demonstrated competence in a specific clinical area who  
13 serves as a role model and mentor to assist in the development and validation of the  
14 competencies of a nursing student or new employee.

15 Section 2. (1) A licensee shall choose a method from Section 3 of this administrative  
16 regulation to validate his or her continued competency in nursing for each earning period.

17 (2) A licensee shall maintain the documentation of the method chosen.

18 (3) A licensee shall provide the documentation if directed by the board.

19 Section 3. Methods for continued competency validation as established in subsection (1)  
20 through (4) of this section shall be:

- 1 (1) Fourteen (14) contact hours of continuing education, which shall:
- 2 (a) Be from a provider approved by the board pursuant to 201 KAR 20:220;
- 3 (b) Be completed during the earning period; and
- 4 (c) Include the continuing education required by Section 5 of this administrative regulation;
- 5 (2) Current national certification or recertification and the continuing education required by
- 6 Section 5 of this administrative regulation. The certification shall be related to the nurse's
- 7 practice role and shall:
- 8 (a) Have been initially attained during the earning period;
- 9 (b) If issued for a period of time as evidenced by an expiration date, have been in effect
- 10 during the entire earning period; or
- 11 (c) Have been recertified during the earning period;
- 12 (3) The continuing education required by Section 5 of this administrative regulation and at
- 13 least one (1) of the following during the earning period:
- 14 (a) Completion of a research project that is nursing-related:
- 15 1. As principal investigator, coinvestigator, or project director;
- 16 2. That is qualitative or quantitative in nature;
- 17 3. That utilizes a research methodology;
- 18 4. That increases knowledge, causes an improved outcome, or changes behavior; and
- 19 5. That is evidenced by an abstract of the project, which includes a summary of the findings;
- 20 (b) Publication of an article in a peer-reviewed health-related journal; or
- 21 (c) Participation as a preceptor for at least one (1) nursing student or new employee:
- 22 1. That has a preceptorship that shall be for at least 120 hours;

1        2. Requires a one (1) to one (1) relationship between the preceptor and the student or  
2 employee;

3        3. Authorizes the preceptor to train more than one (1) student or employee and to combine  
4 the hours to total 120 hours; and

5        4. Includes that the preceptorship shall be evidenced by submission of the Preceptor  
6 Continuing Education Verification Form completed by the educational institution or preceptor's  
7 supervisor; or

8        (4)(a) Seven (7) hours of continuing education from a provider approved by the board  
9 pursuant to 201 KAR 20:220 and earned during the licensure period, which shall include the  
10 continuing education required by Section 5 of this administrative regulation if applicable; and

11        (b) A nursing employment evaluation that is satisfactory for continued employment.

12        1. The nurse shall submit the Nursing Continuing Education Employment Evaluation Form,  
13 completed and signed by the nurse's supervisor or employer, which shall cover a period of at  
14 least six (6) months during the earning period[-]; or

15        2. The board may accept from the employer a standard employee evaluation, which covers  
16 a period of at least six (6) months during the earning period.

17        (5) Contact hours of continuing education earned for the methods of continued competency  
18 validation as established in subsection (1) or (4) of this section may earned by:

19        (a)1. A nursing continuing education presentation that is:

20        a. Designed and developed by the presenter;

21        b. Presented to nurses or other health professionals;

1 c. Evidenced by a program brochure, course syllabi, or a letter from the offering provider  
2 identifying the licensee's participation as the presenter of the offering; and

3 d. Offered by a provider approved pursuant to 201 KAR 20:220.

4 2. The number of contact hours that may be earned shall be twice the number of contact  
5 hours offered to an attendee of the presentation; or

6 (b) Successful completion of a postlicensure academic course at a college, university, or  
7 postsecondary vocational institution if relevant to nursing practice as determined by this  
8 subsection.

9 1. Contact hours shall be calculated as follows:

10 a. One (1) semester or trimester hour of academic credit shall equal fifteen (15) contact  
11 hours; or

12 b. One (1) quarter hour of academic credit shall equal twelve (12) contact hours.

