



Arkansas State Board of Nursing

University Tower Building, Suite 800
1123 South University Avenue
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.
 - At least one contact hour in length.
 - Content relevant to nursing practice.
 - Written, measurable objectives based on content.
 - Instructor background and experience appropriate to teach the subject.
 - Nursing 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

PLEASE PRINT OR TYPE

PART I.

NAME AR NURSING LICENSE #

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)

[Blank lines for rationale statement]

*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