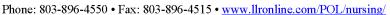




Columbia, SC 29211-2367

## **South Carolina Board of Nursing**

P.O. Box 12367 • Columbia, SC 29211





# Instructions Continuing Education Review Application

Individuals may submit this application to request that the Board accept a continuing education program offered by or approved by a provider or organization *not* found on the *Competency Requirement Criteria*. This application should be completed and submitted **prior to the licensure renewal period**.

Parts 1& 2:	Complete all information		
Part 3:	The rationale should be a brief explanation of why this program is relevant to your nursing practice.		
Part 4:	All of the following must be attached or the application will be returned:		
	<ul> <li>□ A copy of the brochure listing the learning objectives/ outcomes, t agenda schedule to verify the program length and the speaker(s) vita</li> <li>□ Certificate of attendance if program is completed</li> <li>□ Self-addressed, stamped envelope</li> </ul>		
Part 5:	If the program is accepted, please retain the form when it is returned to you along with your certificate of completion/ attendance for your continuing education records.		
Send to:			
South Caroli P O Box 123	na Board of Nursing 367		

All documentation must be received before your application will be reviewed. Questions may be directed to the licensure section at (803) 896-4550.

FOR OFFICE USE ONLY							
Accepted # of Hours		Not Accepted					

# SC DEPARTMENT OF LABOR, LICENSING, & REGULATION SC BOARD OF NURSING

POST OFFICE BOX 12367 COLUMBIA, SC 29211

www.llr.state.sc.us/pol/nursing

# **CONTINUING EDUCATION REVIEW APPLICATION**

This form must be complete in full -Please Print or Type							
PART 1							
Name		License #					
Address		Telephone					
City		State		Zip Code			
PART 2							
Offering Title:		Offering Date:					
Offering Location:		Provider Address:					
Offering Provider:							
PART 3							
RATIONAL	LE STATEMENT: Brief Explanation of how this	offering relates to y	our nursing	g practice			
PART 4							
	IENTS: All must be attached or the form will be	returned					
	Learning Brochure Objectives/Outcomes	- Ctarriou					
	□ Self-Addressed, Stamped Envelope						
Signature			Date				
PART 5							
	, please retain this form and your certificate ove contact hours are accepted for the licens						

#### YOU <u>DO NOT</u> **NEED TO COMPLETE THIS FORM** <u>IF ANY</u> OF THE FOLLOWING APPLY:

- 1. You took a nursing course in a nursing degree program as referenced on the Competency Requirement Criteria.
- 2. Your certificate of completion/attendance indicates the offering has been approved for continuing nursing education by one of the organizations listed on the Competency Requirement Criteria.

### CONTINUING EDUCATION CREDIT cannot be given for:

- 1. In-service programs
- 2. On-the-job training
- 3. Orientation for a job

- 4. CPR, BCLS, or Code Blue
- 5. Testing out of a course