

## ARTICLE

# A COMPARATIVE STUDY OF CONTINUOUS NURSING EDUCATION SYSTEM IN IRAN AND AMERICA

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## ABSTRACT

**Introduction:** Continuous nursing education (CNE) systems in different countries are various. The study of different structures can be very helpful for CNE planners and create innovative ideas for them to solve national and regional problems. Thus, the present study has been designed and implemented with the aim of comparative comparison continuous nursing education system in Iran and America. **Method:** This study is a comparative-documentary study in four stages; Description, Interoperation, Comparison, Juxtaposition, that has been done based on "George ZF. Beredy" method. Information provided by American nursing boards in all states and documentation rules in Iran were investigated. These two CNE systems were studied in terms of the history, structure, required hours, accepted activities and reviewing and approving documents by review of existing information. **Results:** Legislation of CNE in Iran and America dates back to 1996 and 1984. reviewing and approving documents of the evidence in Iran was done by the Office of in-service education, free of charge, with the aim of gaining promotion and wage increases, and in America it was performed by the State Nursing Boards, with receiving a fee for the purpose of accreditation and renew RN. **Conclusion:** In both countries, the emphasis is on participation in programs not on the impact of programs on the quality of patient care. If the certification and accreditation of nursing license in terms of taking continuous education in Iran is solved and CNE gets out of the control of in-service education, the differences will be less.

## INTRODUCTION

Progress of each country hinges on its competent workforce. Development is attained through training competent and qualified manpower [1]. Health systems are of great importance in the fields of community health, economy and politics of a society [2]. Therefore, continues manpower training in such systems, especially nurses, as the largest and most accessible professional force, to be very important [3]. Several studies have suggested that training nursing staff in hospitals has numerous salubrious results such as improved professional practice, reduction of occupational hazards and medical errors, decreasing client complaints, increasing patient satisfaction and enhancing therapeutic and care indices in hospitals [4-8].

However, continuing education, like all administrative programs, suffers from defects that have been mentioned in various studies. Among others, one can mention Ebadi's study in Iran, Dongfeng in China, Singchungchai in Thailand, Alghadami in Saudi Arabia, Chang in Malaysia and Peck's international study, all of which have emphasized the need to change, modify and improve continuing education programs [9-14].

Conducted researches have often measured the impact of education against the lack of education or compared two methods of education but have never drawn compare of the system of continuing education by other country.

Continuing education systems in different countries have various features according to the circumstances. But there are many different and common things that can guide researchers to improve nursing continuing education programs. Studying the history of continuing education in the world since 1980 is indicative of financial, legal and evaluation challenges [15]. Due to different economic and social growth, centralized or decentralized political systems, different countries have various rules in the field of continuing education. Studying these various laws and structures could be useful for managers of continuing education and produce creative ideas to solve national and regional problems for them.

Evaluating educational systems and programs in different countries is one of the functions of comparative studies. In fact, comparative study is a rational strategy for using the experiences of others in order to better use of available material and spiritual resources. Conducting such studies paves the path for liberating strategies for educational reform from the geographical constraints and manifests itself better through constructing a global insight.

Therefore, in order to understand the situation of a country in the field of continuing education in comparison with another country or what can be done for improve it, recognize the strengths and weaknesses of continuing education, a comparative study should be done in this area, so that other countries can use the results of this study as an example. So, exploring the status of Iran as a developing country in the Middle East and a pioneer in terms of hardware and software development in the continuing education and comparing it with America as an advanced country in the field of professional continuing

### KEY WORDS

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education can guide many studies in the world to make a comparison with the presented framework. Hence, the present study was designed and implemented with the aim of "comparative study of continuing nursing education system in Iran and America".

## METHOD

The present study is a comparative-documentary study that has been carried out in four stages of Description, Comparison, Interoperation, and Juxtaposition, based on George ZF Beredys' descriptive-explanatory method.

This study has been done through critical and scientific reviewing the information provided by Nursing Boards of America in all states and available documented information and rules in Iran (statistical population). In this study, two continuing education systems were compared in terms of the history, structure, required hours, accepted and approved activities and reviewing documents with the help of techniques of reviewing the information in the official site of National Council of State Boards of Nursing (NCSBN) of America and head office of continuing education in Iran.

