



STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

INVOICE

CONTINUING EDUCATION PROVIDER RENEWAL

TOTAL AMOUNT DUE = \$25.00

PAY BY CHECK:

Please Make Checks Payable To: WV RN BOARD

Please provide the check number in the space provided at the top of the application.

PAY BY IET:

*** STATE AGENCIES CAN SUBMIT PAYMENT ON THE WV OASIS SYSTEM BY IET**

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If you are paying by IET please use the Accounting Coding information below:

FUND:8520
SUB FUND: 0000
DEPT: 0907

UNIT: 0907
REVENUE: 6696
SUB REVENUE: 0000

Please provide the IET Document Number and reference your agency name in the Document Description section of the Header and Accounting section.

Please provide the IET number in the space provided at the top of the application.

FAILURE TO PROVIDE THE IET DOCUMENT NUMBER FOR PAYMENT WITH THE CE PROVIDER APPLICATION WILL RESULT IN YOUR FEE NOT BEING CREDITED TO YOUR PROVIDER RENEWAL APPLICATION AND YOUR CE PROVIDER RENEWAL NOT BEING PROCESSED.

****CE PROVIDER RENEWAL APPLICATIONS NOT SUBMITTED WITH PAYMENT EITHER WITH CHECK OR THE IET DOCUMENT NUMBER BY DECEMBER 31, 2016 WILL RESULT IN YOUR CE PROVIDER STATUS WITH THE WV RN BOARD TO LAPSE.**

WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

101 Dee Drive

Charleston, West Virginia 25311-1620

Attention: Continuing Education Processing Department

Telephone: (304) 558-3596 / Fax: (304) 558-3666

**CONTINUING EDUCATION FOR REGISTERED PROFESSIONAL NURSES
PROVIDER RENEWAL FORM**

Reporting Period: January 1, 2017 through December 31, 2017

APPLICATIONS MUST BE SUBMITTED WITH \$25.00 FEE (*fees are not refundable*)**METHOD OF PAYMENT:** Check Number _____ IET Number _____

Submission of this application for provider status signifies willingness to comply with the minimum standards for continuing education for registered professional nurses as provided in the Rules and Regulations of the West Virginia Board of Examiners for the Registered Professional Nurses. (CE minimum standards are on the reverse side of this application).

Please type or print the information requested

Agency Name:	
Provider Number	
Name of Person(s) Responsible for Coordinating CE Activity:	
Address of Agency:	_____ _____
Telephone Number:	_____
Email Address:	_____
Approving Association:	Is your organization approved as a provider of continuing education for nurses by any approving association? ____ Yes ____ No If yes, please complete the information below. Approving Association: _____ Approved Provider No.: _____ Expiration Date: _____
Provider Classification: (Check all that apply.)	____ Individual ____ Local Agency ____ Institutions ____ Organization ____ State Agency ____ Hospital/Health Care ____ National Agency
Subject Areas: (Check all that apply.)	____ Professional nursing practice and special health care problems ____ The biological, physical, social and behavioral science ____ The legal aspects of professional nursing practice ____ Management of health care personnel and patient care ____ Teaching & learning process for health care personnel or for patients
Type of Offerings: (Check all that apply.)	____ Credit Course ____ Independent Study (select all that applies) ____ Workshop ____ Television ____ Video ____ Audio ____ Professional Journal ____ Computer
Person(s) Responsible for Coordinating CE Activity Signature/Date:	

CONTINUING EDUCATION MINIMUM STANDARDS:

The West Virginia Board of Examiners for Registered Professional Nurses will not review nor approve continuing education **activities** in advance for RN's or participating provider. The provider of CE is responsible for establishing a process and maintaining records for review of CE activities for compliance with minimum standards prior to presentation. All CE activities must be reviewed by an individual or group knowledgeable in the area of registered professional nursing practice. The reviewer should **not be one of the presenters** of the CE activity.

- I. The CE activity is at least 50 continuous minutes which shall equal 1 contact hour.
- II. The CE activity reflects the educational needs of the learner in order to meet the health care needs of the consumer. The CE activity shall consist of one or more of the following subject areas:
 - a. Professional nursing practice and special health care problems;
 - b. Biological, physical, social and behavioral sciences;
 - c. Legal aspects of professional nursing practice;
 - d. Management of health care personnel and patient care;
 - e. Teaching and learning process for health care personnel or for patients; and
 - f. Subjects relating to professional nursing practice which are required as part of a formal nursing program and which are more advanced than those completed for original licensure.
3. Written objectives, in measurable terms, are prepared and available describing what a licensee can expect to learn.
4. Content is related to the objectives and nursing or health care.
5. The qualifications of instructors in subject areas to be taught are provided to participants in writing.
6. A written schedule is provided which indicates content to be covered and corresponding time frames.
7. Program announcements contain the WVBRN provider registration number.
8. A written method is established to evaluate the CE activity and to determine whether the participant has achieved stated objectives of the CE activity.
9. The provider shall furnish a written statement of completion to each participant who completes each continuing education program. The statement shall be signed by the instructor or an individual designated by the instructor, and shall contain the following information: the name of the continuing education program; the number of contact hours; the date of the continuing education program; the name of the participant; and the WVBRN provider registration number and/or approved provider number.
10. Records for all CE activities are maintained by the provider for a period of five (5) years and include target audience, program reference materials, objectives, content outline, evaluation tools and summary of the evaluation, teaching methods and materials, instructor's qualifications and a list of all participants.

CONTINUING EDUCATION - GENERAL INFORMATION:

Units of measurement used for determining credit to be awarded for continuing education activities.

- 1 Contact Hour = 50 minutes of an approved, organized learning experience, either a didactic or laboratory/clinical experience
- 1 CEU = 10 contact hours of instructions
- 1 Academic Semester Hour = 15 contact hours of instruction
- 1 Academic Quarter Hour = 10 contact hours of instruction

Activities which are not acceptable for continuing education credit.

- ▲ Job related clinical practice;
- ▲ Development and presentation of programs as part of the licensee's on-going job responsibilities;
- ▲ Orientation and update of policies and procedures specific to the licensee's employing facility; and
- ▲ Activities which are part of a licensee's usual job responsibilities, such as attendance at business or professional meetings unless specifically designated as a continuing education activity by a registered provider or other approved provider.

The Board recognizes the West Virginia Nurses Association or any other provider accredited by the American Nurses Credentialing Center as an approved provider of continuing education programs for purposes of meeting the requirements of this rule. The Board shall consider written requests to designate other individuals, local, state or national agencies, organizations and associates as approved providers.