



BOARD OF EXAMINERS OF NURSING CARE INSTITUTION ADMINISTRATORS AND
ASSISTED LIVING FACILITY MANAGERS

Continuing Education Course Application- Individual

Name: _____ License/Certificate #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

This course is for: Managers Administrators

Teaching method: Classroom Online Webinar Self-Study Other: _____

Sponsor: _____

Title of Course: _____

Requested Hours: _____

Subject Areas: Statutes/Rules Principles of Management Psychology Patient Care
 Personal/Social Care Therapeutic/Supportive/Nutrition/Pharmacology/Disease Resources Patient Rights
 Quality Assurance Ethics Recordkeeping

Date Course Offered: _____ Time: _____

Location Address: _____

Instructor: _____

Signature: _____ **Date:** _____

Requirements:

- Copy of any examination that will be given to those who attend the continuing education;
- Curriculum vitae of each instructor;
- Agenda of the continuing education showing the hours of instruction;
- Certificate of attendance that meets the requirements in R4-33-501(D);
- Copy of any brochure prepared regarding the continuing education; and
- \$5.00 for each hour of continuing education

FOR OFFICIAL USE

Course approval #: _____ Hours approved: _____

Approved Date: _____ Expiration Date: _____

Approved by: _____