13 2. The following courses shall be relevant to nursing practice:

14 a. A nursing course, designated by a nursing course number, and beyond the prelicensure  
15 curriculum of the individual licensee; or

16 b. An academic course that is applicable to the nurse's role and beyond the prelicensure  
17 curriculum of the individual licensee.

18 3. A licensee may request course review for approval of applicable nursing content pursuant  
19 to Section 7 of this administrative regulation.

20 4. If it is an academic course in which grades are given, the licensee shall achieve a grade of  
21 "C" or better, or a pass on a pass-fail grading system.

1 Section 4. (1) A licensee shall provide documentation of the method used to validate  
2 continued competency if the licensee is the subject of a disciplinary complaint.

3 (2) A licensee shall provide documentation of the method used to validate continued  
4 competency if requested by the board pursuant to a random audit of licensees.

5 Section 5. (1)(a) An Advanced Practice Registered Nurse (APRN)~~[Advanced practice~~  
6 ~~registered nurses who do not have a Collaborative Agreement for Advanced Practice Registered~~  
7 ~~Nurse's Prescriptive Authority for Controlled Substances (CAPA-CS) pursuant to KRS~~  
8 ~~314.042([10]) or a waiver and registration issued by the United States Drug Enforcement~~  
9 ~~Administration (DEA) to prescribe buprenorphine for the treatment of opioid use disorder]~~ shall  
10 earn a minimum of five (5) contact hours in pharmacology, as required by KRS 314.073(8).

11 (b) ~~[Advanced practice registered nurses]~~ An APRN who is [waiver and] registered with the  
12 DEA and has a PDMP account, as defined by administrative regulation 201 KAR 20:057, Section  
13 1(7), [with a Collaborative Agreement for Advanced Practice Registered Nurse's Prescriptive  
14 Authority for Controlled Substances (CAPA-CS) pursuant to KRS 314.042([10]11) who do not  
15 ~~have a waiver and registration issued by the DEA to prescribe buprenorphine for the treatment~~  
16 ~~of opioid use disorder]~~ shall earn a minimum of five (5) contact hours in pharmacology,  
17 including at least ~~[one and one-half (1.5)]~~ three (3) contact hours on ~~[the dual subjects of~~  
18 ~~pharmacology and]~~ either pain management or addiction disorders.

19 (c) ~~[Advanced practice registered nurses who have a waiver and registration issued by the~~  
20 ~~DEA to prescribe buprenorphine for the treatment of opioid use shall earn:~~

1 ~~1. A minimum of five (5) contact hours annually in pharmacology, of which one and one-half~~  
2 ~~(1.5) pharmacology hours shall be on the dual subjects of addiction disorders and~~  
3 ~~pharmacology; and~~

4 ~~2. An additional two and one-half (2.5) contact hours annually on addiction disorders.~~

5 ~~(d)~~ To qualify as pharmacology pursuant to KRS 314.073, content shall include drug specific  
6 information, safe prescribing practices, safe medication administration, prescribing  
7 methodologies, new administrative regulations, or similar topics.

8 ~~(e)~~(d) Objectives for the contact hours related to pharmacology shall be identified. Casual  
9 mention of medications or medical treatments shall not qualify.

10 (2) After June 27, 2023, and before the advanced practitioner’s next scheduled DEA  
11 registration, an APRN who has a DEA registration shall earn a minimum of eight (8) hours on the  
12 subject of treating and managing patients with opioid or other substance use disorders,  
13 including the appropriate clinical use of all drugs approved by the Food and Drug  
14 Administration for the treatment of a substance use disorder.

15 (3) The following APRNs shall be deemed to have satisfied the earning requirement in  
16 subsection (2) of this administrative regulation:

17 (a) Those who graduated from an advanced practice nursing school within five (5) years prior  
18 to June 27, 2023, and have successfully completed a comprehensive curriculum that included  
19 at least eight (8) hours of training on the subject of treating and managing patients with opioid  
20 or other substance use disorders, including the appropriate clinical use of all drugs approved by  
21 the Food and Drug Administration for the treatment of a substance use disorder; or

1 (b) Those who have satisfied this training by earning a minimum of eight (8) hours of training  
2 on treatment and management of patients with opioid or other substance use disorders. Past  
3 trainings on the treatment and management of patients with opioid or other substance use  
4 disorders can count towards a practitioner meeting this requirement, including past DATA-  
5 Waiver trainings.