## DISCUSSION

### **First Question: continuing nursing education in Iran and America's history returns to what time?**

History of continuing nursing educations in America back to Florence Nightingale who encouraged nurses to continuing education. These educations have systematically begun on the basis of Nursing Boards science 1984 and nurses were incorporated among the three other fields of Medical Sciences (Social services -Medicine-Pharmacology) that were subject to continuing education for work permission [16-17].

Then, Nursing Boards approved and frequently updated laws in this area independently and under the supervision of the National Council of State Boards of Nursing [Board Rule 216.1 (4)] [18].

According to the documentations of the Ministry of Health and Medical Education of Iran, continuing education history goes back to in-service education. At the onset, the Ministry of Health had assumed responsibility for the country's healthcare and educational issues were entrusted with the Ministry of Culture & Higher Education. However, educational and research complexes were established in the Ministry of Health to provide in-service education and short-term courses. Then, Research and Education Deputy was founded and the office of in-service education was subsumed under it.

With the formation of Ministry of Health and Medical Education, the office of in-service education (entitled as "*retraining and free education office*") was set up in the Department of Education deputy and assumed responsibility for previous tasks until 1989. Then, the Office of Continuing Education was established in 1989. That same year, in-service education was transferred from the educational deputy to Human Resources Development deputy. It was then that policy-making, standardization and accreditation of continuing education in medical community was passed as a law [19].

Although continuing nursing education programs in Iran has initiated since 1959-60, it was only after the Islamic Revolution that it was tentatively approved by the Parliament (5 years) as the continuing education courses in medical community in October 1990. Since 1996, due to the legislation of the law of national continuing medical education, promotion and evaluation of the condition of nurses was subject to the presentation of a certificate of participation in continuing education courses. However, continuing nurse education was not Cost in nursing evaluation before regulations of continuing nursing education in 2006. Since then, a team of expert teachers and Nursing Board members have periodically convened meetings in the Department of Continuing medical Education for the confirmation of organized nursing courses. Since 2009, Nursing Continuing Education Office has been based for needs assessment, planning, implementation and evaluation on some colleges [19, 20].

### **Second Question: what is the administrative structure of continuing education in Iran and America like?**

Nursing Boards, with a history of more than a hundred years, have been established with the aim of ensuring the quality of nursing care and protecting people's health by developing and monitoring the implementation of nursing standards and the issuance of a work permission (RN test) and renewing it (CNE) for nurses. Nursing Boards in America are the main custodians of continuing education. These Boards are active in 55 states of America independently. The four states of California, Georgia, Louisiana and Virginia have each two independent boards for RNs and LPN / VNs [21]. In Iran, although there are nursing board and Nursing deputy, Planning, implementation and evaluation of CNE, like other medical professions, is administered by Department of Continuing Medical Education [20].

Today, 4.5 million RNs are working in America that constitutes the second largest group of professionals. According to the latest data from the deputy of Nursing in Iran, 110000 professional and non-professional nurses are working. Therefore, regarding the structures, it must be expressed that they have been selected in proportion to the number of nurses covered by structures.

Nevertheless, concentration and integration of nursing responsibilities under the supervision of an

organization (public or private) can be very useful so that the legislation, implementation and evaluation in all areas of nursing from education and research to verification of documents and the work permit can, along with preventing confusion in the implementation and legislation, pave the path for making nursing professional.

**Third Question: How many hours of continuing education do nurses in Iran and America need?**

In different states of America, the required hours will vary from 10-30 hours every two years. And continuing education hours cannot be saved. Courses that are held by government agencies, hospitals, educational and publishing company, nursing schools and Nursing Science Associations are also acceptable for nursing in other states, if they have taken holding confirmation from the board of a state. However, most courses are offered by the School of Nursing [22]. In 16 states, to confirm the document for any time or for the first time, a nurse is required to have finished certain training courses, in addition to normal working hours or on the same frame. In five states, according to the responsibility and criticality level of nurses' work at different levels of RN / LPN / APRN, educational hours and specific courses are required for the accreditation of the document.

In some states, the boards of nursing have already combine number of hours of CNE and professionals or clinical activity hours for the renewing like Singapore and Malaysia. Some of these items are provided [Table 1] [23].

