



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

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Dear Continuing Education Provider Applicant,

The Virgin Islands Board of Nurse Licensure (VIBNL) welcomes and appreciates your interest in providing Continuing Education Units (CEU) for nurses in the territory of the United States Virgin Islands.

Enclosed is the Provider Approval Application Packet that includes the following:

- a. Continuing Education Provider Approval Application
- b. Approved Provider Guidelines
- c. Approved Provider Standards for Continuing Education Offerings
- d. Renewal Application for Continuing Education Provider

You may apply for approval of an individual offer by use of the offering approval application and submission of the appropriate processing fee; or apply to be granted provider status by use of the provider approval application and submission of the appropriate processing fee. The provider status will allow you to provide many continuing education offerings during the biennium period, paying only one provider fee, rather than paying for individual offerings.

The completed application forms will be processed to determine adherence to the standards of continuing education as set forth in the Rules of this board. Applications adhering to the standards will be granted provisional approval pending ratification by the Board at the next scheduled meeting. Applications not adhering to the standards will be returned with deficiencies identified so that additional information may be submitted.

Should you desire assistance in completing this application, please contact VIBNL office staff at (340) 776-7397.

Sincerely,
Chairperson, VIBNL

CONTINUING EDUCATION PROVIDER APPROVAL APPLICATION

Please read prior to completing Provider Approval Application Form

Approved Provider Responsibilities

As an approved provider, I/we agree to adhere to the standards set forth in the Rules of the Virgin Islands Board of Nurse Licensure (VIBNL).

1. All educational offerings conducted by the provider shall meet the standards as outlined in these Rules.
2. Providers shall adhere to the numbering system and guidelines as established by the board.
3. There shall be a designated person assuming responsibility for the Continuing Education Offerings for nurses. If this person is not a nurse, provision should be made for insuring nursing input in overall program planning and evaluation.
4. Target audience will be identified for each offering.
5. Currency & accuracy of subject matter will be documented by reference/bibliography.
6. Program shall have stated, long term, coordinated plan for providing continuing education offerings based on data related to specific characteristics of the learned population. There shall be a tangible plan for ongoing evaluation of program content, faculty, learning process, and evaluation tools. Data will be analyzed and conclusions utilized in planning, design, and continuity.
7. Providers shall establish written policies and procedures for implementation of continuing education program.
8. Providers shall maintain a system of record-keeping which provides for storage of information.
9. Records of offerings shall be maintained for (5) five years for inspection by the board.
10. Providers shall furnish each participant with an authenticated Certificate of Attendance.
11. Providers shall maintain security of attendance records and certificate.

I, _____, understand that the fee to be awarded a provider number would be \$250.00 for two years and will expire December 31st of the odd year. This would preclude payment of fees for individual offerings during that biennial period.

CONTINUING EDUCATION PROVIDER APPROVAL APPLICATION

Please read the following prior to completing this application.

1. Complete all sections.
2. All information must be printed in ink or typewritten.
3. Identify all attachments with the name of the provider.
4. Allow at least 90 days for processing of the application.

Fees: \$250.00 for (2) two years by certified bank check or money order for Approved Provider Number. Fees are non-refundable and non-transferable and are payable by money order or certified bank check only. All Provider Approval Certificates will expire December 31st of the odd year.

Identification Data:

1. Provider Name: _____
Tel.#: _____ Fax# _____
a. Mailing Address: _____
2. RN License#: _____ Email: _____
3. Business Name _____
a. Address: _____
b. Tel.#: _____ Fax # _____
4. Currently Employed: Yes ___ No ___ Place of Employment: _____
a. Address: _____
5. Designated Person/s responsible for providing Continuing Education and their license numbers:

<i>Name</i>	<i>Position Title</i>	<i>License#</i>

Long Range Planning/Evaluation:

1. Describe the purpose of your organization.

2. Identify the length of time you are in business.

3. Explain the contact person (s) position and authority in the organization.

4. Submit a curriculum vitae/resume of contact person.

5. If the contact person is not a nurse, describe your plan for obtaining nursing input in the overall program planning and evaluation as per the Virgin Islands Board of Nurse Licensure Rules & Regulations (1982), “*Approved Providers of Continuing Education*”. Identify the authority and responsibility of persons providing nursing input.

6. Outline your plan for presenting continuing education offerings during the next (12) months.

7. Explain the source of funding for the continuing education program for nurses.

8. List the names and titles of the planning committee members responsible for curriculum and program preparation.

9. Give the Name and Address of the site where you will present the program.

10. Specify the starting and ending dates, time of day and day of the week for the education program.

11. Identify the target audience:

12. Enclose the following information:

- a. Learner Objective – Describe the expected learner outcomes in behavioral terms that are attainable, can be evaluated, and are relevant to current nursing practice.
- b. Subject Matter – for each learning objective, outline the subject matter that corresponds to the objective. Content should be current, accurate and listed in logical order. Document currency and accuracy by including reference/bibliography.
- c. Teaching Methodologies – List any learning activities or teaching modalities to be used to present the material.
- d. Copy of the Instructor(s) curriculum vitae.

CONTINUING EDUCATION PROVIDER APPROVAL APPLICATION

13. Enclose a copy of the evaluation form and a copy of the certificates of attendance to be distributed to the participant.

Affidavit:

I certify that I have read the answers and they are true.

Signature _____ Date _____
Print Name _____ Title _____

The Education Committee of the Virgin Islands Board of Nurse Licensure will carefully review your application and notify you within (8) weeks of your approval status.

Office Use

Review Date _____ Fee Enclosed _____ Approved _____
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.