



An Independent ASHI Advanced Training Center  
**501 NW 5th St., Suite 600, Blue Springs, MO 64014**  
(816) 463-2684 [Greencoeducation.com](http://Greencoeducation.com)

## **ATTENTION KS LICENSED RN'S:**

IF YOU ARE A KANSAS LICENSED REGISTERED NURSE,  
YOU WILL NEED THE FOLLOWING FORM SUBMITTED TO YOUR LICENSING AUTHORITY,  
TO BE CREDITED WITH THE CONTINUING EDUCATION HOURS FOR ANY IOA (INDEPENDENT  
OFFERING APPLICATION) CLASSES.

PLEASE PRINT THIS FORM SO IT CAN BE FILLED OUT 'AFTER' YOUR HAVE TAKEN THE CLASS.  
THE FORMS TO BE SUBMITTED ALONG WITH THE IOA ARE DETAILED ON THE BELOW FORM.

THANKS  
RG

Kansas State Board of Nursing  
Landon State Office Building  
900 SW Jackson, Ste. 1051  
Topeka, KS 66612-1230  
www.ksbn.org

INDIVIDUAL OFFERING APPROVAL FORM  
CONTINUING NURSING EDUCATION

PLEASE PRINT OR TYPE This form must be completed in full. See Instructions on Reverse

**PART 1**

**NAME** \_\_\_\_\_ **KS LICENSE #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **TELEPHONE #** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**OFFERING TITLE** \_\_\_\_\_

**OFFERING LOCATION** \_\_\_\_\_ **OFFERING DATE** \_\_\_\_\_

**PROVIDER** \_\_\_\_\_

**PROVIDER'S ADDRESS** \_\_\_\_\_

**PART 2**

**RATIONALE STATEMENT:** Brief explanation of how this relates to your nursing practice:

**SIGNATURE** \_\_\_\_\_

**PART 3**

**ATTACHMENTS:** (Note: All must be attached or the form will be returned)

- A. Learning/ Behavior Objectives
- B. Offering Agenda/Schedule with times listed to verify the length of the offering
- C. Certificate of Attendance if offering completed
- D. Self Addressed, Stamped Envelope

**PART 4**

**FOR OFFICE USE ONLY**

Approved \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ IF APPROVED, NUMBER OF CONTACT HOURS \_\_\_\_\_

\_\_\_\_\_ If checked, you must attach a copy of your certificate of completion/attendance with this form and keep with your continuing education records to be submitted if you are selected for an audit.

\_\_\_\_\_  
Patty L. Brown, BSN, MS Education Specialist

\_\_\_\_\_  
Date

**This form serves as your continuing education certificate. On your renewal form under "provider" list IOA and LT0108-0338 as the provider number.**