1. The applicant must meet eligibility requirements (see applicant eligibility form on the msnursesfoundation.com website and consult with the CE administrator: Dr. Susan Hart at dr.susanhart@gmail.com.
2. **Applications must be postmarked, or received in the Foundation office, at least twenty (20) days prior to the date of the educational activity**. See payment amount for more information on submission options.
3. Applications submitted after 20 days**\***are very rarely taken for consideration, email for price & availability. No application will be reviewed if received after this deadline.
4. Applications that are “Approved Pending” must be completed and returned to the Foundation no later than one (1) week prior to the Provider’s presentation date. Pending information received after this deadline will be denied CE credit. No retroactive CE hours will be approved.
5. A complete evaluation summary for each educational activity is due 30 days after the activity.
6. A new application will not be reviewed if outstanding evaluation summaries for previous educational activities are more than 90 days past due.

**Payable: MNF**

**Mail to: 31 Woodgreen Place**

**Madison, MS 39110**

**Email to:** [**kdorr@msnurses.org**](mailto:kdorr@msnurses.org)

**Payment Amount:**

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(Hours Requested) (60+ days**\***) (59-30**\*** days) (29-20 days**\***)

* 00.10 – 04.00 = **$150** $200 $275

04.10 – 08.00 = **$225** $275 $350

* 08.10 – 12.00 = **$300** $350 $425
* 12.10 – 16.00 = **$375** $425 $500
* 16.10 – 20.00 = $450 $500 $575
* 20.10 – 24.00 = $525 $575 $650
* 24.10 - 28.00 = $600 $650 $725

\***BEFORE** THE ACTIVITY (Actual day of activity does not count)

**Payment Options: (check one below)**

Check\*\*: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Type (check one): \_\_ Visa \_\_ MC \_\_Discover \_\_ Am Ex

Credit Card: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date\_\_\_\_\_\_(3/4 digit CVN#)\_\_\_\_\_\_

**Payments can be made online at** [**www.msnursesfoundation.com**](http://www.msnursesfoundation.com) **(click donate)**

**Type of Activity: (more than one is acceptable)**

**Contact Hours Requested\*: \_\_\_\_\_\_\_** [if over 16 hours, email for Quote] LIVE ENDURING BLENDED

\*Hours requested **CANNOT** be combined with another application nor use the same Payment Form but the payment option can be combined. For example: Two (2) CE application submissions both requesting 1 contact hour each with their own payment form can be a combined check of $320.00 ($160 + 160).

\_\_\_ I understand this payment does not guarantee approval but is for the review process only. No refunds will be given for non-approval or withdrawal.

\_\_\_Electronic Signature: An “X” in the box serves as the electronic signature of the individual completing this **Payment Form** and attests to the accuracy of the information provided above.\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payment will be mailed with copy of this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (or Printed Name Required) *This signature also authorizes credit card payment.* Date

**Title of Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Mississippi Nurses Foundation is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.*

**Contact:**

**NURSE PLANNER**

**Title:**

**Phone:**

**Email:**

**Organization:**

**Address:**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_**

**Note:** Applications submitted after 20 days**\* deadline** are very rarely taken for consideration, email for price & availability

**TOTAL AMOUNT: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*A **Payment Form** copy is required - both mailed (if applicable) & electronically. Do not forget to factor in the time it will take for YOUR organization to process payment and send.

**Information below should be connected to the credit card**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*\* A receipt will be sent to the email address when the card is processed.*

**Office Use Only:**

**Days Until Activity: \_\_\_\_\_\_\_\_**

**INDIVIDUAL CONTINUING EDUCATIONAL ACTIVITY**

**Payment Form**

**Applications will not be considered complete unless payment & form have been received.**