6 (c) In addition to continuing education providers approved by the board pursuant to 201 KAR  
7 20:220, groups approved by the DEA or the Substance Abuse and Mental Health Services  
8 Administration (SAMHSA) may provide trainings that satisfy the earning requirement of  
9 subsection (2) of this administrative regulation.

10 (~~2~~4) Sexual assault nurse examiners shall earn the continuing education required by 201  
11 KAR 20:411, Section 8.

12 (~~3~~5) Registered nurses and licensed practical nurses shall earn, within three (3) years of  
13 licensure, a minimum of one and one-half (1.5) contact hours in pediatric abusive head trauma  
14 as required by KRS 314.073(6), and a minimum of three (3) contact hours on domestic violence,  
15 and elder abuse, neglect, and exploitation as required by KRS 194A.540.

16 (~~4~~6) Registered nurses, licensed practical nurses, and advanced practice registered nurses  
17 who hold an active nursing license on July 1, 2022, shall satisfy the continuing competency  
18 requirement in subsection (6) of this section on or before July 1, 2023.

19 (~~5~~7) Registered nurses, licensed practical nurses, and advanced practice registered nurses  
20 who obtain licensure by examination, endorsement, or reinstatement after July 1, 2022, shall  
21 satisfy the continuing competency requirements in subsection (6) of this section within three  
22 (3) years of licensure.

1 ((6)8)(a) Nurses shall earn a minimum of two (2) contact hours on the subject of suicide  
2 prevention, which shall consist of one (1) contact hour on suicide prevention generally, and one  
3 (1) contact hour that addresses:

4 (a)[1.] Chronic toxic stress and secondary traumatic stress potentially increasing the  
5 incidence of suicide amongst nurses;

6 (b)[2.] A confidential and standardized pathway to care for nurses that addresses screening,  
7 assessing, safety planning, referrals, and follow-up for nurses at risk for suicide;

8 (c)[3.] Systems of care, evidence-informed approaches, and best practices to reduce suicide  
9 rates; and

10 (d)[4.] Ethical legal considerations of caring for patients and nurses who are suicidal.

11 ~~[(b) Nurses shall earn a minimum of one and one half (1.5) contact hours in implicit bias that  
12 addresses:~~

13 ~~1. The impact of historical racism and other forms of invidious discrimination on the provision  
14 of healthcare;~~

15 ~~2. Methods of evaluating the presence and extent of implicit bias; and~~

16 ~~3. Measures that may be taken to reduce implicit bias.]~~

17 Section 6. (1)(a) A licensee shall maintain records to substantiate methods used to validate  
18 competency.

19 (b) All records shall be retained for at least five (5) years following the current licensure  
20 period.

21 (2)(a) A licensee shall, upon request, furnish to the board or its staff, legible copies of the  
22 records required to be maintained by subsection (1) of this section, in electronic format to CE

1 Broker, the continuing education tracking system utilized by the board, via  
2 <https://cebroker.com>.

3 (b) Copies shall be furnished within twenty (20) days of the date a written request is sent to  
4 the last known email address of the licensee or applicant.

5 (c) Failure to furnish records as required by this administrative regulation shall be cause for  
6 the issuance of a complaint pursuant to 201 KAR 20:161 for failure to comply with KRS  
7 314.073(2).

8 (3)(a) Except as provided by paragraph (b) of this subsection, if a licensee has failed to  
9 comply with the continuing competency requirements, the licensee shall be allowed to rectify  
10 the noncompliance if he or she:

11 1. Meets the continuing competency requirements within ten (10) business days of  
12 notification of noncompliance; and

13 2. Enters a consent decree with the board pursuant to 201 KAR 20:161, Section 2(5), within  
14 ten (10) days of notification by the board.

