

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:	
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☐ 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.