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.
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 _________