

**APPLICATION FOR CONTINUING EDUCATION APPROVAL**

Instructions are found on Page 2

**SECTION 1: CONTINUING EDUCATION PROVIDER INFORMATION**

CE PROVIDER - ORGANIZATION NAME (or, if LICENSEE IS SEEKING APPROVAL – ENTER YOUR NAME and CONTACT INFORMATION – see instructions on page 2):

PROGRAM TITLE:

PROVIDER CONTACT PERSON:

PROVIDER CONTACT PHONE:

PROGRAM DATE(s) :

PROVIDER CONTACT FAX & E-MAIL:

PROGRAM SITE & CITY(ies):

PROVIDER ADDRESS:

PROVIDER WEB ADDRESS or PROGRAM LINK:

PROVIDER CITY:

STATE:

ZIP CODE:

**SECTION 2: CE HOURS AND EDUCATION VENUE**

◆ PLEASE CHECK THE APPROPRIATE BOX FOR THE TYPE OF LEARNING ENVIRONMENT – see instructions on page 2

◆ LIST THE NUMBER OF CE HOURS REQUESTED: (Add all minutes of direct education/divide by 60 minutes, round down to nearest ¼ hour)

Classroom/Seminar  
 Webinar  
 Other: \_\_\_\_\_

Open to all LNHA's  
 Restricted to member only organization(s)

Total Requested Clock Hours:

FEE REQUIRED FOR ALL APPLICATIONS: See Page 2

**SECTION 3: STATEMENT OF COMPLIANCE**

◆ By signing and dating below, I agree to provide and comply with the following requirements in Minnesota Rules 6400.6870 Subpart 1.

- a. Items as required in sections 1, 2 listed above  
b. Learning Objectives identified as core competencies for the LNHA. Refer to the NAB Domains of Practice document.  
c. Agenda with all breaks listed and adhered.  
d. Speaker qualifications.
- Certificate of attendance for each participant:  
Minnesota Rule 6400.6870, Subpart 1. D. ...the CE sponsor's willingness to maintain a means of verifying attendance and provide each attendee a certificate of attendance or other appropriate means of attesting to the number of clock hours attended by each attendee.  
e. The sponsor agrees to increase or reduce the certificate of attendance when the program length is significantly altered.  
f. Webinar sites are assigned an onsite facilitator or monitor with a list of participants filed with the CE sponsor or  
g. Evidence of a testing process to measure the participant's attainment of knowledge.

◆ Signature of person submitting request

◆ DATE:

**Section 4: FOR BOARD USE ONLY**

◆ CE Approval #: **MN**

◆ Number of Hours Approved:

◆ NAB Core Competency-Domains of Practice #

Approved - Effective through April 30, 20\_\_\_\_

Board Signature/Date

Denied - Reason for denial:

Date:

Mailing Label Order:  
RSRC 640110 \$50.00

RSRC 640105 \$30.00  
RSRC 640111 \$50.00

CHECK #:

DEP #:

## CONTINUING EDUCATION APPROVAL APPLICATION INSTRUCTIONS & INFORMATION

### GENERAL INSTRUCTIONS:

1. Complete the "Application for Approval of Continuing Education Program" form.
2. Determine clock hours as defined below.
3. Enclose a check for the appropriate fee made out to BENHA with the completed application. Mail it as far in advance of the program date as possible to the address on the application form. See FEE SCHEDULE below.
4. You will get a faxed or emailed copy of the completed form with BENHA's decision regarding approval, usually within 48 hours.
5. The approval period for the Board's CE year of May 1 to April 30 and applies to all repetitions of the program within that year. Repetitions of programs crossing CE years require submission of a new application and fee.

### CONTINUING EDUCATION PROVIDER REQUIREMENTS:

To obtain approval from BENHA for CE programs the sponsoring organization must:

1. Provide programming which relates to a current **core competency** as defined by the NAB Domains of Practice which pertains to one of the following in Minn. Rule 6400.6800 Subp. 4:
  - A. administration of services for persons needing long term care;
  - B. current issues and trends in long term care;
  - C. the relationship of long term care to other aspects of the health care continuum; and
  - D. responsibilities, tasks, knowledge, skills, and abilities required to perform nursing home administrator functions in the NAB domains of practice [areas of resident care management, personnel management, financial management, environmental management, governance and management].

