

IOWA BOARD OF NURSING PROVIDER #6

Instructions for Continuing Education (CE) Credit

Half-Sheet Form

Co-Sponsors will receive half-sheet forms electronically. When using blank half-sheet forms, it is the Co-Sponsor's responsibility to confirm that the following information is completed for the CE program:

- Course Title
- Program Start Date & End Date
- Program Start Time & End Time
- Location (City, State)
- Course # (provided by IWCC)
- Approved # of Contact Hours
- Name Co-Sponsoring Organization

In order to receive CE contact hours for this program, participants must provide the following information on the half-sheet form:

- Last four digits of Social Security Number
- First & Last Name
- Birth Date – XX/XX/XXXX
- Address, City, State, Zip
- Phone Number
- Email Address
- License/Certification Number
(REQUIRED FOR CREDIT)
- Signature

Be sure CE program participants sign any rosters that are available for each program.

Awarding Certificate of Completion

Co-Sponsors will receive a Certificate of Completion template that includes the following information:

- Course Title
- Co-Sponsoring Organization
- IWCC Provider #
- Reminder to nurses to keep the certificate for four years
- # of contact hours awarded

Co-Sponsors should add the participants name to the Certificate of Completion and hand out certificates *at the end* of the program. Certificates of Completion **should only be given** to participants whom:

- Have provided the necessary information on the half sheet form
- Have signed the attendance sheet to confirm attendance (*or they have been confirmed as attending by the online program*)
- Have completed the training

Attendees are asked to maintain their copy of the certificate for a period of 4 years from the date of the program. Duplicate certificates are available per request for a fee of \$10.