



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF HEALTH

Virgin Islands Board of Nurse Licensure

WWW.THEVIBNL.ORG/

P.O. Box 304247, St. Thomas, US Virgin Islands 00803

5051 Kongens Gade Ste. 1, St Thomas, USVI 00802-6487

Tel: (340)776-7397/Fax: (340)777-4003

**RENEWAL APPLICATION FOR
CONTINUING EDUCATION PROVIDER**

Please read the following before completing this application. Be sure to complete all sections.

Fees: \$250.00 for two (2) years by Certified Bank Check or Money Order.

IDENTIFICATION DATA:

A) Provider Name	_____	Tel.#	_____
B) Mailing Address	_____	Fax#	_____
	_____	Email	_____
	_____	RN License #	_____
	_____	Provider #	_____

C) Currently Employed Y _____ N _____

D) Place of Employment _____
Address: _____

E) Person (s) responsible for providing Continuing Education _____

F) LIST OR ATTACH CONTINUING EDUCATION LISTINGS HELD IN THE PREVIOUS BIENIUM AFFADAVIT:

I CERTIFY THAT I HAVE READ THE ANSWERS AND THEY ARE TRUE.

Signature: _____

Date _____

Print Name: _____

Title: _____

Office Use Only:	
Board Review Date: _____	Fee Enclosed: _____
Renew Registration: _____	Do Not Renew: _____
Comments:	

APPROVED PROVIDER GUIDELINES

Continuing Education Providers may be designated by the Board as “Approved Providers” upon submitting application on forms provided by the Board, paying applicable fees, and allowing a minimum of (90) days prior to the date the offering begins. Providers seeking approval shall give evidence of meeting the following criteria:

1. A consistent, identifiable authority, preferably a Professional Registered Nurse, will have the overall responsibility for the execution of all approved educational offerings. If this individual is not a nurse, then documentation must be made of nursing participation in the planning and implementation of any offering.
2. The provider will maintain adequate documentation for each course/program, including but not limited to *Record Keeping* to be accessible to the board (see#5 below), Advertising Course/Program Content, as it relates to Board requirements specified in section A-1, Issuance of Authenticated Certificates, and Instructor Qualification.
3. Utilization of program plan which includes a statement of purpose, measurable learning objectives, outline of content, specific teaching methodologies, contact time for each learning objective, and evaluation of the attainment of those learning objectives and the overall effectiveness of the educational offering.
4. Utilization of educational methods which reflect adult learning principles.
5. Maintenance of participant program records for minimum of (5) five years. The record storage system assure confidentiality and allows for retrieval of essential information for each offering including:
 - a. Title of course/program.
 - b. Names and addresses of participants, and number of contact hours for each course.
 - c. Names and titles of planning committee members.
 - d. Name, title, and curriculum vitae for each faculty member.
 - e. Starting and Ending Dates.
 - f. Name and address of facility where offering is held.
 - g. Program Plan as specified in section D-4.
 - h. Description of the target audience.
 - i. Number of Contact Hours awarded for the offering.
 - j. Summary of participant’s evaluation.
 - k. Copy of co-participant agreement, if applicable.
6. Provide the Board with notification of the availability of each offering, including at least the following information: date, time, location, cost of the program, items covered by the fees and refund policy, areas of subject matter, educational objectives, credentials of instructors and target audience, amount of continuing education credit to be awarded and approval provider number. A copy of the education advertising brochure/flyer shall be sent to the board prior to any offering.

Evidence of accreditation/approval as a provider unit in the American Nurses Association continuing education system may be submitted in lieu of evidence of meeting the above criteria.

CONTINUING EDUCATION PROVIDER APPROVAL APPLICATION

APPROVED PROVIDER GUIDELINES Cont'

Processing Fees for an Individual Offering is ***\$25.00 + \$5.00*** for each contact hour of instruction. Processing Fees for the approval of a Provider Number for a full Continuing Education Program is ***\$250.00 for (2) two years***. Fees are payable by money order or certified bank check and due upon submission of application. Fees are payable by money order or certified bank check and upon submission of application. Processing fees are non-refundable and non-transferrable. Application and processing fees will be active for (1) one year.

APPROVED PROVIDER STANDARDS FOR CONTINUING EDUCATIONS OFFERINGS

Appropriate Continuing Education would include, but not be limited to the following content areas:

1. Nursing practice areas related to counseling, teaching, care of clients, or special health care problems.
2. Biological, Physical, or behavioral science.
3. Legal or ethical aspects of health care, professional, social economic, or spiritual aspects of nursing.
4. Management or administration of personnel and or patient care, or nursing education.
5. Education or clients or their significant others, or of personnel associated with nursing functions.
6. Subjects approved by the Board that are required as part of a formal nursing program, but which are more advanced than those completed for original licensure.
7. Other courses as may be approved by the Board at its sole discretion.