15 (b) The board shall issue a complaint pursuant to 201 KAR 20:161 if:

16 1. A licensee fails to furnish records as requested pursuant to subsection (2) of this section;

17 or

18 2. There is evidence of fraud or deceit in procuring or attempting to procure a license to  
19 practice nursing.

20 (4) A licensee who attends continuing education activities, whether as a presenter,  
21 participant, or student, shall attend the entire offering to be eligible to receive the number of  
22 contact hours for which the activity has been approved.

1 (5) It shall be the responsibility of each licensee to select and participate in those continuing  
2 education activities that will meet the criteria for acceptable continuing education.

3 (6) A licensee shall not repeat the same continuing education offering within a licensure  
4 period. The board shall determine whether a continued education offering is the same offering  
5 based upon the certificate of attendance from the offering that includes items such as the  
6 activity number, date, topic, and presenter.

7 Section 7. (1) A licensee may request an individual review of a nonapproved continuing  
8 education activity completed during the earning period if, within thirty (30) days after the  
9 expiration of the immediate past licensure period, the licensee has:

10 (a) Requested the review by submitting an Application for Individual Review; and

11 (b) Paid a fee of ten (10) dollars.

12 (2) The review shall be based on generally accepted standards of adult education and shall  
13 be applicable to the nurse's role.

14 (3) Approval of a nonapproved continuing education activity shall:

15 (a) Qualify it as having been obtained from an approved provider for the licensee requesting  
16 the review; and

17 (b) Be limited to the particular offering upon which the request for individual review is  
18 based.

19 (4) The board may offer continuing education hours for programs sponsored by the board.

20 These continuing education hours shall be found to have been obtained from an approved  
21 provider. The board shall comply with all applicable provider standards.

1 Section 8. Incorporation by Reference. (1) The following material is incorporated by  
2 reference:

3 (a) "Application for Individual Review", [~~9/2005~~]9/2023;

4 (b) "Nursing Continuing Education Employment Evaluation Form", [~~6/2021~~]9/2023; and

5 (c) "Preceptor Continuing Education Verification Form", [~~6/2021~~]9/2023.

6 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law,  
7 at the Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky  
8 40222-5172, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on the  
9 board's Web site at  
10 [https://kbn.ky.gov/\[~~legalopinions/Pages/laws.aspx~~\]General/Pages/Document-Library.aspx](https://kbn.ky.gov/[legalopinions/Pages/laws.aspx]/General/Pages/Document-Library.aspx).

Amended Administrative Regulation

201 KAR 20:215. Continuing competency requirements.

Adopted: August 24, 2023.

*Audria Denker, DNP, RN, FAAN*

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Audria Denker, President  
Kentucky Board of Nursing

August 24, 2023

Date

## PUBLIC HEARING AND PUBLIC COMMENT PERIOD

A public hearing on this administrative regulation shall be held on November 21, 2023 at 10:00 AM at Kentucky Board of Nursing, 312 Whittington Parkway, Ste 300, Louisville, KY 40222. Individuals interested in being heard at this hearing shall notify this agency in writing by November 14, 2023, five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through November 30, 2023. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

### CONTACT PERSON:

Jeffrey R. Prather, General Counsel  
Kentucky Board of Nursing  
312 Whittington Parkway, Suite 300  
Louisville, KY 40222  
(502) 338-2851  
Jeffrey.Prather@ky.gov

Or submit a comment at:

<https://secure.kentucky.gov/formservices/Nursing/PendReg>

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 20:215

Contact Person: Jeffrey Prather

Phone: (502) 338-2851

Email: Jeffrey.prather@ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: Establishes Continuing Education (CE) requirements for nurses, as required by KRS 314.073 and 314.131.

(b) The necessity of this administrative regulation: CEs are mandated by KRS 314.073 and 314.131.

