## **INFUSION THERAPY EDUCATION PROGRAM APPLICATION FOR APPROVAL**

- Review Sections §21.141, §21.145, §21.145a, §21.145b and §21.203 of the Board's regulations to develop this Program.
- The application should be submitted by mail at least **90 days prior** to the start date. Board approval is required prior to offering.
- Attach the non-refundable fee of **\$285.** Make the check or money order payable to the "Commonwealth of Pennsylvania" and mail it with this application to the above address.
- Providers shall maintain records of attendance.

<u>NOTE</u>: If this Program is intended for CE credit for RNs use the *Application for Approval as a Provider of RN Continuing Education* found at: https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Continuing-Education.aspx.

## **Complete the following information (please print):**

Name of Provider:	
Address of Provider:	
Telephone Number / Fax / Email / Web Address of Provider:	
( )	FAX
Name of RN Responsible for Program:	
Address of RN Responsible for Program:	
Telephone Number / Fax / Email of RN Responsible for Program:	
( )	FAX:
Title of Infusion Therapy Education Program:	
Date(s) and Location(s) of Program:	
Number of Hours: :	Target Audience:

## Attach the following documents:

- 1. Faculty Qualification Form: Use **Template 1** (Submit this form for <u>each</u> faculty member listed).
- 2. Syllabus: Use Template 2.
- 3. Certificate of Completion: Use Template 3.
- 4. Participant Evaluation Form Developed by Provider

## Number all Pages.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911. I also verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration or the denial/restriction of the approval to be a nursing education program.

(Signature of RN Responsible for Program)