

INFORMATION AND INSTRUCTION SHEET

ILLINOIS CONTINUING EDUCATION SPONSOR APPLICATION ADVANCED PRACTICE NURSE, REGISTERED NURSE, LICENSED PRACTICAL NURSE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

CE SPONSOR APPROVAL

An entity seeking approval as a Continuing Education (CE) Sponsor of formal programs shall:

1. Submit the Illinois Continuing Education Sponsor Application.
2. Forward a fee of \$500 in the form of a check or money order made payable to the Department of Financial and Professional Regulation. *Fee is non refundable.* Forward the application and fee to the address listed below.

Department of Financial and
Professional Regulation
ATTN: Division of Professional Regulation
320 West Washington Street
Springfield, IL 62786

3. Provide a copy of a sample program including course materials, syllabi and a list of faculty and their qualifications.
4. Enclose a sample Certificate of Attendance, which must include:
 - a. The name and license number of the sponsor;
 - b. The name of the participant;
 - c. A brief statement of the subject matter;
 - d. The number of hours attended in each program;
 - e. The date and place of the program; and
 - f. The signature of the Sponsor.

Upon receipt of the application and all required documentation, the file will be prepared for review by the Illinois Nursing Board. Sponsor applicants will be advised in writing of the board's decision.

CE COURSE CONTENT

All programs shall:

1. Contribute to the advancement, extension, and enhancement of the professional skills and scientific knowledge in the practice of nursing;
2. Foster the enhancement of general or specialized nursing practice and values;
3. Be developed and presented by persons with education and/or experience in the subject matter of the program;
4. Specify the course objectives, course content and teaching methods to be used; and
5. Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal.

RESPONSIBILITY OF CE SPONSOR

1. It shall be the responsibility of the sponsor to provide each participant in an approved program with a Certificate of Attendance as outlined above.
2. The Department or Board may evaluate any sponsor of any approved CE program at any time to ensure compliance.
3. The sponsor shall maintain attendance records and course materials for not less than five (5) years.
4. Each CE sponsor 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 the instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.

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5. The sponsor shall be responsible for assuring that no renewal applicant receives CE credit for time not actually spent attending the course.
 6. Any time the sponsor subcontracts with a presenter, all advertisements, promotional materials and the Certificate of Attendance will bear the name, address and license number of the sponsor.

The name of the subcontractor may appear as the "Presenter" but no document shall imply that the subcontractor is licensed as a CE sponsor.

7. The Department will give no credit for programs offered subsequent to the date of the Department's withdrawal of the sponsor's approval.
8. To maintain approval as a sponsor, each sponsor license must be renewed by May 31 each even numbered year. The renewal fee is \$250. The sponsor is also required to provide a list of courses and programs offered within the last 24 months. The list shall include a brief description, location, date and time of each course given by the sponsor and by any subcontractor.

Renewal forms are mailed to the address on record with the Department. CE sponsors must notify the Department of all address changes in writing.

LICENSURE C.E. RENEWAL REQUIREMENTS

ADVANCED PRACTICE NURSES

All advanced practice nurses shall complete 50 hours of approved C.E. per 2 year license renewal cycle. Completion of the 80 hours shall satisfy the C.E. requirements for renewal of a registered nurse license.

REGISTERED NURSES

Beginning with the May 31, 2012 renewal, all registered nurses shall complete 20 hours of approved C.E. per 2 year license renewal cycle.

LICENSED PRACTICAL NURSES

Beginning with the January 31, 2013 renewal, all licensed practical nurses shall complete 20 hours of approved C.E. per 2 year license renewal cycle.

PRE-APPROVED SPONSORS

The following is a list of pre-approved sponsors. These entities need not apply for a license as a continuing education sponsor.

- A) Approved providers of a recognized certification bodies as outlined in Section 1300.400(a) of the Administrative Rules.
- B) Any conference that provides approved Continuing Medical Education (CME) as authorized by the Illinois Medical Practice Act.
- C) American Nurses Credentialing Center (ANCC) accredited or approved providers.
- D) Illinois Society for Advanced Practice Nursing (ISAPN).
- E) American College of Nursing 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) American College of Nurse Midwives.
- K) Illinois Nurse Association or its affiliates.
- L) Providers approved by another state's board of nursing.
- M) Any other professional association, established prior to 2007 and approved by the Division upon recommendation of the Board, that provides CE in a form and manner consistent with Section 1300.130 of the Administrative Rules.
- N) Nursing education programs approved under Section 1300.230 or 1300.340 of the Administrative Rules, wishing to offer CE courses or programs.
- O) Employers licensed under the Hospital Licensing Act (210 ILCS 85) or the Ambulatory Surgical Treatment Center Act (210 ILCS 5).
- P) Any other accredited school, college or university, or State agency that provides CE in a form and manner consistent with Section 1300.130 of the Administrative Rules.

<p>IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 60 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.</p>	<p>ILLINOIS CONTINUING EDUCATION SPONSOR APPLICATION ADVANCED PRACTICE NURSE REGISTERED NURSE LICENSED PRACTICAL NURSE</p>	<p>FOR OFFICIAL USE ONLY</p> <p>_____ Approved _____ Denied _____ Deferred _____ Date</p>
1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Renewal - License No. - _____	
3. ADDRESS OF SPONSOR'S HEADQUARTERS (Include Street, City, State, and ZIP Code)	4. SPONSOR'S TELEPHONE NUMBER (Include Area Code)	
5. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S)	6. TELEPHONE NUMBER OF PERSON RESPONSIBLE FOR CME PROGRAM	
7. LOCATION WHERE RECORDS WILL BE MAINTAINED (Include Street, City, State, and ZIP Code)	8. TELEPHONE NUMBER OF PERSON RESPONSIBLE FOR RECORD KEEPING (Include Area Code)	
9. SPONSOR IS: <input type="checkbox"/> State Agency <input type="checkbox"/> A School, College, or University <input type="checkbox"/> A Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Other (Describe) _____		
10. PURPOSE AND OBJECTIVES OF NURSE CONTINUING EDUCATION SPONSOR		
11. IF SPONSOR OWNS AND OPERATES MULTIPLE LOCATIONS IN ILLINOIS, ATTACH SEPARATE SHEET LISTING ALL LOCATIONS, INCLUDING THE ADDRESSES (STREET, CITY, STATE, ZIP CODE).		
12. THE FOLLOWING MUST BE INCLUDED WITH THIS APPLICATION: <input type="checkbox"/> Sample Certificate of Attendance; <input type="checkbox"/> Sample student evaluation of the course and instructor; <input type="checkbox"/> A course outline, including content of the course and instructor qualifications; <input type="checkbox"/> Listing of all locations (if applicable); and <input type="checkbox"/> Fee in the amount of \$500 in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.		
_____ Signature of Person Submitting Application	_____ Title	
_____ Type or Print Name of Person Submitting Application	_____ Date	
<p>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. 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.</p>		

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 1300.130(c)(3) and all other criteria in 68 Ill. Adm. Code, Section 1300.130; 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 1300.130(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 nursing practice 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 1300.130; 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 1300.130) 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: