

IOWA NURSES FOUNDATION
APPLICATION FOR CONTINUING EDUCATION CO-SPONSORSHIP
 Iowa Board of Nursing (IBON) Continuing Education Approved Provider # 25

Title of Activity _____

Program Date _____ Type of Activity: Seminar / workshop Conference

Organization Applicant _____

Organization Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone (____) _____

Best time/method to be contacted about this application _____

Email _____

Location of Activity (City and State) _____

Application for: IBON CEUs

Appropriate Fee Enclosed: \$150.00 Non-profit; \$300.00 For-profit

Iowa Board of Nursing (IBON) Contact Hours	Worksheet
A. INF base Administrative fee \$150 non-profit \$300 for profit	\$150.00 (non-profit) + \$300.00 (for-profit) +
B. Each Contact Hour, Add \$10	Number of Contact Hours _____ x 10= _____
Total Due:	Add line A + line B _____
IBON certificate of attendance storage fee is \$5 per individual (IBON certificate is included in the storage fee)	To be submitted after program

Example Non-Profit: One Hour = \$150 + \$10 = \$160; Four Hours = \$150 + \$40 = \$190

For Profit: One Hour = \$300 + \$10 = \$310; Four Hours = \$300 + \$40 = \$340

Return Completed Form and Fee to:
 Iowa Nurses Foundation
 2400 86th Street, #32
 Urbandale, IA 50322

ADJUSTMENTS TO ABOVE:

1. Late fee charge (if less than 45 days prior to event, but greater than 30 days) \$50

Iowa Board of Nursing requires that a completed approved brochure or promotional material be sent to the Iowa Board of Nursing no less than thirty (30) days in advance of the event. The brochure to be printed must be reviewed and approved by the Iowa Nurses Foundation at least 45 days in advance of the program.

2. Incomplete Application Submitted: \$50

3. Iowa Nurses Association Region fees are half of the above listed fees.

Criteria for requesting co-sponsorship:

1. Demonstrate planning for the offering that includes:
 - a. Statement of purpose and measurable educational objectives (one or two for each hour),
 - b. Active nursing participation in the planning and administration of the informal offering.
2. Demonstrate financial responsibility.
3. Biographical form/vitae for each presenter:
 - a. Vested interest, if any, declared for each presenter,
 - b. Learners informed of vested interest.
4. Brochure or other written means of notifying licensees. The brochure includes:
 - a. Accurately describe the informal offering including date, time, location, statement of purpose, educational objectives, intended audience, credentials of instructors, amount of continuing education to be awarded, costs and items covered by the fee and refund policy,
 - b. Include the following statement: The Iowa Nurses Foundation, Iowa Board of Nursing Provider #25.
5. Submit the brochure to the Iowa Nurses Foundation 45 days prior to the offering for final review before issuing.
6. Provide appropriate learning environment including audiovisual and other resources as applicable.
7. Provide an evaluation tool for use by attendees including the following:
 - a. Assess achievement of program objectives, faculty effectiveness, teaching-learning methodologies, resources and facility,
 - b. Information that participant may submit the evaluation directly to the Iowa Board of Nursing,
 - c. Iowa Nurses Foundation, Iowa Board of Nursing Provider #25.
8. Identify commercial support, if any.
9. Continuing education is calculated by the uniform measure of credit:
 - a. One contact hour equals 50 minutes of didactic instruction, or clinical/laboratory practicum in an informal offering,
 - b. No credit shall be awarded for less than one contact hour or .1 CEU,
 - c. 1 CEU equals 10 hours of instruction.
10. Appropriate subject matter:
 - a. Nursing practice related to health care of patients/clients/families in any setting.
 - b. Professional growth and development related to nursing practice roles and designed to enhance the delivery of patient care and health service,
 - c. Sciences upon which nursing practice, nursing education, or nursing research is based.
 - d. Social, economic, ethical and legal aspects of health care,
 - e. Management or administration of health care, health care personnel, or health care facilities,
 - f. Education of patients or their significant others, students, or personnel, in the healthcare field.

The Iowa Nurses Foundation retains responsibility to:

1. Review brochure 45 days prior to the offering.
2. Submit the brochure to the Iowa Board of Nursing.
3. Provide Certificate of Successful Completion which includes:
 - a. Name of participant, number of contact hours, name and address of provider, title and date of activity,
 - b. Iowa Nurses Foundation, Iowa Board of Nursing Provider #25.
4. Retain all correspondence, signed contract, completed copy of application and all attachments, records of attendance, participant evaluations, and summation in a confidential retrievable file for five years.

COPROVIDER AGREEMENT

The Sponsor: **Iowa Nurses Foundation**

And Applicant/Co-provider: _____

Have agreed to co-provide the Educational Activity entitled:

Date(s) of Activity: _____

Location of Activity (City and State): _____

Applicant is responsible for the following:

1. Determination of the objectives and content.
2. Selection of presenters/content specialists.
3. Program Evaluation.

The Iowa Nurses Foundation is responsible for the following:

1. Awarding of Contact Hours
2. Retention of Program and Participant records.

Applicant/Co-provider Representative

Date

Sponsor Representative

Date

BIOGRAPHICAL DATA FORM

Name: _____

Address: _____ City: _____ State: __ Zip: _____

Degree(s): _____ Credentials: _____

Day Phone: _____ Evening Phone: _____ Email: _____

Check your area(s) of involvement with this activity:

____ Administratively responsible ____ Nurse Planner ____ Presenter

____ Planning Committee ____ Other

Planners: Describe your familiarity with the target audience:

Presenters: Describe your expertise in this topic: _____

Vested Interests of Presenters: Having an interest in an organization does not prevent a presenter from speaking, but the audience must be informed of this relationship prior to the start of the activity.

I recognize that I must follow all guidelines and criteria regarding vested interest. Any real or perceived conflict of interest for a conference participant must be disclosed. For this purpose a real or apparent conflict of interest is defined as having significant financial interest in a product to be discussed directly or indirectly during the presentation; being or having been an employee of a company with a financial interest; and/or having had a substantial research support by an industry to study the product to be discussed at the presentation.

____ I have no real or perceived vested interests that relate to this presentation.

____ I have the following real or perceived vested interests that relate to this presentation: