502-429-3300
800-305-2042

KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172

FAX: 502-429-3311

INDIVIDUAL REQUEST FOR REVIEW OF CONTINUING EDUCATION ACTIVITY

Enclosed is an application form for individual review of continuing education activity. The review process is expedited when all requested materials are submitted with the completed application form, along with a **nonrefundable $10** review fee payable to the Kentucky Board of Nursing.

Submit this application form, copy of brochure, announcement, and/or promotional materials including classroom agenda, a copy of your certificate of completion, and fee to:

Continuing Competency Program Coordinator
Kentucky Board of Nursing
312 Whittington Pky, Ste 300
Louisville KY 40222-5172

Please note that your application will not be reviewed until we receive a copy of your certificate of completion, the agenda, and the fee. According to KBN Administrative Regulation 201 KAR 20:215, **Individual Review Applications, fees, and/or documentation must be submitted by November 30th for the immediate past licensure period.**

THE DOCUMENTATION YOU SUBMIT WILL NOT BE RETURNED.
PLEASE SEND COPIES.

"List of Recognized Organizations (2005)"

NATIONAL NURSING ORGANIZATIONS RECOGNIZED BY THE KENTUCKY BOARD OF NURSING FOR APPROVAL OF CONTINUING EDUCATION OFFERINGS

- **American Academy of Nurse Practitioners (AANP)**
- **American Association of Critical Care Nurses (AACN)**
- **American Association of Nurse Anesthetists (AANA)**
- **American College of Nurse Midwives (ACNM)**
- **American Nurses Credentialing Center (ANCC) of the American Nurses Association (ANA)**
- **Association of Women's Health, Obstetrical and Neonatal Nurses (AWHONN)**
- **National Association of Nursing Practitioners in Women's Health**
- **National Association of Pediatric Nurses Associates & Practitioners (NAPNAP)**
- **National Association for Practical Nurses Education & Service (NAPNES)**
- **National Federation of Licensed Practical Nurses (NFLPN)**
- **National League for Nursing (NLN)**
- **Other State Boards of Nursing**
- **HIV/AIDS CE approved through the Cabinet for Health Services (CHS) is also accepted.**

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KENTUCKY BOARD OF NURSING
"Application for Individual Review"

Please print or type to complete. ***FORM MUST BE COMPLETED IN FULL***

KBN USE ONLY

DATE: ________________

AMOUNT: ____________

APPROVED FOR _______ CONTACT HOURS (CH)

RETAIN THIS COPY WITH YOUR CONTINUING EDUCATION RECORDS TO DOCUMENT EARNING OF APPROVED CONTACT HOURS DURING NOVEMBER 1, __________ THROUGH OCTOBER 31, __________ EARNING PERIOD.

____
SIGNATURE

DATE: ________________

I. PERSONAL DATA

A. NAME: ____

B. ADDRESS: ____

CITY: ________________________ STATE: _____ ZIP: ____________

C. DAY TELEPHONE #: (___) ______________ EVENING #: (_____)____________

D. KY LICENSE #: ____

E. E-MAIL ADDRESS: ____

CONTINUING EDUCATION ACTIVITY

F. TITLE: ____

G. LOCATION (City/State): __________________ C. DATE(S): _______

D. ATTACH A COPY OF BROCHURE, ANNOUNCEMENT, OR PROMOTIONAL MATERIALS INDICATING CLASSROOM AGENDA; CERTIFICATE OF ATTENDANCE; and the $10 NON-REFUNDABLE FEE.
DOCUMENTS WILL NOT BE RETURNED. PLEASE SEND COPIES.

II. OFFERING CONTENT: Using the following form, outline the major ideas covered in the presentation that has application to nursing practice. SUBMIT A SEPARATE APPLICATION FOR EACH PRESENTATION ATTENDED.

TITLE OF PRESENTATION:	
PRESENTER(S):	
DATE:	TIME: FROM______________ AM/PM TO ______________AM/PM
MAJOR IDEA(S) PRESENTED	APPLICATION TO NURSING PRACTICE