**Table 1:** The hour required state educational and specialized courses for nurses, RNs & LPNs

| State        | Special CE requirements   | Hs/ 2 year     |
|--------------|---|----------------|
| Alabama      | regulations, Professional conduct, and accountability (first time)  | 24             |
| Delaware     | 3 h substance abuse.  | 30 / LPNs : 24 |
| Columbia     | APRNs: including 15 h in pharmacology<br>3 h on HIV/AIDS is(RN or LPN)  | 24/ LPN:18     |
| Florida      | Domestic Violence, HIV/AIDS, Preventing Medical Errors, laws and rules that govern the practice of nursing, recognizing impairment in the workplace                                     | 26             |
| Kentucky     | HIV/AIDS CE within the ten-year period. Pediatric Abusive Head Trauma, Domestic Violence (one-time)<br>APRNs: 5 h in pharmacology<br>LPN: IV Therapy-Kentucky Administrative Regulation | 28             |
| Michigan     | 1 h in Pain Management  | 25             |
| Nebraska     | RN: At least 10 of the 20 h must be formally peer reviewed and approved continuing education. Up to 4 h may be CPR or BLS courses.  | 20             |
| Nevada       | Emergency Preparedness or bioterrorism  | 30             |
| New jersey   | RN: Organ and Tissue Donation   | 30             |
| New York     | 3 h infection control every 4 years.<br>RNs: 2 h child abuse (one time),  |                |
| North Dakota | may be obtained online<br>first time you are NOT REQUIRED to have completed CE courses  | 12             |
| Oregon       | Pain management   | 7              |
| Pennsylvania | 3 h in child abuse  | 30             |
| Rhode Island | online  | 10             |

|  |   |   |
|--|---|---|
| Texas  | 2 h in forensic evidence collection for RN practicing in an emergency room setting (one-time)<br><br>2 h in older adults and geriatric populations for RNs working with this population<br><br>2 h in tick-borne diseases for RNs working with this population<br><br>2 h relating to nursing jurisprudence and nursing ethics<br><br>APRN: 5 h in pharmacotherapeutics | 20  |
| Puerto Rico  | 3 h of infection control that includes HIV, Hepatitis and TB  | 30/ LPNs:21   |
| California/Colorado/<br>Kansas/ New<br>Hampshire/ New<br>Mexico/ |   | 30  |
| Minnesota  |   | 24/ LPNs:12   |
| Massachusetts  |   | 15  |
| Illinois   |   | 20  |
| Iowa/ Montana/ Ohio/<br>Oklahoma                                 |   | 24  |
| Louisiana  |   | 5 h (full-time), 10 h (part-time), 15 h (not employed or worked less than 160 h). |

Also, in 12 states including Arizona, Connecticut, Hawaii, Idaho, Indiana, Maine, Maryland, Mississippi, Missouri, South Dakota, Vermont and Wisconsin there is no need to CNE hours. In 11 states, some laws have been enacted to replace CNE hours [22,23], fully described in [Table 2].

**Table 2:** Activities alternative to continuing education hours for nurse

| State          | H/ 2 year     | Replace   |
|----------------|---------------|---|
| West Virginia* | 24            | 6 h of CE and; 1. National certification (NC), 2. Completion of a nursing research project as investigator, co-investigator, 3. Published a nursing article, 4. Participated as a clinical preceptor for at least 1 student or one new employee undergoing orientation and have 120 h of one-on-one relationship, 5. Completion of an approved nursing refresher or re-entry course |
| Arkansas       | 15            | NC, OR completion of a recognized academic course   |
| Alaska         | 30            | 30 h professional nursing activities, OR 320 h nursing employment.  |
| Georgia        | 30<br>LPNs:20 | NC, OR Completion of an accredited academic program of study in nursing or a related field, OR (500) h practice, OR reentry program or graduation from a nursing education program  |

