

**WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES**

101 Dee Drive  
Charleston, West Virginia 25311-1620  
Attention: Continuing Education Processing Department  
Telephone: (304) 558-3596 / Fax: (304) 558-3666  
Email: [rnboard@wv.gov](mailto:rnboard@wv.gov)

**TO: Applicant for Continuing Education Provider**

**FROM: West Virginia Board of Examiners For Registered Professional Nurses**

**RE: Registration for Approved Providers of Continuing Education Activities  
For Registered Professional Nurses**

Registered Professional Nurses are required to complete a total of 12 contact hours of continuing education, during each reporting period.

**To assure availability of quality programs, the Board has established standards for continuing education. The Board will register those providers of continuing education who agree to be responsible for adhering to the minimum standards included with this application. Audit of records and continuing education activities will occur yearly from a random selection and may occur if the Board is presented with evidence from any source indicating that a provider is out of compliance with minimum standards or West Virginia Code §30-7et.seq.**

Attached is an application for Provider Status as recognized by the West Virginia Board of Examiners for Registered Professional Nurses. Please complete this application and return to this office for review and processing. Allow 30 days to receive notice of approval and a WVBRN registration provider number.

The Board will maintain and update a list of approved providers of continuing education. A letter requesting confirmation of an active status will be sent to providers each year. Failure to return the status document will cause the provider to be removed from the Board's CE Provider list. Should you have questions please email the Board's office at [rnboard@wv.gov](mailto:rnboard@wv.gov).

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**APPLICATIONS MUST BE SUBMITTED WITH \$100.00 FEE** (*fees are not refundable*)

[illegible]

**Please type or print the information requested**

<b>Agency Name:</b>	
<b>Name of Person(s) Responsible for Coordinating CE Activity:</b>	
<b>Address of Agency:</b>	_____ _____
<b>Telephone Number:</b>	_____
<b>Email Address:</b>	_____
<b>Approving Association:</b>	Is your organization approved as a provider of continuing education for nurses by any approving association?  ___ Yes ___ No    If yes, please complete the information below.  Approving Association: _____  Approved Provider No.: _____ Expiration Date: _____
<b>Provider Classification: (Check all that apply.)</b>	___ Individual                  ___ Local Agency         ___ Institutions ___ Organization            ___ State Agency ___ Hospital/Health Care    ___ National Agency
<b>Subject Areas: (Check all that apply.)</b>	___ Professional nursing practice and special health care problems ___ The biological, physical, social and behavioral science ___ The legal aspects of professional nursing practice ___ Management of health care personnel and patient care ___ Teaching & learning process for health care personnel or for patients
<b>Type of Offerings: (Check all that apply.)</b>	___ Credit Course      ___ Independent Study (select all that applies) ___ Workshop          ___ Television    ___ Video    ___ Audio ___ Professional Journal      ___ Computer
<b>Person(s) Responsible for Coordinating CE Activity Signature/Date:</b>	

## **CONTINUING EDUCATION MINIMUM STANDARDS:**

The West Virginia Board of Examiners for Registered Professional Nurses will not review nor approve continuing education **activities** in advance for RN's or participating provider. The provider of CE is responsible for establishing a process and maintaining records for review of CE activities for compliance with minimum standards prior to presentation. All CE activities must be reviewed by an individual or group knowledgeable in the area of registered professional nursing practice. The reviewer should not be one of the presenters of the CE activity.

- I. The CE activity is at least 50 continuous minutes which shall equal 1 contact hour.
- II. The CE activity reflects the educational needs of the learner in order to meet the health care needs of the consumer. The CE activity shall consist of one or more of the following subject areas:
  - a. Professional nursing practice and special health care problems;
  - b. Biological, physical, social and behavioral sciences;
  - c. Legal aspects of professional nursing practice;
  - d. Management of health care personnel and patient care;
  - e. Teaching and learning process for health care personnel or for patients; and
  - f. Subjects relating to professional nursing practice which are required as part of a formal nursing program and which are more advanced than those completed for original licensure.
3. Written objectives, in measurable terms, are prepared and available describing what a licensee can expect to learn.
4. Content is related to the objectives and nursing or health care.
5. The qualifications of instructors in subject areas to be taught are provided to participants in writing.
6. A written schedule is provided which indicates content to be covered and corresponding time frames.
7. Program announcements contain the WVBRN provider registration number.
8. A written method is established to evaluate the CE activity and to determine whether the participant has achieved stated objectives of the CE activity.
9. The provider shall furnish a written statement of completion to each participant who completes each continuing education program. The statement shall be signed by the instructor or an individual designated by the instructor, and shall contain the following information: the name of the continuing education program; the number of contact hours; the date of the continuing education program; the name of the participant; and, the WVBRN provider registration number and/or approved provider number.
10. Records for all CE activities are maintained by the provider for a period of five (5) years and include target audience, program reference materials, objectives, content outline, evaluation tools and summary of the evaluation, teaching methods and materials, instructor's qualifications and a list of all participants.

## **CONTINUING EDUCATION - GENERAL INFORMATION:**

### ***Units of measurement used for determining credit to be awarded for continuing education activities.***

- 1 Contact Hour = 50 minutes of an approved, organized learning experience, either a didactic or laboratory/clinical experience
- 1 CEU = 10 contact hours of instructions
- 1 Academic Semester Hour = 15 contact hours of instruction
- 1 Academic Quarter Hour = 10 contact hours of instruction

### ***Activities which are not acceptable for continuing education credit.***

- ▲ Job related clinical practice;
- ▲ Development and presentation of programs as part of the licensee's on-going job responsibilities;
- ▲ Orientation and update of policies and procedures specific to the licensee's employing facility; and
- ▲ Activities which are part of a licensee's usual job responsibilities, such as attendance at business or professional meetings unless specifically designated as a continuing education activity by a registered provider or other approved provider.

The Board recognizes the West Virginia Nurses Association or any other provider accredited by the American Nurses Credentialing Center as an approved provider of continuing education programs for purposes of meeting the requirements of this rule. The Board shall consider written requests to designate other individuals, local, state or national agencies, organizations and associates as approved providers.