(c) How this administrative regulation conforms to the content of the authorizing statutes: By setting CE requirements.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: By setting CEs for required training on subjects to maintain competency.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: The amendments provide that the Board may accept a satisfactory standard employee evaluation, in lieu of a "Nursing Continuing Education Employment Evaluation Form" to obtain seven hours of CE credit; remove references to educational requirements for APRNs with an X-waiver; streamline requirements for APRNs who have a DEA certification and a PDMP account to require 3 hours of CEs on either pain management or addiction disorders; require that an APRN who prescribes controlled substances shall have had eight hours of education training on managing and treating opioid and other substance abuse disorders, but provides an exemption for APRNs who previously held an X-waiver; provide that training by groups approved by the DEA and the Substance Abuse and Mental Health Services Administration; and remove the Implicit Bias training from continuing education requirements.

(b) The necessity of the amendment to this administrative regulation: To provide nurses with an option to provide CEs, to removed references to the X-waiver requirement, which was eliminated in December of 2022; to remove Implicit Bias training as a requirement.

(c) How the amendment conforms to the content of the authorizing statutes: By setting CE standards in accordance with KRS 314.073 and 314.131.

(d) How the amendment will assist in the effective administration of the statutes: By assisting with the administration of KRS 314.073 and 314.131.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: All nurses licensed by the Board, approximately 90,000.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either

the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: If audited, nurses will need to provide evidence of meeting CE requirements.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): It is impossible to determine the amount, each CE may be obtained for free or a cost.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): Compliance with statutes and regulations and continued competency.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: No additional cost.

(b) On a continuing basis: No additional cost.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Agency funds. Or reasonable fees may be recouped by regulation established under KRS 314.073(7) and KRS Chapter 13A.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: An increase in fees is not required at this time.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: It does not.

(9) TIERING: Is tiering applied? The changes will apply equally, there is no tiering.

FISCAL NOTE

201 KAR 20:215

Contact Person: Jeffrey Prather

Phone: (502) 338-2851

Email: Jeffrey.prather@ky.gov

(1) What units, parts, or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? Board of Nursing.

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. Kentucky Revised Statutes KRS 218A.205, 314.073, 314.131.

(3) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? None.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? None.

(c) How much will it cost to administer this program for the first year? No additional cost.

(d) How much will it cost to administer this program for subsequent years? No additional cost.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-):

Expenditures (+/-):

Other Explanation:

(4) Estimate the effect of this administrative regulation on the expenditures and cost savings of regulated entities for the first full year the administrative regulation is to be in effect.

(a) How much cost savings will this administrative regulation generate for the regulated entities for the first year? None.

(b) How much cost savings will this administrative regulation generate for the regulated entities for subsequent years? None.

(c) How much will it cost the regulated entities for the first year? None.

(d) How much will it cost the regulated entities for subsequent years? None.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Cost Savings (+/-):

Expenditures (+/-):  
Other Explanation:

(5) Explain whether this administrative regulation will have a major economic impact, as defined below. *"Major economic impact" means an overall negative or adverse economic impact from an administrative regulation of five hundred thousand dollars (\$500,000) or more on state or local government or regulated entities, in aggregate, as determined by the promulgating administrative bodies. [KRS 13A.010(13)]* This administrative regulation will not have a major economic impact.

Summary of Material Incorporated by Reference

201 KAR 20:215. Continuing competency requirements.

Summary of Material Incorporated by Reference

(a) "Application for Individual Review", 9/2023. This is a one (1) page application.

(b) "Nursing Continuing Education Employment Evaluation Form", 9/2023. This is a one (1) page form.

(c) "Preceptor Continuing Education Verification Form", 9/2023. This is a one (1) page form.

Summary of Changes to Material Incorporated by Reference

The three documents listed above as Material Incorporated by Reference are filed herewith and wholly replace the previous Material Incorporated by Reference.

