



APPLICATION FOR APPROVAL OF CONTACT HOURS

NORTH DAKOTA BOARD OF NURSING
SFN 54001 (06/22)

FOR OFFICE USE ONLY
Fee Received
CE Number
Date Issued

- Fees
 - \$200 Application Fee (first contact hour included with application fee)
 - \$40 for each additional contact hour
- Approval valid for one year for all approved courses.

* The submission of this application must be received 30 days prior to the first offering date. The application and fee will be returned and not processed if the application submitted does not meet this requirement.

* Please allow 15 business days for CE approval.

Requested Number of Contact Hours

I. CONTACT INFORMATION

Last Name		First Name		Position Title	
Mailing Address		City		State	ZIP Code
Daytime Telephone Number (include area code)		Email Address			
Course/Presentation Title				Course/Presentation Date	
Course/Presentation Location		City		State	ZIP Code
Has the course/presentation been approved by the ND Board of Nursing previously?					<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered "YES" to the above question complete these questions -		Date of Approval		Course Number	

II. COURSE REQUIREMENTS

BEHAVIOR OBJECTIVES- Specific measurable statements that reflect what the learner is expected to achieve after course/presentation completion. Examples of verbs to use: Describe, Identify, Explain, List

SUBJECT MATTER- The outline of the subject matter must correspond to each objective and must reflect appropriateness for continuing education for nurses. Material outlined must be consistent with the time allotted to meet the objectives. Currency and accuracy of the subject matter must be documented. Please include references to support course/presentation content.

COMPLETE BOTH SIDES OF THIS APPLICATION →

III. TEACHING STRATEGIES

Identified teaching strategies must reflect utilization of principles of adult education. Lecture alone is not acceptable for adult learning.

IV. FACULTY QUALIFICATIONS

NAME	COLLEGE/UNIVERSITY	CITY/STATE	CERTIFICATE/ DEGREE GRANTED

V. EVALUATION METHODS

Identify the methods of evaluation that will be used to determine behavioral objectives have been met by the participant. Attach a copy of the evaluation form.

VI. CERTIFICATE – MUST ISSUE A DOCUMENT

Include a copy of certificate with application which includes the following:

- Title and date of activity
- Number of contact hours approved
- Space for assigned ND Board of Nursing Course Number
- Statement of successful completion
- Hand written, electronic, or stamped signature of sponsor on the certificate.
- A statement indicating that the certificate must be retained by the licensee for a period of two licensure renewal cycles (four years).

VII. ATTACHMENTS

Include a copy of the following:

1. Agenda/schedule/brochure with times listed to verify length.
2. Certificate
3. Evaluation Form

VIII. RECORD KEEPING REQUIREMENTS: Please read and check statement below for your application to be processed

The provider must retain the following information on each approval of CH for at least four (4) years:

1. Copy of completed sign-in sheet.
2. Objectives, subject matter outline, bibliography/references, teaching strategies, evaluation form and faculty qualifications.
3. Summary of evaluations.

I certify that the records identified above will meet the requirements for retention of the documents.

Attach appropriate fee and send to:
NORTH DAKOTA BOARD OF NURSING
919 S 7th STREET, SUITE 504
BISMARCK, ND 58504-5881
Email Address: education@ndbon.org

FOR OFFICE USE ONLY	
APPROVAL STATUS	INFO
<input type="checkbox"/> Approved	CE Number
<input type="checkbox"/> Number of contact hours	Date Issued
<input type="checkbox"/> Information requested	Date Expired
<input type="checkbox"/> Other	<input type="checkbox"/> Reoccurring
	<input type="checkbox"/> Denied