

Alabama State Nurses Association Individual Activity Application

General Information

Approval as a provider is recognition of a provider's capacity to award contact hours for continuing nursing education activities entirely planned, implemented, and evaluated by the provider. The provider may offer an unlimited number of educational activities during the approved time period. Approved providers may not approve activities either internally or externally.

Alabama State Nurses Association (ASNA) is an accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC).

ASNA adheres to the standards and guidelines set forth by ANCC. Sponsors who choose to participate in the ASNA Continuing Education Approval Process will be expected to comply with all ASNA/ANCC Operational Requirements as outlined in this document.

Approval time period is two (2) years.

Processing Fee: Applications received 25 days or more prior to the activity will be \$50 (up to 4 contact hours), \$100 (5-8 contact hours), \$150 (9-12 contact hours), and \$200 (13 and over contact hours). An expedited review is available for applications received 12-24 days before activity for an additional \$75 fee. No applications will be accepted less than 12 days prior to the activity. Applications will not be reviewed until payment is received. [Click here to pay online](#).

Application must contain all information before review and approval may be granted. Should you need assistance contact the ASNA Continuing Education Department at (334) 262-8321, (334) 262-8578 (F), or charlenerasna@alabamanurses.org.

<i>SPONSOR (AGENCY) OF ACTIVITY: Southeast Region of the WOCN® Society</i>				
<i>CONTACT PERSON: Bernhard Haberer</i>				
<i>ADDRESS: 36181 East Lake Road, Ste. 376</i>				
<i>CITY: Palm Harbor</i>	<i>STATE: FL</i>	<i>ZIP CODE: 34685</i>		
<i>DAY PHONE: 727-515-6516</i>				
<i>EMAIL: bhe@serwocn.org</i>				
<i>Sponsor Authorization for release of information. As the representative of this activity, I do hereby give ASNA permission to release information contained in this activity to interested parties.</i>				
<i>SIGNED: </i>				
<i>Upon request ASNA will publish information on the Continuing Nursing Education tab of the ASNA Website: http://alabamanurses.org .</i>				
<i>Publish online?</i>	<input checked="" type="checkbox"/>	<i>YES</i>	<input type="checkbox"/>	<i>NO</i>

Send completed application to:

Alabama State Nurses Association
360 North Hull Street
Montgomery, AL 36104

OR

charlenerasna@alabamanurses.org

Applicants interested in submitting an individual educational activity for approval must complete:

Individual Activity Applicant Eligibility Commercial Interest Addendum (if applicable),
 This form - Individual Educational Activity Application

Applicant's Name: Bernhard Haberer (Manager)

Applicant's Organization: Southeast Region of the WOCN® Society

Applicant's Address: 36181 East Lake Road, Ste. 376; Palm Harbor, FL 34685

Is this continuing education? Is this learning activity intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to improve the health of the public and RNs' pursuit of their professional career goals?

Yes No **If no, the activity is not eligible for approval.**

What is the "problem in practice" (difference between current state and desired state or opportunity for improvement) that this activity is designed to address? Our attendees are professionals involved in the care of patients with wound, ostomy, and continence issues who need to stay current with advances in their field. This conference looks at advances in theoretical and clinical knowledge impacting individuals affected by wound, ostomy, or continence issues. In addition, the conference will focus on real life examples of evidence-based practice and multidisciplinary approaches to enhance outcomes in various health care settings.

This educational activity will be used to evaluate the Individual Activity Applicant's impact on:

Nursing Professional Development – indicate outcome measure: knowledge, skills and practice

Patient Outcome – indicate outcome measure: _____

Other: _____

Demographic Data:

Title of Activity: Experience the Magic: Blending the Art & Science of WOC Nursing

Date Form Completed: 6/1/15 Location: Orlando, FL

Number of Contact Hours: 17 – 16 live hours and 1 hour for poster viewing

Activity Type:

- Provider-directed, provider-paced: Live (in person or webinar)
- Date of live activity: September 10-12, 2015
- Provider-directed, learner-paced: Enduring material
- Start date of enduring material: _____
- Expiration/end date of enduring material: _____

Nurse Planner contact information for this activity:

Name/Credentials and state of licensure: Trudy Huey, MSN, RN, CWOCN Day Phone: 828-326-2392

Contact Information: Catawba Valley Medical Center, 810 Fairgrove Church Rd. SE, Hickory, NC 28602

Email: thuey@catawbavalleymc.org

The **Nurse Planner** must be a currently licensed registered nurse with a baccalaureate degree or higher in nursing, **and** be actively involved in planning, implementing and evaluating this continuing education activity.

