STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649

PHONE 833-367-2762
FAX (717) 783-0822
www.dos.pa.gov/nurse
Email: st-nurse@pa.gov

CONTINUING EDUCATION PROVIDER - RN APPLICATION FOR APPROVAL

Notice: Application fee was increased on July 27, 2019.

Submission of this application requesting approval of a CE activity DOES NOT guarantee approval.

- Application must be submitted by mail at least **90 days prior** to the start date of the activity being offered.
- Attach non-refundable fee of **$115 for each CE hour that will be awarded**. Make check or money order payable to the "Commonwealth of Pennsylvania."
- A separate application **must** be submitted whenever a change is made to this CE activity other than date or location.
- A copy of all documents that are a part of the application must be submitted to the Board for review.
- Providers of CE activities shall maintain records of course attendance for at least 5 years.

Section I: Complete the following information (please print):

Name of Provider:
Address of Provider:
Telephone Number / Fax / E-mail / Web Address of Provider: **( )**
Name of Contact Person:
Address of Contact Person:
Telephone Number of Contact Person: **( )**

Title of Activity:
Date(s) and Location(s) of Activity:
Requested Number of RN CE Hours to be Awarded:

(ORIGINAL SIGNATURE OF PROVIDER) **(DATE)**

4/2009; Revised 12/2012; 7/2019; 6/2025

Section II: Please include the following attachments/outline with this application as indicated in the RN Regulations Section §21.134(b) (1)-(14):

- All attachments **must be numbered** as indicated below.
- If submitting multiple pages, include the provider name on the top of each attachment.

Label:	**Description:**
1	Full name and address of the provider
2	Title of the activity
3	Date(s) and location(s) of the activity
4	Faculty qualifications (provide CV if applicable)
5	Schedule of the activity, including, for activities with multiple presenters, the title of each subject, lecturer and time allotted. For example:

Timeframe	Topic of Discussion	Faculty	Method(s) of Instruction

6	Hours of RN continuing education (CE)
7	Method of certifying attendance, and *Certificate of Attendance* to be provided to course participants
8	Course objectives
9	Curriculum
10	Target audience
11	Program Coordinator
12	Instruction methods – please provide a copy of PowerPoint if used
13	Evaluation method(s), including participant evaluation and activity evaluation
14	Other information requested in writing by the Board. (You will be notified if additional information is required after the evaluation of your application.)

Section III: FACULTY INFORMATION FORM (Please make copies as needed.)

FACULTY NAME & TITLE	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
DEGREE(S) & AREA(S) OF EXPERTISE	

(PRINT NAME OF CONTINUING EDUCATION PROVIDER HERE)