MISSOURI BOARD OF NURSING HOME ADMINISTRATORS

TRAINING AGENCY CEU PROGRAM APPROVAL REQUEST

Fillable request form for Board-approved Training Agencies

Use this form to request approval for a continuing education program before offering CEU credit.
Complete all applicable fields. Attach additional pages or supporting materials when necessary.

TRAINING AGENCY INFORMATION

Training Agency / Facility:

Training Agency Contact:

Email: **Phone:**

Submitted By: **Title / Role:**

PROGRAM INFORMATION

Program / Topic Title:

Program Location: **Meeting Date:**

CEU Presentation Time: **Delivery Method:** ☐ In-person ☐ Virtual

Requested CEU Hours: **Administrative (A):** **Patient Care (PC):**

PRESENTER(S) INFORMATION

Presenter Name: **Credentials:**

☐ Multiple Presenters If checked, attach a bio/resume for each presenter with the submission.

Presenter Qualifications / Relevant Experience:

CONTENT OBJECTIVES

List the learning objectives. Objectives should describe what participants will know or be able to do after the program.

TRAINING AGENCY CEU PROGRAM APPROVAL REQUEST - CONTINUED

PROGRAM CONTENT / AGENDA

Provide a brief outline or agenda showing the content to be presented and the time devoted to each topic.

SUPPORTING MATERIALS

Indicate materials submitted with this request:

- ☐ Agenda / timed outline
- ☐ Presenter bio(s) / resume(s)
- ☐ Course materials / handouts
- ☐ Other

Attach additional pages or supporting documentation as needed.