

# Continuing Education Application



Allen College  
UnityPoint Health

*A preliminary budget is required with all program requests having a registration fee.*

**INSTRUCTIONS:** Complete the application and forward to the Allen College Continuing Education Department **2 weeks prior to program advertising**. Extra time is needed for multiple CE credit. The department will communicate denial or send to the program developer, the necessary forms; registration, evaluations, etc. within 5 working days of the receipt of the application.

## **PLANNING PROCESS** (Type or print legibly)

Today's Date: \_\_\_\_\_

Coordinator/Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Professional (RN) involved in program planning: \_\_\_\_\_

*All of the following must be completed for approval.*

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**INTENDED AUDIENCE** (include specialty areas, if any): \_\_\_\_\_

**FACULTY:** (must attach vitae and have faculty disclosure statements signed) \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

**OBJECTIVES:** Upon completion of this program, the participant should be able to:

- 1.
- 2.
- 3.
- 4.

**AGENDA:** If the program is more than one hour long, attach an agenda.

## **HOW PROGRAM WAS IDENTIFIED or NARRATIVE OF THE PLANNING:**

**BUDGET:** A preliminary budget **must** be included with all program requests having a registration fee.

**SPONSOR:**  Yes, this program will be supported by an educational grant from a commercial institution(s). Attach list, contact info, and amount of support. The speaker will have to complete a faculty disclosure form. (Attach a list of who is providing an educational grant and how much)  
 No commercial support will be received.

**PREREGISTRATION:**  Yes by mail or calling (who) \_\_\_\_\_ at # \_\_\_\_\_

**REGISTRATION FEE:** \$ \_\_\_\_\_ (Please add additional \$10 for Allen College CEU recording fee per participant)

**CE CREDIT:** Credit applying for:  CEUs for nursing

Nursing: "This program has been approved for \_\_\_\_\_ CEUs through Allen College, Iowa Board of Nursing provider #127. Participants must attend the entire session to receive credit."

**FLYER:** Flyer:  I have done my own (using applicable statement(s) from below) – flyer must be approved by Continuing Education **prior** to distribution  
*Required by state.*  I would like the Continuing Education Department to type the flyer please. (Must have minimum of 2 weeks lead-time)

**REGISTRATION PROCESS**

Anticipated number of certificates and evaluations requested (estimated attendance) \_\_\_\_\_

Maximum enrollment capacity of your program \_\_\_\_\_

Open to non-Allen Health Systems employees  Yes  No

**The program event planner will be responsible for returning all necessary documents (completed sign-in sheets showing signature and RN license #, completed evaluation forms, faculty vitae, coordinator summary, etc.) to Allen College Continuing Education department within 5 working days after the program.**

**The program coordinator may be responsible collecting money** and remitting to Allen College Continuing Education department within 5 working days after the program. If money is to be collected, please discuss options with the Continuing Education Coordinator.

**A \$10 charge per CEU certificate will be applied to every CEU event.**

**Program cancellation:** If the program is cancelled for any reason, the program coordinator must notify Allen College Continuing Education within 24 hours of cancellation.

If you have any questions, please contact Continuing Education at (319) 226-2017.

Who will be responsible for registering participants?

Program Coordinator from top of 1<sup>st</sup> page or  other as listed below:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**For Continuing Education Office Use Only**

Program approved for \_\_\_\_\_ Nursing CEUs IBON Criteria 5.3(2)a \_\_\_\_\_

Program not approved for CEU credit because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CE Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Vice Chancellor of Academic Affairs Signature \_\_\_\_\_ Date \_\_\_\_\_