Arkansas Department of Health

Arkansas State Board of Nursing
1123 S. University Ave., #800 • Little Rock, AR 72204
(501) 686-2700 • Fax (501) 686-2714

INDIVIDUAL OFFERING APPROVAL FORM INSTRUCTIONS

1. Complete the Individual Offering Approval Form.

2. Submit the required documents and appropriate fee within thirty (30) days following the completion of the program.

3. For programs to be approved, they must meet the following criteria:
    - All required materials submitted.
    - Content presented by a recognized provider such as national/regional educational conferences, classroom instruction, individualized instruction (home study/programmed instruction), academic courses, or institutional based instruction.
    - Content relevant to nursing practice or MA-C scope of work.
    - Written, measurable objectives based on content.
    - Instructor background and experience appropriate to teach the subject.
    - Applicant's level of licensure or certification identified in the target audience.
    - Content evaluated with an appropriate methodology.

4. The applicant will receive notification of the decision in writing.

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INDIVIDUAL OFFERING APPROVAL FORM
CONTINUING EDUCATION

PART I.

NAME AR LICENSE or CERTIFICATION

ADDRESS CITY STATE ZIP

TELEPHONE NUMBER (home) (work) EMAIL

EMPLOYER UNIT/AREA

JOB DUTIES/PRACTICE FOCUS

PART II.

OFFERING TITLE OFFERING DATE

PROVIDER *(name & address)*

PART III.

ITEMS TO INCLUDE: (must be submitted within 30 days of program offering)

A. Program flyer/brochure which includes:
- learning/behavioral objectives
- agenda/schedule
- target audience
- speaker credentials (if applicable)
- contact hours awarded

B. Check or money order made payable to the Arkansas State Board of Nursing in the amount of $10.00.

PART IV.

EVALUATION METHOD (check all that apply)

☐ questionnaire ☐ none
☐ return demonstration ☐ other (specify)
☐ posttest

PART V.

RATIONALE STATEMENT *(a brief explanation of why this offering is relevant continuing education for you)*

Signature *Date*

**If you are audited, you MUST submit THIS FORM along with a copy of your certificate of completion/attendance.*