

**Ohio Department of Mental Retardation/Developmental Disabilities
CONTINUING EDUCATION (NURSING) APPLICATION
Page 1**

DIRECTIONS: PLEASE COMPLETE THESE FORMS USING THE GUIDELINES OUTLINED ON PAGE 10

Applicant Name and Address:	Telephone Number (Including Area Code)
Email	

Application Submitted for:	<input type="checkbox"/> Offering	Request for: (Check all that apply)	<input type="checkbox"/> RN
	<input type="checkbox"/> Independent Study		<input type="checkbox"/> LPN

Title should be clear and succinct and should reflect content of program.

Title of Offering/Independent Study:	
Date(s) to be held:	Advertising information: (statement which directs any party to contact the provider of approval status)

Documentation of Need should describe where the request originated (i.e., Medicaid or Licensure Deficiency, Departmental Mandate, Needs Assessment...) and what will be accomplished by this Offering or Independent Study.

Documentation of Need: (Rationale for Presentation)

Total Classroom Hours is the number of hours of offering which includes explanation/discussion of objectives, pre and/or post tests and evaluation of the offering.

The CE's for Nurses is computed based on a 60-minute hour excluding breaks and lunches. Total minutes and divide by 60.

Total Classroom Contact Hours:	CE's for Nursing:	
--------------------------------	-------------------	--

You must submit a summary of the Evaluations and the Attendance Sheet(s) to the Intake Nurse within 6 weeks of the offering.

FOR CE INTAKE NURSE USE ONLY					
Date Application Received:			Approver Number:		
Approved for: (Check all that apply)	<input type="checkbox"/>	Registered Nurse	Outcome of Review:	<input type="checkbox"/>	Approved
	<input type="checkbox"/>	Licensed Practical Nurse		<input type="checkbox"/>	Denied
	<input type="checkbox"/>			<input type="checkbox"/>	Pending
If Application is denied or pending, give rationale:					
<div style="border-top: 1px solid black; width: 200px; margin: 0 auto;"></div> Intake Nurse's Signature					