

Kentucky Nurses Association  
Continuing Education Schedule Request Form

**Please complete and return with all required documentation at least 60 days out from intended date for program approval by CE Administrator.**

Name of Sponsor: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Date: \_\_\_\_\_

Program Run Time: \_\_\_\_\_

Contact Hours Requested: \_\_\_\_\_

Location Address: \_\_\_\_\_

Target Audience: \_\_\_\_\_

**Also include:**

Biographical Data Form on each presenter/speaker

A copy of the presenter/speaker's educational materials, handouts, PowerPoints, (rough drafts are acceptable)

Proposed Offering Documentation Form

Program Announcement or Marketing – any communication to be sent out to gain/inform participants or advertise program **must** include:

- Objectives
- Content Overview
- Presenters
- Fee and Refund Policy
- Location
- Date
- Time
- Number of Contact Hours
- KBN Provider Number, (to be issued once approved)
- Requirements for Successful Completion

*Please submit all documentation 60 days prior to intended date to [lisa@kentucky-nurses.org](mailto:lisa@kentucky-nurses.org)*

Kentucky Nurses Association  
Biographical Data Form

Please complete all information directly on this form. Copy of provider/speaker's educational materials, handouts, PowerPoints attach separately.

Name and Credentials: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone/Email (preferred method of communication): \_\_\_\_\_

Present Title, Position and Description: \_\_\_\_\_

Education

Degree	Institution, City & State	Major Area of Study	Year Degree Awarded

Kentucky Nurses Association  
Proposed Offering Documentation Form

Offering/Program Title: \_\_\_\_\_

Date of Offering/Program: \_\_\_\_\_

Location of Offering/Program: \_\_\_\_\_

Time of Offering/Program: \_\_\_\_\_

Number of Contact Hours: \_\_\_\_\_

<u>Objectives</u> List in operational/behavioral terms	<u>Content/Topics</u> List each topic with a description or outline	<u>Time Frame</u> List the allotted time	<u>Faculty</u> List the speaker/presenter	<u>Teaching Methods</u> List the teaching method for each

## Kentucky Nurses Association

Forms and Documents to be provided **after** CE Administrator Approval

- KNA Sign In Sheet (**Evaluations will be done using Survey Monkey, please have attendees wanting CE Credit include their Email**)
- KNA Monitor Instruction Sheet
- KNA Quality Assurance Forms
- Self-addressed envelope to use to mail materials back to KNA office.

## Post CE Program Clarification

All documentation is due to the KNA Office

***one week*** following completion of CE Program

failure to return all documents will result in no further program approvals

Sign In Sheet (completed)

Quality Assurance Forms (completed)

Final Drafts of presenter/speaker's educational materials, handouts, PowerPoints