Missouri Board of Nursing Home Administrators
Single Offering Application

Part I:

Provider/Organization Name: _____

_____

Contact Person: _____ Phone Number: _____

Email: _____ RSVP(email/website/phone): _____

Offering Title: _____

Total Hours Requested: Administrative: _____ Patient Care: _____

Offering Date(s): _____

Location(s)(City & State): _____

Part II:

Attach/include the following information:

- Names and telephone numbers of the planning committee members. (recommended that at least one member be a licensed administrator)
- Names of speakers/instruction staff including their experience related to content area and educational qualifications.
- Content objectives.
- Descriptive overview of the program including: target population, purpose, detailed outline of content including topic titles with descriptions and speakers (timed agenda).
- Explanation of how this offering relates to the education needs of the licensed administrator and identify from the "Long Term Care Core of Knowledge," that is available on our website, the areas covered within the content.
- Copy of evaluation form.
- Explanation of system for recording and maintaining information on attendance records.
- Sample certificate of completion to be presented after course and a sample roster.

Part III:

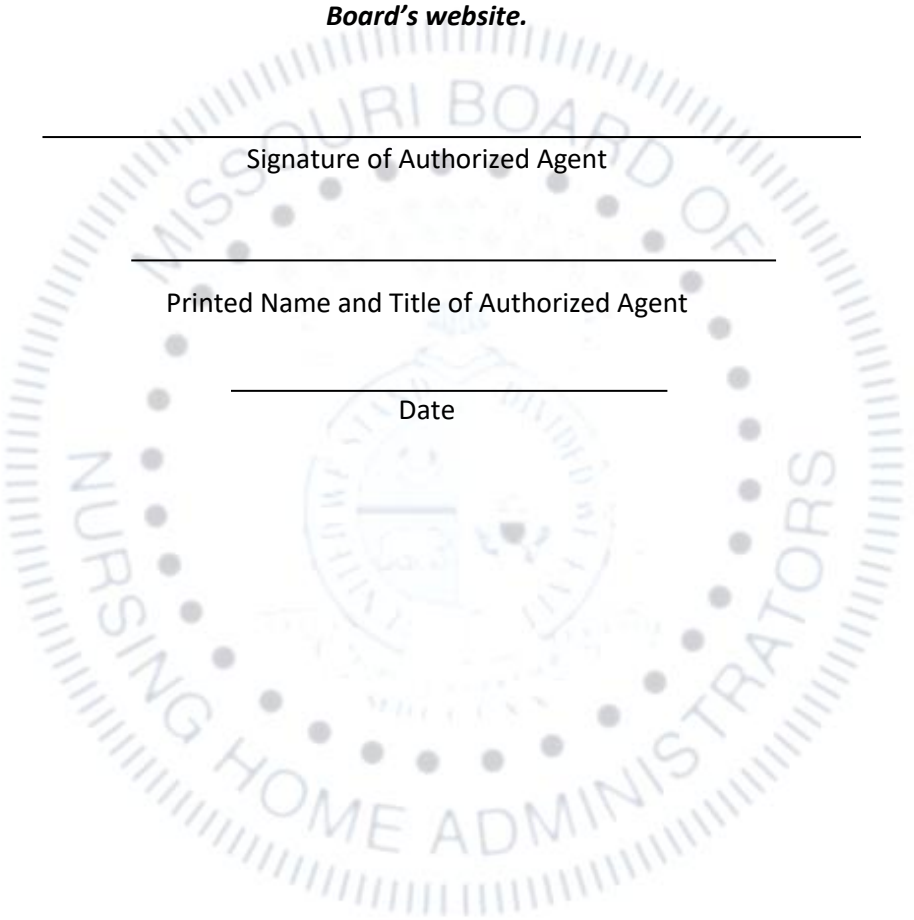
The authoritive signature on the next page certifies all statements made are true to the best of our knowledge/belief and that if approved as a single offering sponsor our organization:

1. Will follow affirmative action standards assuring equal access to all approved programs for all long term care administrator licensees without regard to race, color, sex, religion, national origin, creed, age, ancestry, veteran or handicap status.
2. Monitor long term care administrator (NHA and RCAL) attendance at all approved educational programs.
3. Provide a certificate of attendance to each participant and shall include the participant's name, title of the course, date of course, location of course, the number and type of clock hours completed and the Board approval number.
4. Provide a summative evaluation and roster of attendees including typed or clearly printed name, signature, NHA or RCAL license number, and clock hours earned/type of clock hours, course title, course date, course location, shall be issued to the Board within thirty (30) days of the course date.
5. Will maintain attendance records for a minimum of four (4) years.
6. Will comply with all pertinent Missouri laws and regulations as a condition of approval as a single offering sponsor for long term care administrators.

7. Will provide courses that shall be consistent with the criteria for continuing education established by the Board and, shall be of value in developing skills in long-term or related health-care administration while addressing content within the long term care core of knowledge, pursuant to 19CSR 73-2.031 (2) (A)-(K).
8. Will provide adequate facilities and appropriate instructional material to carry out continuing education programs.
9. Will agree to periodic monitoring of our programs by the Missouri Board of Nursing Home Administrators.

Our organization understands that approval of this request designates this agency as an approved sponsor of continuing education unless it is revoked for cause. Failure to comply with rules or to meet standards as described in 19CSR 73-2.060, refusal to allow resonable inspection or to supply information upon request of the Board or its representatives, are causes for revocation.

Our organization has read and fully understands the Criteria for Single Offering Approval PDF available on the Board's website.



_____

Signature of Authorized Agent

_____

Printed Name and Title of Authorized Agent

_____

Date

Non-refundable fee of $15.00 per requested continuing education hour made payable via <u>one</u> of the below options 30 days in advance of presentation. If the application and are submitted less than 30 days in advance of the presentation, you will need to pay the non-refundable late fee of $50 in addition to the fee of $15.00 per requested clock hour.

1. Made payable online via electronic check or credit card at DHSS Online Pay Portal. Once electronic payment has been made and you received confirmation, email application and requested documents to BNHA@health.mo.gov.

2. Made payable in a check or money order to Board of Nursing Home Administrators. Check or money order along with completed and signed application and requested documents are to be mailed to Board of Nursing Home Administrators, ATTN: FEE RECEIPTS, PO Box 570, Jefferson City, MO 65102-0570.