**Kentucky Board of Nursing  
Application for Individual Review**

**Applicant Information**

Name:

Address:

City:

State:

Zip:

KY License Number:

License Type:

Email Address:

Phone Number:

**Continuing Education Activity**

Title of Presentation:

Presenters:

Provider:

Location/Format:

Date(s):

Times:

Hours awarded:

*\*Be sure to attach the completion certificate, timed outline, presentation schedule, or agenda and any promotional materials, announcements, or brochures for this activity with your request.*

**Major Idea(s) Presented**

Describe the major ideas presented in this activity:

**Application to Nursing Practice**

Describe the application of this activity to your nursing practice:

**KENTUCKY BOARD OF NURSING**  
**NURSING CONTINUING EDUCATION EMPLOYMENT EVALUATION FORM**

Pursuant to 201 KAR 20:215 Continuing Competency Requirements Section 3 Methods of continued competency validation (4) a nurse may complete seven (7) contact hours of continuing education from a provider approved by the Board pursuant to 201 KAR 20:220 and earned during the licensure period November 1<sup>st</sup> – October 31<sup>st</sup> and a nursing employment evaluation which covers at least six (6) months of time during the licensure period of November 1<sup>st</sup> and October 31<sup>st</sup>

Individuals utilizing this method to validate continuing competency must maintain completion certificates for at least seven (7) contact hours of nursing continuing education completed through an approved provider and this completed form for at least five (5) years following the end of the licensure period.

This portion of the form must be completed and signed by the nurse’s supervisor or employer.

This form is for the licensure period beginning November 1  (year) and ending October 31  (year).

Name of Licensee:  License Number:

**Position Held (Job Title):** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**Employer's Phone Number:** \_\_\_\_\_

Does the individual named above have an evaluation that is **satisfactory** for continued employment on record with your organization?

\_\_\_ YES \_\_\_ NO

Does this evaluation cover at least six (6) months of the licensure period?

The licensure period is November 1 – October 31<sup>st</sup> of each year.

\_\_\_ YES \_\_\_ NO

**Supervisor's Name (please print):** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

# Kentucky Board of Nursing

## Preceptorship Continuing Education Verification Form

201 KAR 20:215 Continuing Competency Requirement Section 3 (3)(c) 4. Requires the completion of this form by the nurses' educational institution or preceptor's supervisor for evidence of continued competency for an RN or LPN utilizing this option to provide proof of competency. *This form will not satisfy any content specific requirements. APRNs should not submit this form as it will not meet pharmacology CE requirements nor is it specific to an accrediting organization's requirements (ANCC or AANP).*

Participation as a preceptor is equivalent to 14 contact hours of continuing competency validation as long as each of the following criteria is met: (201 KAR 20:215)

**Criteria:**

- a minimum of 120 clock hours;
- shall be a one-to-one relationship between the preceptor and nursing student or employee undergoing orientation;
- may involve more than one (1) student or employee;
- shall be evidenced by written documentation from the educational institution or preceptor's supervisor

Licensee Name: \_\_\_\_\_ License #: \_\_\_\_\_

Employing Agency: \_\_\_\_\_ Location: \_\_\_\_\_

The preceptorship was with:

Name: \_\_\_\_\_ Credential:    RN/LPN    Nursing Student

Dates of preceptorship: \_\_\_\_\_ # of hours: \_\_\_\_\_

Name of Faculty Member/Facility Manager Verifying: \_\_\_\_\_

**Signature of Faculty Member/Facility Manager:** \_\_\_\_\_

Position/School: \_\_\_\_\_ Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

The preceptorship was with:

Name: \_\_\_\_\_ Credential:    RN/LPN    Nursing Student

Dates of preceptorship: \_\_\_\_\_ # of hours: \_\_\_\_\_

Name of Faculty Member/Facility Manager Verifying: \_\_\_\_\_

**Signature of Faculty Member/Facility Manager:** \_\_\_\_\_

Position/School: \_\_\_\_\_ Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

The preceptorship was with:

Name: \_\_\_\_\_ Credential:    RN/LPN    Nursing Student

Dates of preceptorship: \_\_\_\_\_ # of hours: \_\_\_\_\_

Name of Faculty Member/Facility Manager Verifying: \_\_\_\_\_

**Signature of Faculty Member/Facility Manager:** \_\_\_\_\_

Position/School: \_\_\_\_\_ Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Retain this information in the same manner that you would maintain a Continuing Education Certificate of Attendance for at least 5 years following the current renewal/earning period.