



**APPLICATION FOR APPROVAL/RE-APPROVAL
OF EDUCATION PROGRAM(S)
FOR REGISTERED NURSES PROVIDING
EXAMINATIONS TO VICTIMS OF SEXUAL OFFENSES**

Attach the following to this application:

- A) Description of education program, including:
 - * objectives and how shared with learner
 - * content of education program
 - * teaching methodologies
 - * time allotted for didactic content and hours for clinical learning experiences
 - * location and description of space for didactic experiences
 - * equipment available for presentation of course
 - * plan for evaluation by:
 - by the provider to assess the participant's achievement of program objectives and content and will be documented;
 - by the learner in order to assess the program and resources
- B) Name and location of resource(s) for clinical learning experiences.
 - *describe how clinical experience obtained.
- C) Copy of certificate of completion to be awarded to participants.

*Please refer to 21 NCAC 36.0223(b)(7) Guidelines for Continuing Education Programs (attached)

IMPORTANT NOTE RE: INFORMATION TO FILE AND SEND

A list of RNs who successfully complete the program and their certificate number shall be kept on file in your agency. (Note: If RN is not licensed in North Carolina, include state of licensure and license/certificate number for each.) A copy of the list of RNs who successfully completed the program shall be sent to the North Carolina Board of Nursing with the two-year renewal information for this education program or when the education program is no longer offered.

WE CERTIFY THAT THE INFORMATION IN THIS APPLICATION, INCLUDING ATTACHMENTS, REPRESENTS OUR AGENCY-SPONSORED EDUCATION PROGRAM, FOR WHICH NORTH CAROLINA BOARD OF NURSING APPROVAL IS BEING REQUESTED.

Approval/Re-approval is not official until your agency receives the NCBON SANE initial/re-approval letter.

Signature of Director (Coordinator of Program)

Date

Signature of Director of Agency

Date

Please email/fax/mail application and corresponding information to:

paulette@ncbon.com

Fax: ATTN: Paulette – 919-781-9461

North Carolina Board of Nursing
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