



NAPNES

CRITERIA FOR APPROVAL OF CONTINUING EDUCATION

Promoting...
**“SKILL-BUILDING IN
LICENSED PRACTICAL/VOCATIONAL NURSING”**
Since 1941

National Association for Practical Nurse Education and Service, Inc.
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CONTINUING EDUCATION SERVICE

STATEMENT OF PURPOSE

The express purpose of NAPNES continuing education service is to provide and increase opportunities for LP/VNs to continually develop their professional knowledge and skills in order that they may continue to provide “quality patient care”.

The National Association for Practical Nurse Education and Service, Inc. believes that its continuing education efforts serve to:

- A. Promote development of sound continuing education opportunities to foster further professional growth of LP/VNs
- B. Assist LP/VNs in the selection of quality continuing education programs
- C. Assist those who conduct continuing education programs to maintain and/or improve their educational practical
- D. Identify continuing education programs for LP/VNs that merit recognition
- E. Recognize the expanding role of the LP/VN in the health care setting by remaining consistent with the stated philosophy for the maintenance of LP/VN competency
- F. Act as a national clearing-house of continuing education for LP/VNs

The components of the NURSING PROCESS set the framework for the fundamental competencies skills inherent in the practice of nursing. These competencies are the basis of NAPNES continuing LP/VN education beliefs and criteria.

1. ASSESSMENT

- 1.1. Uses basic communication skills in a structured care setting
- 1.2. Obtains specific information from patients through goal-directed interviews
- 1.3. Participates in the identification of physical, emotional, spiritual, cultural and overt learning needs of patients by collecting appropriate data
- 1.4. Analyzes data collected in relation to patients’ pathophysiology

2. PLANNING

- 2.1. Determines priorities and plans nursing care accordingly
- 2.2. Formulates and/or collaborates in developing written nursing care plans
- 2.3. Participates in developing preventive or long-term health plans for patients and/or families

3. IMPLEMENTATION

- 3.1. Protects the rights and dignity of patients and families
- 3.2. Utilizes basic communication skills in a structured care setting
- 3.3. Safely performs therapeutic and preventative nursing procedures, incorporating fundamental biological and psychological principles in giving individualized care
- 3.4. Observes patients and communicates significant findings to the health care team
- 3.5. Does incidental teaching and support and reinforces the teaching plan for a specific patient and/or family

4. EVALUATION

- 4.1. Evaluates with guidance, if necessary, the care given and makes necessary adjustments
- 4.2. Records evaluations of the results of nursing actions
- 4.3. Identifies own strengths and weaknesses and seeks assistance for improvement of performance

5. PROFESSIONAL RESPONSIBILITIES

- 5.1. Recognizes the LP/VN’s role in the health care delivery system and articulates that role with those of other health care team members.
- 5.2. Maintains accountability for own nursing practice within ethical and legal framework
- 5.3. Serves as a patient advocate
- 5.4. Accepts role in maintaining and developing standards of practice in providing patient care

- 5.5. Participates in nursing organizations
- 5.6. Seeks further growth through educational opportunities

The above stated competencies serve to identify the abilities of the beginning practitioner in practical/vocational nursing. Competencies of licensed practical/vocational nurses who have progressed beyond the entry level will depend on motivation, clinical experiences and continuing education.

The STATEMENT OF PRACTICAL/VOCATIONAL NURSING ENTRY LEVEL COMPETENCIES was prepared by NAPNES Education Committee and approved by the Board of Directors, August 1998. It was updated in October 2009.

DEFINITION OF TERMS

CONTACT HOUR - One contact hour is equivalent to fifty (50) minutes of approved organized learning. (Under responsible sponsorship, capable direction and a qualified instructor.)

CONTINUING EDUCATION UNIT C.E.U. - One Continuing Education Unit is equivalent to ten (10) contact hours.

CO-SPONSORSHIP - The sharing by two or more organizations and/or agencies in the planning, development, financing, implementation, and evaluation of an offering or program.

OFFERING - A short-term educational activity with special educational objectives which focus on a single-content area. Offerings may not exceed eight contact hours.

PROGRAM - A comprehensive or multi-focused educational activity having a well-defined overall goal with specific objectives for related content areas. Programs may include two or more offerings.

NAPNES CRITERIA FOR APPROVAL OF AN OFFERING IN CONTINUING EDUCATION FOR LP/VNs

A short-term educational activity with special educational objectives which focus on a single content area. Offerings may not exceed eight contact hours.

