

Continuing Education (CE) 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 BELTSS 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. Provider Contact or Licensee will be emailed a copy of the completed form with BELTSS decision regarding approval, within 3-5 business days.
5. The approval period for the Board's CE year runs July 1 to June 30th the following year.

NOTE: CE Approvals are only valid for one renewal year per each license renewal period.
CE providers allowed to submit the same material each year but must send in a **new CE approval application & pay the fee.**

Continuing Education Provider Requirements:

To obtain approval from BELTSS 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 administrative functions in the NAB domains of practice (areas of resident care management, operations including financial and human resources, 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. 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 qualifications

Example: 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.
4. Inform BELTSS 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 Licensees:

Minnesota BELTSS licensees 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.

Fee Schedule: Fewer than seven clock hours: \$30 OR Seven or more clock hours: \$50

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 NAB NCERS Sponsor User Guide or
2. The CE Sponsor will assign an 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.

APPLICATION FOR CONTINUING EDUCATION APPROVAL

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|--|-----------------------------|--------------------------------|
| Section 1: Continuing Education Provider Information | | |
| CE Provider/Organization Name (Or, if Licensee Is Seeking Approval – Enter <u>Your</u> Name and Contact Information – See Instructions on Page 2): | | |
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| Program Title: | | |
| | | |
| Provider Contact Or Licensee First and Last Name: | | |
| | | |
| Provider Contact or Licensee Phone Number: | | |
| | | |
| Provider or Licensee Address: | | |
| | | |
| Provider or Licensee City: | Provider or Licensee State: | Provider or Licensee Zip Code: |
| | | |
| Provider Contact or Licensee E-Mail: | | |
| | | |
| Program Date(s): | | |
| | | |
| Program Site (s): | | |
| | | |
| Provider Web Address or Program Link: | | |
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| Section 2: Continuing Education Hours/Units & Education Venue | | |
| Format of Event/Program | | |
| <input type="checkbox"/> In Person Classroom/Seminar <input type="checkbox"/> Webinar (live) <input type="checkbox"/> Webinar (recorded) <input type="checkbox"/> Other: | | |
| Attendance Information | | |
| <input type="checkbox"/> Open to all long-term AOR/DOR licensees <input type="checkbox"/> Submitted for Individual Approval | | |
| <input type="checkbox"/> Restricted to member only organization(s) | | |
| List the Number of CE Hours Requested: | | |
| <div style="border: 1px solid black; width: 100%; height: 100%;"></div> | | |
| Total Requested Clock Hours* | | |
| <small>(* calculate by adding all minutes of direct education/divide by 60 minutes, round down to nearest ¼ hour):</small> | | |

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 long terms services and supports licenses. Refer to the NAB Domains of Practice document.
 - c. An agenda/schedule with all breaks listed and adhered.
 - d. Speaker qualifications.

- Certificate of attendance for each participant (refer to Minnesota Rule 6400.6870, Subpart 1. D. for the full rules):
 - 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.
 - The sponsor agrees to increase or reduce the certificate of attendance when the program length is significantly altered.
 - Webinar sites are assigned an onsite facilitator or monitor with a list of participants filed with the CE sponsor or
 - Evidence of a testing process to measure the participant’s attainment of knowledge.

Print Name _____

Signature _____

Date _____

Section 4: Application Determination (FOR BELTSS OFFICE USE ONLY)

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| Program Title: | |
| CE Approval #: MN | Number of Hours Approved: |
| MN Rules Requirement Met: <input type="checkbox"/> administration of services for persons needing long-term services and supports; <input type="checkbox"/> current issues and trends in long-term services and supports; <input type="checkbox"/> the relationship of long-term services and supports to other aspects of the health care continuum | <input type="checkbox"/> Responsibilities, tasks, knowledges, skills, and abilities as outlined in the NAB Domains of Practice are: <input type="checkbox"/> Care, Services, and Support 10.00 <input type="checkbox"/> Operations (sub domains Human Resource & finance) 20.00 <input type="checkbox"/> Environmental and Quality 30.00 <input type="checkbox"/> Leadership and Strategy 40.00 |
| <input checked="" type="checkbox"/> <u>Approved</u> – CE Calendar Year ending: _____ <input type="checkbox"/> <u>Denied</u> - Reason for Denial: _____ | Date Received <small>(paid w/ complete form)</small> Reviewed by Board Staffer: Approved by Board Staffer: |

Fee Information

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|--|--|
| Payer Information | CE Hours/Units Fee |
| Payer: _____ Check #: _____ Dep #: _____ | <input type="checkbox"/> > 7 Hours (Rsrc 640111): \$50.00 <input type="checkbox"/> < 7 Hours (Rsrc 640105): \$30.00 |