|                   |    |  |
|-------------------|----|--|
| North Carolina    | 30 | NC, OR Completion of a Board approved refresher course.<br><br>OR Completion of 2 semester hours of post-licensure academic<br><br>OR 15 h of CE and: 1) Completion of a nursing project as investigator or co-investigator. 2) Authoring or co-authoring a nursing related article, paper, book or book chapter. 3) Developing and conducting a nursing continuing education presentation or presentations totaling of 5 h, 4) 640 h of active practice |
| South Carolina    | 30 | NC, OR Completion of an academic program in nursing, OR Verification of competency and the number of hours practiced as evidenced by employer certification  |
| UTAH              | 30 | 200 practice h and 15 h, OR 400 practice h.  |
| Virginia          | 30 | NC, OR Completion of a minimum of 3 credit h of post-licensure academic education relevant to nursing , OR A board-approved refresher course , OR Completion of nursing project or research study, OR Completion of publication as the author or co-author, OR Teaching a nursing-related 3 h in semester, OR Teaching nursing CE courses for up to 30 h, OR 15 h of workshops, seminars, conferences + 640 h of nursing practice                        |
| Washington        | 45 | 531 h of nursing practice  |
| Wyoming           | 20 | NC, 1600 h in Nursing practice, OR 500 h in Nursing practice, OR Passing NCLEX   |
| US Virgin Islands | 15 | 320 h clinical practice + 15 h of professional activities.   |

\*Special CE requirements: RNs: 2 h in mental health and 3 h in drug diversion training and best practice prescribing of controlled substances. LPNs: 2 contact h of end-of-life care including pain management and 3 h in substance abuse.

According to Continuous Education Act in Iran, nurses need annually to earn 15 points of CNE, equal to 30 hours, and lost points in a year are not repairable in the next year. Additional points cannot be stored for later years. Although no specific differences is observed between the two countries in terms of hours of CNE, according to the recent decision of the Supreme Council for Continuing Medical Education (2009) in Iran only nurses with bachelor, master and PhD degrees are eligible for CNE rules while orderly and diploma in nursing are not subject to these laws. On the other hand, no specific division has been considered for the documents and the responsibility of nurses in CNE rules and taking specific courses or earning training hours at the beginning of activities are not considered obligatory for them. Because, in Iran, due to lack of nurses, there is no legal basis for the confirmation or accreditation of the document and the work permit [19]. Moreover, the required training is related to the field but not to the work environment so that a pediatric critical care nurse can participate in general course of basic or advanced CPR in adults and his CNE hours are acceptable. Therefore, in-service and Irrelevant to ward or degree courses will be accepted. It is considered one of the weak points in Iran that no special status has been considered for CNE compared to in-service education.

**Fourth Question: What are the acceptable and alternative activities for codification courses of continuous education in Iran and America?**

As shown in [Table 2], in 11 states instead of online or in-person courses, other activities have to be counted such as: Clinical teaching to pioneers or students (5 hours), publication of scientific papers in prestigious journals related to nursing or publication of a book or a chapter in a book or producing instructional materials such as CDs or tapes (15-30 hours), PhD thesis or research project (30 hours), Lecturing at scientific seminars (1 hour), reading scientific papers, clinical or professional activities, educating in higher degrees of nursing (each 3-month term is calculated equivalent to 10 hours and 4.5 month terms equivalent to 15 hours), doctoral dissertation (30 hour). It should be noted that hours allocated to the mentioned activities are various in different states [24].

In Iran, CNE have been defined in the form of congress, seminars, workshops, and conferences or codification programs (at least 20% of points must be earned through these programs), short-term professional education courses, educational & research activities and self-study. There are no differences between in-person or in-absentia programs except that, at best, only 40% of points can be related to in-absentia programs. Alternative activities, also, are defined as follows: Lecture or poster presentations at conferences with points in continuing education (maximum 5 points, with a extent of 10 points), oversee programs with a maximum of 25 points [Table 3], authoring or translating a book or an article, receiving a valid certificate of academic degrees (exempt from earning continuing education points during study). As a

result, it does not seem that there is much difference between the two systems of continuing education in this respect.

