

Application for Approval of Continuing Education Offering

**FSARN Provider Number: FBN-50-777**

**Application Date:**

**FSARN District:**

**Offering Date:**

**Offering Time:**

**Title of offering:**

**Brief Statement of Purpose of Offering: Learner Objectives: (see attached sheet)**

**Target Audience:**

**Schedule of Program:**

**Teaching methods:**

**Evaluation Method:**

**Number of Contact Hours:**

**Place to be presented:**

**Address:**

**Program Faculty (Please provide CV's)**

**Bibliography/Resources:**

**Requestor's Name:**

**Address:**

**Phone:**

**Approved: YES      NO**

Nursing Continuing Education Offering Data Sheet

**Title:**

**Date:**

**Speaker:**

LEARNER OBJECTIVES	SUBJECT MATTER	TEACHING METHOD	TIME FRAME	EVAL. METHOD



**FLORIDA STATE ASSOCIATION OF REHABILITATION  
NURSES  
A NON-PROFIT PROFESSIONAL ASSOCIATION**

**CERTIFICATE OF ATTENDANCE**

**This is to certify that:**

**License Number**

**Has attended and met all requirements of:**

**Program Title**

**Instructor(s):**

**Contact Hours:**

**Date:**

**CRRN Renewal Domain :**

\_\_\_\_\_  
**Coordinator Contact Person  
Signature of FSARN District Program**

*Kathleen Sobczak, RN*  
**FSARN Chairperson, Kathleen Sobczak  
Nursing Continuing Education**

**Florida Board of Nursing Provider No: FBN-50-777**

**Do not send this certificate to the Florida State Board of Nursing. Please retain all certificates of completion in your files for four (4) years**

**Program Title:**

**Date:**

## Program Course Evaluation

**General Information:** \_\_\_ RN \_\_\_ LPN \_\_\_ RN/LPN Student \_\_\_ Other

**Type of Employment:** \_\_\_ Hospital \_\_\_ Public Health \_\_\_ Private Office  
 \_\_\_ Managed Care \_\_\_ Nursing Home/Skilled Nursing \_\_\_ Home Health \_\_\_ Other

**Type of Nursing:** \_\_\_ Rehabilitation \_\_\_ Pediatrics \_\_\_ Med/Surg  
 \_\_\_ Geriatrics/SNU/SNF/LTC \_\_\_ Education \_\_\_ Other

**ARN Member:** \_\_\_ YES \_\_\_ NO

SCALE: VERY POOR (1) POOR (2) AVERAGE (3) GOOD (4) EXCELLENT (5) NOT APPLICABLE (N/A)	SPEAKER 1	SPEAKER 2	SPEAKER 3
Able to meet course objectives			
Content/Subject matter was accurate			
Information presented is current			
Teaching methods were accurate			
Speaker presented material in understandable manner			
Educational level was appropriate			
Effective use of time			
Met professional/educational needs			
Facility conducive to learning			
If test, relationship to objectives			

Additional topics of interest:

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General Comments or Suggestions:

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