I. OFFERING

A. PLANNING PHASE

1. Includes at least one qualified LP/VN and registered nurse representative of the sponsoring agency along with potential faculty, when appropriate
2. Offering content should be relevant to the educational needs of the intended audience
3. Meets needs relative to topic, objective, methodology, and scheduling

B. FACULTY

1. Are selected on the basis of their expertise in a particular designated subject area
2. Must demonstrate the ability to communicate and facilitate the learning experience

C. OBJECTIVES

1. Should be stated in measurable/behavioral terms
2. Should be clearly written and made known to all participants
3. Should be consistent with the time allotted for the offering
4. Should conform to the educational background of the audience

D. CONTENT

1. Shall be organized in a logical sequence to facilitate learning
2. Shall be consistent with educational objectives
3. Shall be presented in detailed outline with specified time frames appropriate to educational objectives
4. Shall be designated to explore one subject or group of closely related subjects

E. TEACHING METHODOLOGY

1. Will enhance the attainment of the educational objectives and offering content
2. Will be suited to the particular learning styles of the adult learner
3. Will include supplemental material of sufficient quality and quantity to enhance the learning experience, such as a prepared bibliography and lecture outline

F. EVALUATION

1. It is strongly encouraged that learner evaluation include pre and post testing for offerings which are two or more hours in length
2. Evaluation methods should allow the learner to evaluate content, teaching staff, teaching methodology, materials, facilities, and attainment of personal objectives
3. The evaluation should incorporate participant suggestions for development of future offerings

II. RESOURCES

A. ADMINISTRATIVE PERSONNEL

1. There should be a visible, identifiable authority accountable for the administration of the offering
2. This person or persons should be qualified by virtue of background and experience to assume administrative responsibility of the offering

B. SUPPORT PERSONNEL

1. There must be adequate clerical support personnel to insure integrity.

C. PHYSICAL FACILITIES

1. Appropriate classroom and/or clinical facilities must be
 - a) Adequate in size
 - b) Suitably equipped
 - c) A conducive learning environment for the attainment of the educational objectives/goals of the activity

D. BUDGET

1. A sound financial basis is a necessary prerequisite for the implementation of the offering
2. Participant fees should be reasonable, yet sufficient to provide adequately for implementation of the offering

III. RECORDS

A. All records should be maintained for a minimum period of three years or for as long as is necessary according to individual or agency regulations.

1. A system for verification of satisfactory completion of the activity by each participant
2. A copy of the application and all supporting course materials
3. Maintenance of a permanent record to include the following:
4. List of participants and number of contact hours
5. Summary of evaluations

IV. PUBLICITY

A. Promotional material for all offerings will contain the following:

1. Clearly stated goals and objectives
2. Overall time frame
3. Title and offering content
4. Intended audience
5. Faculty
6. Location
7. Sponsoring agency
8. Fees
9. Refund policy
10. Number of contact hours offered
11. Registration information
12. Miscellaneous information such as hotel accommodations, if applicable, etc.

B. CERTIFICATES

1. Offering certificates should contain the following information:
 - a) Name of the sponsor(s)
 - b) Title of offering
 - c) Name of participant
 - d) Contact hours awarded
 - e) Date certificate issued
 - f) Authorized signature(s)
 - g) Offering ID number (if applicable)
 - h) Provider number (if applicable)

NAPNES CRITERIA FOR APPROVAL OF A PROGRAM IN CONTINUING EDUCATION FOR LP/VNs

A comprehensive or multi-focused educational activity having a well-defined overall goal with specific objectives for related content areas. Programs may include two or more offerings.

I. ADMINISTRATION AND ORGANIZATION

- A. The agency or organization has a statement of philosophy that incorporates the following beliefs about continuing LP/VN education.
 1. Continuing LP/VN education assures maintenance and improvement of the quality of health care
 2. Continuing LP/VN education is a vehicle by which LP/VNs can maintain competency/currency of practice
 3. Continuing LP/VN education is available to everyone regardless of race, creed, sex or marital status
- B. Relationships within the agency/organization are defined by organizational charts that are on file, clearly indicate the lines of authority, responsibility, channels of communication, and reflect actual practice.
- C. The statement of philosophy and organizational charts show evidence of review and/or revision at least every two years.

