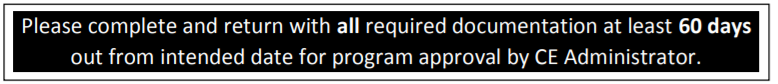
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Kentucky Nurses Association Continuing Education Schedule Request Form

2022 KNA Conference, “**“***People, Purpose, and Passion: A World of Opportunities***”**

Thursday, November 3 and Friday, November 4



*Please submit all documentation 60 days prior to intended date to* [*admin@kentucky-nurses.org*](mailto:admin@kentucky-nurses.org)*.*

**Include the following:**

1. Biographical Data Form on each presenter/speaker (see page 2)
2. Presenter Application Form (see page 3)
3. A copy of the presenter/speaker’s educational materials, handouts, PowerPoints (rough drafts are acceptable)
4. Program Announcement or Marketing – any communication to be sent out to gain/inform participants or advertise program **must** include:

* Objectives
* Content Overview
* Presenters
* Fee and Refund Policy
* Location
* Date
* Time
* Number of Contact Hours
* KBN Provider Number (to be issued once approved)
* Requirements for Successful Completion

**Kentucky Nurses Association**

**Biographical Data Form**

Please complete all information directly on this form. Attach a copy of provider/speaker’s educational materials, handouts, PowerPoints, etc. separately.

Name and Credentials:

Home Address:

Employer Address:

Telephone/Email (preferred method of communication):

Present Title, Position and Description:

Education: *(Presenters may attach/send CV in lieu of completing the form below.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Degree | Institution,  City & State | Major Area of Study | Year Degree Awarded |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Kentucky Nurses Association**

**Presenter Application**

Name of Sponsor: Kentucky Nurses Association

Program Title:

Program Date**:**

Program Run Time:

Contact Hours Requested:

Location Address:

Target Audience:

**Do you give permission for the session to be recorded and uploaded to the KNA library for future use? Yes □ No □**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Objectives  List in operational/behavioral terms  At the conclusion of this program, the participant will be able to: | Content/Topics  List each topic with a description or outline | Time Frame  List the allotted time | Faculty  List the speaker/presenter | Teaching Methods  List the teaching method for each |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**Forms and documents to be provided *after* CE administrator approval:**

* KNA Sign-In Sheet (which will include provider number)/Survey Monkey Evaluations **(Evaluations will be completed via Survey Monkey. Please ask attendees who want CE credit to legibly print their** **name and** **email address on the sign-in sheet.)**

**Post CE Program**

All documentation is due to the KNA Office

***one week*** following completion of CE Programs;

failure to return all documents will result in no further program approvals.

Sign-In Sheet (completed)

Final Drafts of presenter/speaker’s educational materials, handouts, PowerPoint presentations