**Table 3:** Points of training programs abroad

|   |  |
|---|--|
| Participating in congress, seminars and conferences | Maximum 5 days - 4 points each day             |
| poster  | Each case 6 points                             |
| lecture   | Each case 10 points                            |
| Workshop  | Maximum 5 days - 5 points each day             |
| training course                                     | 2 points each day- maximum 25 points in a year |

**Fifth Question: In what way are review and approval of continuing education hours for nurses in Iran and America done?**

According to the rules of nursing board, in order to confirm their degrees and extend their work permit, nurses need to provide documents every 2-3 years or 5 years (within determine one-month interval). With respect to their particular circumstances each year, every state may also introduce a new set of education hours as a part of their mandatory CNE. In case of incomplete CNE hours, documents will be returned to complete and more search will be requests considered and or some penalties will be considered for nurses, such as: Suspension from work, limiting the activities, fine, professional disqualification and official reprimands [25, 26]. In Iran, CNE documents are issued by the offices of continuing education based at the universities and evaluated by the personnel department of hospitals to extend the contract or assessed by educational supervisors to improve their level. Of course, there are no certain punitive legislation in this field and are not implemented accordingly, because these hours can be replaced with hours of in-service education [Table 4]. Another difference that there is in the field of laws is that, due to financial strength and authority human force Development Deputy and in-service education centers, continuing education for nurses has been overweighed by in-service education. And continuing education constitutes only 30 hours of in- service education rules (150 hours required) that is not a significant portion. Besides, it has been observed that in-service education rules have classified nurses, along with other jobs, as non-professional.

**Table 4:** Compare the overall system of CNE in Iran and America

| Country                                | Iran   | America  |
|--|--|--|
| legislation of CNE                     | 1996   | 1984   |
| Compiler, confirmer and fund provider  | Continuous Education Department of the Ministry of Health and Medical Education                                  | State nursing board  |
| Performers                             | Continuous Education Offices of universities, hospitals, nursing colleges, scientific societies, Nursing Council | Nurses association, big hospitals, nursing schools                     |
| Required hours                         | 30 hours per year  | 10-30 hours every 2 years.   |
| Cost                                   | The learners, Universities of Medical Sciences (optional), pharmaceutical companies indirectly                   | Drug companies and supporter insurance agencies 58% , the learners 42% |
| The average cost of company in courses | 1-3 dollars an hour  | 8-12 dollars an hour   |
| auditing and review                    | In-service training offices, free of charge  | State nursing boards, with fee   |
| Lack of required hours                 | Deprived of annual upgrades<br>Compensation through in-service training courses                                  | Suspension-fine-review-abrogating work permits                         |

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| The purpose of the review       | Earning promotion and pay rise  | Accreditation and permitting the operation   |
| Continuous Education Philosophy | Health promotion through:<br>Improve the quality of continuous education,<br>Supporting the learners, Compiling<br>continuous education standards | Protect the public's health and welfare by assuring that safe and competent nursing and by outlining the standards for safe nursing care and issuing licenses to practice nursing. |

One highly important thing at this time that some other differences also stem from it is to pay attention to the vision and mission of the organization responsible for CNE in both countries. The head office of CNE in Iran defines its mission as follows: in order to improve health, Department of continuous medical education serves through continuing education to all graduates of the medical community, making policy of continuous medical education aimed at protecting the subject and establishing continuous medical education standards and funding continuous education centers serves to improve the quality of continuous education. In fact, this organization intends to achieve health promotion through improving the quality of continuous education, supporting the learners and establishing continuous education standards. While, the NCSBN of America has defined a vision and mission as follows: The boards of nursing (BONs) that comprise NCSBN protect the public's health and welfare by assuring that safe and competent nursing care is provided by licensed nurses. BONs achieve this mission by outlining the standards for safe nursing care and issuing licenses to practice nursing. In principle, it considers protecting the health and welfare of the community as its main task through performing care by qualified undergraduate nurses. In fact CE is a means of certifying the competence of nurses and not merely a means for earning a higher income.

### CONCLUSION

Although in both countries (most states in America) participating in CNE programs is compulsory, the emphasis is on participation in programs not on the impact of programs on the quality of patient care. On the other hand, despite all the differences, it seems that if the certification of nursing documentation and work permission in terms of taking CNE is solved in Iran and continuous education gets out of the control of in-service training, the differences will be less. Some other differences originate from the type of political systems of the two countries; in a way that Iran is governed in a centralized manner while America is managed in a State fashion. Hence, the difference in the management structure of CNE system will also follow such circumstances in each country.

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**CONFLICT OF INTEREST**  
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