Unacceptable subjects for programming [in Minn. Rule 6400.6800 Subp. 5] include topics regarding general personal development, including stress management, facility or company orientation, facility or company policies or procedural issues, organizational functions (such as business meetings and election of officers), and medical treatment at a clinical level beyond that required for licensure as a nursing home administrator. In-service education conducted by facility staff, focusing on "how to do 'X' in our organization" will not be approved. Webinars that do not meet the verification requirements.

2. Include with the application a **conference program brochure and a detailed schedule** showing:
  - a) program breakdown by time sequence
  - b) summary of each session/content
  - c) speaker qualificationsExample: 8:00 - 9:00 Registration; 9:00 - 10:00 Alzheimer's workshop; 10:00 - 10:15 Break

If the program is video or home study, attach a workbook or other sample of program content.

3. Issue each attendee a signed **certificate of attendance** specifying the number of clock hours actually awarded. For home study programs, include test results or other independent means of verifying participation and learning. Attach a copy of the test. For webinars,
4. Inform BENHA of any cancellation or rescheduling of the program or if the program is repeated at a date or location other than as specified on the application.

### CONTINUING EDUCATION SUBMITTED BY INDIVIDUAL LNHA:

Minnesota LNHAs who seek individual CE approval must submit the above information from their program packet and/or contact the sponsor for the necessary documentation.

### COUNTING CLOCK HOURS:

1. Count only time spent in sessions with learning objectives directed at core competencies.
  - a) Do not count time for visiting exhibits, registering for the program, attending organizational business meetings, lunch, breaks, or any other non-content time.
  - b) Count the actual amount of program time at the rate of 60 minutes=1 clock hour. Determine the cumulative number of minutes in all content oriented sessions in the total program and **round down** to the nearest ¼ hour.

<b>FEE SCHEDULE:</b>	Fewer than seven clock hours	\$30
	Seven or more clock hours	\$50

**MAILING LABELS:** Mailing labels of current licensee addresses \$50  
**Request form found on page 3 – submit only if ordering labels**

Mailing labels are for ONE TIME USE ONLY. They may not be duplicated. We offer hard copy of labels in last name alpha or zip sort. State your preference when sending your check made payable to "BENHA." Include a copy of what you plan to mail, if available. Labels are NOT available in electronic versions. Please allow 1 week for processing after your fee is received.

### WEBINAR and AUDIO/VIDEO CONFERENCE ATTENDANCE VERIFICATION:

1. The CE Sponsor maintains a means of verifying attendance by meeting the National Association of Boards for Long Term Care Administrators (NAB) standard found at <http://www.benha.state.mn.us/Default.aspx?tabid=904> or
2. The CE Sponsor will assign on onsite facilitator or monitor who will provide a list of participants or will provide evidence of a testing process to measure the participant's attainment of knowledge.

### REQUEST FOR MAILING LIST

#### SECTION 1: REQUESTOR INFORMATION

Company:		Contact Person:	
Mailing Address:			
City, State, Zip:			
Email:		Phone: (        )	
Preferred Sort:    Circle one ALPHA by Last Name   NUMERIC by Zip-Code		Preferred Method:    Circle one Labels	
Reason for Request: Employment Recruiting   Continuing Education   Other:			

#### SECTION 2: INSTRUCTIONS AND INFORMATION

**MAILING LIST:    *Approximately 900-950 current NHA licensee addresses \$50.00***

Mailing lists are intended for ONE TIME USE ONLY, as data contained in the request changes frequently. Data received via a request may not be shared or duplicated. We offer hard copy of labels in last name alpha or zip sort or licensee data classified as public in spread sheet format. State your preference when sending your check or money order made payable to "BENHA." Include a copy of what you plan to mail, if available. Please allow up to 10 business days for processing after request and fee is received.

**GENERAL INSTRUCTIONS:**

1. Complete the Request for Mailing List form.
2. Enclose a check for the appropriate fee made out to BENHA with the completed application. Mail it to the address on the application form.
3. You will get an email confirming that your list order has been mailed, usually within 48 hours of processing of mailed form and fee.

◆ **By signing and dating below, I agree to comply with requirements in Minnesota Statute and Rules governing data requests and fees.**

◆ **Signature of person submitting request**

◆ **DATE:**

#### FOR BOARD USE ONLY

Date:	LNHA Maillist-Labels RSRC 640110 \$50.00	CHECK #:	DEP #:
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