



Continuing Nursing Education (CNE) Request Form Nursing Education Services

***Form should be submitted at least 4 weeks prior to program date.**

Your request is NOT considered complete and will not be processed without the following:
Please submit the following electronically with this form:

- Complete list of presenter(s) with current credentials and title
- Current vitae for each speaker
- Completed Professional Agreement form (if applicable)
- List of program objectives
- Complete set of program handouts (complete original set if Education is printing handouts)
- Bibliography; references should not be more than three years old.
- Agenda with timeframe and speakers if the program is greater than three hours in length
- Complete program outline

Program Title:	
Date(s) & Time(s):	
Campus & Room Location:	
Intended Audience:	RN LPN LMHT RCP RT EMT MICT PT OT SW Chaplains Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is this an In-House program only?
Advertisement:	<input type="checkbox"/> vShare Bulletin Board <input type="checkbox"/> VC This Week <input type="checkbox"/> Flyer to Units <input type="checkbox"/> Brochure
Is this program MANDATORY or a COMPETENCY for any departments? If so, a Mandatory/Competency form must be completed.	
SPEAKER AGREEMENT: I agree to provide this program at the dates and times indicated. If I am unable to present as committed, I will be responsible to make every effort to find a qualified substitute speaker.	
Speaker Signature: _____	Date: _____
Do you want Instructor Credit for this program? If yes, complete the following information:	
Name: _____	License Number: _____
Home Address, City, State, Zip Code: _____	
Submitted by: _____	
Dept: _____	Office Phone: _____ Pager: _____ Fax#: _____
For Education Use Only	
Approved _____	Not Approved _____ Reason: _____
Contact Hours: _____	Date Form Received: _____ Approved by: _____
CNE Class Code Number: _____	Nursing Hours _____ Other Hours _____