



An Independent ASHI Advanced Training Center
501 NW 5th St., Suite 600, Blue Springs, MO 64014
(816) 463-2684 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.