

Arkansas State Board of Nursing

University Tower Building
1123 South University Avenue, Suite 800
Little Rock, Arkansas 72204

PHONE 501.686.2700
FAX 501.686.2714
www.arsbn.org

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. In order 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.

ARKANSAS STATE BOARD OF NURSING

UNIVERSITY TOWER BUILDING
1123 SOUTH UNIVERSITY, SUITE 800
LITTLE ROCK, ARKANSAS 72204
501.686.2700 • 501.686.2714 fax • www.arsbn.org

INDIVIDUAL OFFERING APPROVAL FORM CONTINUING EDUCATION

PLEASE PRINT OR TYPE

PART I.

NAME _____ AR LICENSE or CERTIFICATION # _____

ADDRESS _____ TELEPHONE NUMBER (home) _____

(work) _____

CITY _____ STATE _____ ZIP _____

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)

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

Signature

Date

PART VI. (FOR OFFICE USE ONLY)	
APPROVED _____	NOT APPROVED _____