



KANSAS STATE NURSES ASSOCIATION

Application Form for Excellence in Continuing Education
(photocopy of this form is acceptable)

Each year KSNA recognizes nurses who exceed the minimum criteria for continuing education in Kansas. A Certificate of Excellence in Continuing Education will be awarded to qualified professional nurses. The names of those achieving this level of recognition will be awarded a certificate at the KSNA Awards Luncheon during annual convention and have their names published in the November/December issue of *The Kansas Nurse*. In addition to CE program attendance, publications as well as research may be considered towards completion of requirements for this recognition. Please enclose a copy of the article, book index page with name and date of publication, and a signed affidavit attesting to the applicant's role in the submitted research. **The time frame must correspond with the applicant's Kansas license renewal period.**

Criteria: There are two qualifying tracts for achieving excellence:

TRACT I: Registered Nurses who have acquired 60 or more CEUs over a two-year period. Enclose copies of certificates for CE programs attended and listed below.

TRACT II: Registered Nurses who have a minimum of 30 CEUs plus an additional 30 CEUs in one or more of these areas: A) program presentation, 2 CEUs for each hour presented; B) publication of an article in a professional journal equals 20 CEUs; C) participation in research — data collecting/research assistant earns five CEUs; secondary investigator earns 15 CEUs and primary investigator earns 30 CEUs.

(Print Above) Applicant's Name with credentials for certificate

RN License Number

Address

City, State, Zip

Daytime Telephone: _____

Evening Telephone: _____

Employer: _____

KSNA Member? YES NO
Nonmembers, enclose \$10 processing fee _____

Time frame applicable to Continuing Education Honor Roll

Dates from _____ to _____
Month/Year Month/Year

Documentation of programs attended (use one additional sheet, if needed):

_____ Program Title	_____ Date Attended	_____ # CEUs Earned
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_____ Program Title	_____ Date Attended	_____ # CEUs Earned
_____ Program Title	_____ Date Attended	_____ # CEUs Earned

Total of any additional CEUs documented on attached sheet _____ Total Hours Earned: _____

Signature of Applicant Date Signed

Mail to: KSNA, 1109 SW Topeka Blvd., Topeka, KS 66612-1602 by September 15, 2011 for consideration.