II. RESOURCES

A. ADMINISTRATIVE PERSONNEL

1. There will be a visible, identifiable authority accountable for the administration of the program
2. This person or persons must be qualified by virtue of background and experience in assuming administrative responsibility of the program

B. SUPPORT PERSONNEL

1. There are adequate clerical support personnel to ensure integrity of the program.

C. PHYSICAL FACILITIES

1. Appropriate classroom and/or clinical facilities should be:
 - a) Adequate in size
 - b) Sufficiently equipped
 - c) A learning environment conducive to the attainment of the educational objectives/goals of the program

D. BUDGET

1. A sound financial basis is a necessary prerequisite for the implementation of the program
2. Participant fees should be reasonable, yet sufficient to provide adequately for implementation of the program

III. RECORDS

- A. All records should be maintained for a minimum period of three years or for as long as is necessary according to individual state and/or agency regulations.
- B. A system for verification of satisfactory completion of the activity by each participant
- C. A copy of the application and all supporting program materials
- D. Maintenance of a permanent record to include the following:
 1. List of participants and number of contact hours
 2. Summary of evaluations
- E. Records available only to authorized personnel

IV. PROGRAM

A. PLANNING PHASE

1. At least one qualified LP/VN and registered nurse representative of the sponsoring agency along with potential faculty should be included when appropriate
2. Program/offering content should be relevant to the educational needs of the intended audience
3. Program meets needs relative to topic, methodology, and scheduling

B. FACULTY

1. Are selected on the basis of their expertise in a particular designated subject area(s)
2. Should demonstrate the ability to communicate and facilitate the learning experience

C. OBJECTIVES

1. Should be stated in measurable/behavioral terms
2. Should be clearly written and made known to all participants
3. Should be consistent with the time allotted for the offering
4. Should conform to the educational background to the audience

D. CONTENT

1. Shall be organized in a logical sequence to facilitate learning
2. Shall be consistent to educational objectives
3. Shall be presented in detailed outline with specified time frames appropriate to educational objectives
4. Shall be designed to explore one subject or group of closely related subjects

E. TEACHING METHODOLOGY

1. Will enhance the attainment of the educational objectives and program/offering content
2. Will be suited to the particular learning styles of the adult learner
3. Will include supplemental material of sufficient quality and quantity to enhance the learning experience, such as prepared bibliography and lecture outline(s)

F. EVALUATION

1. It is strongly encouraged that learner evaluation include pre and post testing for all programs
2. Evaluation method should allow the learner to evaluate content, teaching staff, teaching methodology, materials, facilities and attainment of personal objectives
3. The evaluation should incorporate participant suggestions for development of future programs

V. PUBLICITY

- A. Promotional materials for all programs should contain the following:
 1. Clearly states goals and objectives
 2. Overall time frame
 3. Title and program content
 4. Intended audience
 5. Faculty
 6. Location
 7. Sponsoring agency
 8. Fees
 9. Refund policy
 10. Number of contact hours offered
 11. Registration information
 12. Miscellaneous information such as hotel accommodations, if applicable, etc.

VI. CERTIFICATES

- A. Program certificates should contain the following information:
 1. Name of the sponsor(s)
 2. Title of offering
 3. Name of participant
 4. Contact hours awarded
 5. Date certificate issued
 6. Authorized signature(s)
 7. Program ID number (if applicable)
 8. Provider number (if applicable)



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APPLICATION FOR APPROVAL OF INSTRUCTOR

Sponsoring Agency: _____

Name of Course: _____ Date Given: _____

Instructor's Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ E-Mail Address: _____

REQUIRED: RN License Number: _____ State: _____ Exp. Date: _____

Education (Include School Name, Address)	Date of Graduation & Degree
Nursing School (Required)	

Employer	Position	From	To

Teaching Experience: No Yes – Indicate number of years and subject matter expertise below.

Applicant's Signature (Required) _____

Date _____

Attach Resume To This Form

FOR OFFICE USE ONLY

Approval
 Granted **Denied**

Reason denied: _____

Signature _____ Date _____



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**APPLICATION FOR NAPNES
APPROVAL OF CONTINUING LP/VN EDUCATION PROGRAMS**

PLEASE TYPE OR PRINT

Title of Program: _____
Dates To Be Given: _____ **For Office Use Only:** Program Number: _____
Sponsoring Agency: _____
Address (Street, City, ST, ZIP): _____
Contact Person: _____ Phone: _____

- Programs Are Not Approved Retroactively
- Answer each of the questions below by placing an “x” in the appropriate box
- Be sure to enclose requested materials and payment along with this application form

PROMOTIONAL MATERIALS – INCLUDE COPY

	Yes	No
1. Are they truthful and do they avoid leaving any false, misleading, or exaggerate impressions.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do they clearly indicate that continuing education, and not employment are being offered.	<input type="checkbox"/>	<input type="checkbox"/>

ADMISSION & FEES – INCLUDE FEE SCHEDULE

1. Is any person denied admission or participation in the programs because of race, color, creed, Sex, age, or marital status?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are fees and charges, if any, reasonable in light of the services rendered, facilities and Equipment used, and operating costs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a fair and equitable refund policy for participants who do not complete the program?	<input type="checkbox"/>	<input type="checkbox"/>

BEHAVIORAL OBJECTIVES – INCLUDE COPY

1. Are the behavioral objectives clearly written and made known to all participants?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the hours sufficient for the participant to achieve the stated objectives?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the financial and personnel resources adequate to achieve stated objectives of program?	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM CONTENT & IMPLEMENTATION
Include: Outline, Time Periods, All Breaks/Lunches, and Speaker’s Resume

1. Are the instructors and/or speakers qualified and experienced in the subject matter presented?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the methods of instruction selected to insure the attainment of objectives?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are materials & facilities used quantity sufficient to insure all participants accommodations?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the content of the program organized in a sequence to facilitate learning?	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATION – INCLUDE FORM

1. Does the evaluation method allow the learner to evaluate the content, teaching staff, methods Of instruction, materials, facilities, and learning in relation to objectives?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there time for suggestions for future topics at the conclusion of the program?	<input type="checkbox"/>	<input type="checkbox"/>

(continued next page)

VERIFICATION – INCLUDE SAMPLE CERTIFICATE

1. Does the sponsoring agency provide verification of the contact hours earned (e.g. certificate of participation)?

Yes **No**

CERTIFICATION

The above statements are answered correctly to the best of my knowledge.

Signature

Date

**AT LEAST THREE WEEKS BEFORE THE START OF THE PROGRAM
PLEASE INCLUDE WITH THIS APPLICATION:**

- 1. Promotional Materials**
- 2. Fee Schedule**
- 3. Behavioral Objectives**
- 4. Program or Outline of Content – Include Time Periods**
- 5. Résumé or brief description of each instructors' and or speakers' qualifications.**
- 6. Evaluation Form or Description of the Evaluation Process**
- 7. Sample Certificate to be Awarded**
- 8. Check Payable to NAPNES (see fee schedule)**

FOR NAPNES USE ONLY

Approved by NAPNES for _____ Contact Hours

Denied Approval – Reason: _____

Signature: _____ Date: _____



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**Fee Schedule for Continuing LP/VN
Education Program Approval**

Agency Members and NAPNES State Constituent Associations Fee Schedule

Number of Presentations Per Program Fee

One time only	\$60.00
Up to 30 repeats of program	\$120.00
31 to 60 repeats of program	\$200.00
More than 60 repeats of program	\$300.00

Non-Agency Members Fee Schedule

Number of Presentations Per Program Fee

One time only	\$120.00
Up to 30 repeats of program	\$240.00
31 to 60 repeats of program	\$400.00
More than 60 repeats of program	\$600.00

(Agency Membership Annual Dues \$100.00.)

Please note:

Program approval is for a one-year period.

All program repeats must be given within the one-year period, which is designated in the approval letter. Review fees are nonrefundable.



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**Fee Schedule for Continuing LP/VN
Education Program Approval**

Fee Schedule for Pharmacology Course Outline (2003-2004)

Guidelines for an LP/VN Pharmacology Course 3rd Edition..... \$50.00

Co-Sponsorship Fees (paid on an annual basis)

NAPNES Agency Members and NAPNES State Associations

First five course presentations \$100.00
Second five course presentations (additional) 70.00
More than 10 course presentations..... 300.00

Non-Agency Members

First five course presentations \$300.00
Second five course presentations (additional) 200.00
More than 10 course presentations..... 600.00

TESTING

All candidates for certification in Pharmacology must apply directly through NAPNES. To sit for the exam, candidates must be graduates of state board approved programs of practical/vocational nursing and hold a current LP/VN license.

Each candidate should receive a Certification Information Packet prior to application to take the examination online.. Packets are available (at no charge) from NAPNES. Please order the appropriate number of packets at the time each course begins. Allow at least 2 weeks for receipt of Certification Information Packets. Packets contain the application forms and other necessary information for testing. The exam is given online by CASTLE Worldwide, Inc.