

INSTRUCTION SHEET

ILLINOIS ADVANCED PRACTICE NURSE CONTINUING EDUCATION SPONSOR QUESTIONNAIRE

In order for Advanced Practice Nurses to obtain credit for attendance at continuing education programs, the program must be provided by an approved sponsor. The sponsoring entity must:

1. Complete and submit an Illinois Advanced Practice Nurse Continuing Education Sponsor Questionnaire;
2. Forward a fee of \$500.00, in the form of a check or money order made payable to the Department of Financial and Professional Regulation: (state agencies, colleges and universities are exempt from payment of the fee).
3. Enclose a sample "Certificate of Attendance," which contains the following:
 - a) the name of the sponsor;
 - b) the name of the participant;
 - c) a brief statement of the subject matter;
 - d) the number of hours actually attended in each program;
 - e) the date and place of the program; and
 - f) the signature of the sponsor.

Sponsor means:

- a) approved providers of recognized certification bodies;
- b) any conference that provides approved Continuing Medical Education (CME) as authorized by the Illinois Medical Practice Act;
- c) ANCC accredited or approved providers;
- d) Illinois Society for Advanced Practice Nursing (ISAPN);
- e) American College of Nurse Practitioners;
- f) American Academy of Nurse Practitioners;
- g) Nurse Practitioner Association for Continuing Education (NPACE);
- h) American Association of Nurse Anesthetists;
- i) National Association of Clinical Nurse Specialists (NACNS);
- j) any other accredited school, college or university, State agency, or any other person, firm or association that has been approved and authorized by the Division to coordinate and present continuing education courses and programs.

Upon receipt of the sponsor application and all required documentation, it will be reviewed by the Advanced Practice Nursing Board. Subsequent to Board review, you will be advised of their recommendation.

1. Renewal applicants shall be required to complete 50 hours of continuing education per 2-year license renewal cycle which must be obtained during the applicable prerenewal period. The prerenewal period is the 24 months preceding May 31 of each even-numbered year.
2. It shall be the responsibility of the sponsor to provide each participant in an approved program with a certificate of attendance as outlined above.
3. The sponsor shall maintain attendance records containing all of the above information and course materials for not less than five years.
4. The sponsor shall be responsible for assuring that no renewal applicant shall receive CE credit for time not actually spent attending the program.
5. All programs shall:
 - a) contribute to the advancement, extension and enhancement of the professional skills and scientific knowledge of the licensee in the practice of advanced practice nursing;
 - b) foster the enhancement of general or specialized advanced practice nursing practice and values;
 - c) be developed and presented by persons with education and/or experience in the subject matter of the program;
 - d) specify the course objectives, course content, and teaching methods to be used; and
 - e) specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal.
6. Each CE program shall provide a mechanism for evaluation of the program and instructor by the participants. The evaluation may be completed on-site immediately following the program/presentation, or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.

<p>IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. This form has been approved by the Forms Management Center.</p>	<p>RETURN APPLICATION TO:</p> <p>STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION ATTN: Division of Professional Regulation 320 West Washington Street, 3rd Floor Springfield, Illinois 62786</p>	<p>FOR OFFICIAL USE ONLY</p> <p>_____ Approved</p> <p>_____ Denied</p> <p>_____ Deferred</p> <p>_____ Date</p>
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**ILLINOIS ADVANCED PRACTICE NURSE
CONTINUING EDUCATION SPONSOR QUESTIONNAIRE**

Each participant must be supplied with a "Certificate of Attendance." Please enclose a sample certificate.

1. OFFICIAL NAME OF SPONSORING INDIVIDUAL, FIRM, ASSOC., GROUP, OR CORPORATION	2. TELEPHONE NUMBER (Include Area Code)
3. ADDRESS (Include Number, Street, City, State, and ZIP Code)	4. TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Renewal - License No. 236-_____
5. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAMS OR COURSES	6. TITLE
7. ADDRESS (Include Number, Street, City, State, and ZIP Code)	8. TELEPHONE NUMBER (Include Area Code)

9. SPONSOR IS:

<input type="checkbox"/> Individual	<input type="checkbox"/> Group
<input type="checkbox"/> Firm	<input type="checkbox"/> School, College or University
<input type="checkbox"/> Association	<input type="checkbox"/> State Agency
<input type="checkbox"/> Corporation	
<input type="checkbox"/> Other: _____	Describe: _____

10. ORGANIZATIONAL PURPOSE AND OBJECTIVES:

SIGNATURE IS REQUIRED ON 2ND PAGE.

AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing education program(s) and course(s) offered by this sponsor and:

1. that all courses and programs offered by this sponsor for CE credit will comply with the criteria in 68 Ill. Adm. Code, Section 1305.100(c)(3) and all other criteria in 68 Ill. Adm. Code, Section 1305.100; and
2. that this sponsor will be responsible for verifying attendance at each course or program, and provide a certificate of attendance as set forth in 68 Ill. Adm. Code, Section 1305.100(c)(7);
3. all programs shall be developed and presented by persons with education and/or experience in the subject matter of the program to be presented;
4. all programs shall specify the course objectives, course content, and teaching methods to be used;
5. contribute to the advancement, extension and enhancement of professional skills and scientific knowledge of the licensee in the practice of advanced practice nursing;
6. specify the number of CE hours that may be applied to fulfilling Illinois CE requirements for licensure renewal;
7. all programs shall foster the enhancement of general or specialized advanced practice nursing and values;
8. I shall verify attendance at each CE course or program and keep records of such attendance for no less than 5 years;
9. I will give each successful participant a certificate of attendance or participation at the end of the course or program. The certificate will include the name of the participant and of the sponsor, a brief statement of the subject matter, the number of hours attended in each program, the date and place of the program, and the signature of the sponsor;
10. that upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1305.100; and
11. that this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation (68 Ill. Adm. Code, Section 1305.100) may result in disapproval of this sponsor by the Department; and
12. that this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this sponsor subsequent to such disapproval.

NOTARY

SEAL

Subscribed and sworn before me this _____

Print Name

day of _____, _____.

Signature

Signature of Notary Public

Date

My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

NAME OF CE SPONSOR:

Profession: