

# INFORMATION AND INSTRUCTION SHEET

## NURSING HOME ADMINISTRATOR CONTINUING EDUCATION SPONSOR QUESTIONNAIRE

### C.E. ACCREDITATION

The statutory provision requiring continuing education for the renewal of Illinois Nursing Home Administrator licenses became effective on January 1, 1984. In order for licensees to obtain credit for attendance at continuing education programs it is necessary that sponsoring entity:

1. Complete and submit the enclosed Illinois Nursing Home Administrator Continuing Education Sponsor Questionnaire;
2. If you are making initial application for approval as a continuing education sponsor, forward a fee of \$500.00 in the form of a check or money order made payable to Department of Financial and Professional Regulation. (State agencies, colleges, and universities are exempt from payment of the fee.)
3. Submit a sample 3-hour CE program with course materials, presenter qualifications and course outline for review prior to be approved as a CE sponsor.
4. Enclose a sample "Certificate of Attendance" which contains the following:
  - A. The name and address of the sponsor;
  - B. The name, address, and license number of the participant;
  - C. A brief statement of the subject matter;
  - D. The number of clock hours actually attended in each program;
  - E. The date and place of the program; and
  - F. The signature of sponsor.

### DEFINITION OF SPONSOR

Sponsor means the Life Services Network of Illinois, Illinois Council on Long Term Care, County Nursing Home Association of Illinois, Illinois Health Care Association, The Illinois Nursing Home Administrators Association, National Continuing Education Review Service, The Illinois Chapter of American College of Health Care Administrators, or any school, college or university, State agency, or any other person, firm, or association which has been approved and authorized by the Department to coordinate and present continuing education courses and programs.

Sponsors must renew their licenses by November 30 of each odd numbered year. The fee for continuing education sponsors is \$500, however, State agencies, colleges, and universities are exempt from the payment of the fee.

### C.E. COURSE CONTENT

All courses and programs shall:

1. Contain materials which contribute to the advancement, extension, and enhancement of professional skills and knowledge in the practice of nursing home administration;
2. Specify the course objectives, course content, and teaching methods to be used;
3. Be developed and presented by persons with education and/or experience in the subject matter of the program;
4. Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal; and
5. Include some mechanism whereby participants evaluate the overall quality of the program.

A CE hour equals 60 minutes. After completion of the initial CE hour, credit may be given in one-half hour increments.

### SPONSOR RESPONSIBILITY

1. All programs given by sponsors should be open to all licensed nursing home administrators and not be limited to the members of a single organization or group.
2. It shall be the responsibility of the sponsor to provide each participant in an approved program with a certificate of attendance.
3. The sponsor shall maintain course materials and attendance records containing all of the above information for not less than five (5) years.
4. The sponsor shall be responsible for assuring that no renewal applicant shall receive CE credit for time not actually spent attending the program.

<p><b>IMPORTANT NOTICE:</b> Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 70/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is <b>REQUIRED</b>. Failure to provide any information will result in this form not being processed.</p>	<p>RETURN APPLICATION TO:          STATE OF ILLINOIS          Department of Financial and Professional Regulation          ATTN: Division of Professional Regulation          320 West Washington Street, 3rd Floor          Springfield, Illinois 62786</p>	<p>FOR OFFICIAL USE ONLY</p> <p>_____ Approved          _____ Denied          _____ Deferred          _____ Date</p>
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**ILLINOIS NURSING HOME ADMINISTRATION  
CONTINUING EDUCATION SPONSOR QUESTIONNAIRE**

*Each participant must be supplied with a "Certificate of Attendance."  
Please enclose a sample 3-hour CE program and sample certificate.*

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Renewal - License No. 139 - _____
3. ADDRESS (Include Street, City, State, and ZIP Code)	4. TELEPHONE NUMBER OF SPONSORING ENTITY (Include Area Code)
5. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S)	6. TITLE
7. ADDRESS (Include Street, City, State, and ZIP Code)	8. PERSON RESPONSIBLE FOR C. E. PROGRAM TELEPHONE NO. (Include Area Code)

9. EMAIL ADDRESS (REQUIRED) \_\_\_\_\_

10. SPONSOR IS:

State Agency  Other (Describe) \_\_\_\_\_

A School, College, or University

A Trade or Professional Association \_\_\_\_\_

11. ORGANIZATIONAL PURPOSE AND OBJECTIVES \_\_\_\_\_

12. SPONSOR'S BACKGROUND IN LONG TERM CARE ADMINISTRATION EDUCATION \_\_\_\_\_

13. Specify length of time Sponsor maintains records: \_\_\_\_\_

14. DESCRIBE METHOD FOR RECORDING AND VERIFYING ATTENDANCE (Supply forms used) \_\_\_\_\_

15. Does your organization agree to periodic monitoring of your programs by members of the Illinois Nursing Home Licensing and Disciplinary Board?  Yes  No

_____	_____
Signature of Person Submitting Application	Title
_____	_____
Type or Print Name of Person Submitting Application	Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

**AFFIDAVIT**

I hereby certify that I am the individual responsible for the continuing education program(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for CE credit will comply with the criteria in 68 Ill. Adm. Code, Section 1310.85 (c) (5) and all other criteria in 68 Ill. Adm. Code, Section 1310.85; and
2. That this sponsor will be responsible for verifying attendance at each course or program, and provide a certificate of completion as set forth in 68 Ill. Adm. Code, Section 1310.85 (c) (8); and
3. That upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1310.85; and
4. That this sponsor will submit by November 30 of each odd numbered year to the Department a list of all courses and programs offered in the past year, which includes a description, location, date, and time the course was offered.
5. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation (68 Ill. Adm. Code, Section 1310.85) may result in disapproval of this sponsor by the Department; and
6. That this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this Sponsor subsequent to such disapproval.

Signature \_\_\_\_\_

Person Responsible for Continuing Education Program

**BOARD COMMENTS**

Approved

Denied

Deferred

COMMENTS: \_\_\_\_\_

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