Assessment of Learner Needs:

- A. Identify the target audience:
 - All RNs
 - Advance Practice RNs
 - RNs in Specialty Areas (Identify Specialty): Wound, Ostomy, Continence Nurses
 - LPNs
 - Interprofessional (Describe): _____
 - Other - (Describe): _____

- B. Type of needs assessment method used to plan this event? (Check all that apply)
 - Surveying stakeholders, target audience members, subject matter experts or similar
 - Requesting input from stakeholders such as learners, managers, or subject matter experts
 - Reviewing quality studies and/or performance improvement data to identify opportunities for improvement
 - Reviewing evaluations of previous educational activities
 - Reviewing trends in literature, law and health care
 - Other - Describe: _____

- C. Indicate source of supporting evidence for needs assessment data. (Check all that apply. Individual Activity Applicant must be able to access this data upon request.)
 - Annual employee survey
 - Literature Review
 - Outcome Data
 - Surveys results from stakeholders or learners
 - Quality Data
 - Requests (e.g., via phone, in person or by email)
 - Written evaluation summary requests
 - Other - Describe: _____

- D. Findings of the needs assessment.

Attendees from the 2014 SER WOCN completed online evaluations related to conference topics and needs for future conferences. This information was reviewed and discussed with the 2015 Conference Chairperson and Education Committee by the Director of Conference Planning. The identified needs were utilized to develop and plan the 2015 SER Annual Conference to provide a balanced program in our tri-specialty of wound, ostomy and continence issues.

- Needs assessment data supporting the need for this activity is attached or available upon request. (e.g., survey data, reference in literature, QI data, etc.)

- E. Identify the appropriate gap for the intended target audience that this educational activity will address based on needs assessment data:

Identified Gap(s):
Each individual session has their own identified gap, description of current state and description of desired/achievable state. See individual Educational Planning Tables.

Description of current state: _____

Description of desired/achievable state: _____

Gap to be addressed by this activity:
 Knowledge Skills Practice Other

Describe : _____

Qualified Planners and Faculty/Presenters/Authors/Content Reviewers:

Complete the table below for each person on the planning committee and include name, credentials, educational degree(s), role on the planning committee, and expertise that substantiates their role. Planning committees must have a minimum of a Nurse Planner and one other planner to plan each educational activity. The Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the ANCC criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered. **The Nurse Planner and Content Expert must be identified and may be the same person. Non nurses may be part of the planning committee.**

Nurse Planner is knowledgeable about the CE criteria through

- Reviewing forms in ASNA Website
- Reviewing criteria in ASNA Website
- Other - Describe: Served as Chair of Planning Committee for the last conference and is familiar with the process.

Planning Committee:

Committee Member Name	Credentials	Degrees	Role on Committee	Expertise
Please see attached list			Select one.	
			Select one.	
			Select one.	
			Select one.	

Biographical/COI Form for each planning committee member is attached: (This form is available for download on ASNA’s website <http://alabamanurses.org/wp-content/uploads/2013/12/BIOCOL.docx>).

Identification, evaluation and resolution of conflict of interest for planning committee members:

1. Conflict of interest evaluation for the Nurse Planner of this educational activity.
 - a. Nurse Planner’s name: Trudy Huey, MSN, RN, CWOCN
 - b. Does the Nurse Planner have a relationship with a commercial interest organization that is relevant to the content of this educational activity:
 Yes* No

* If yes, Nurse Planner must be recused from this educational activity

 - c. Individual responsible for reviewing conflict of interest information for Nurse Planner (Nurse Planner may not evaluate his/her own conflict of interest information): Martha Wright Davidson, MN, CWOCN, President SER WOCN

2. The Nurse Planner is responsible for evaluating whether any planning committee member has a relationship with a commercial interest organization. For each planning committee member, the Nurse Planner must document the following (document on each planner’s conflict of interest form):
 - No relevant relationship with a commercial interest exists. No resolution required.
 - Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined **not** to be pertinent to the content of the educational activity. No resolution required. (Documentation should reflect rationale for content not pertinent).
 - Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity. **Resolution is required.**

3. In reviewing the bio forms, did the Nurse Planner and/or planning committee suspect that there might be COI and/or potential for bias for any planning committee members that was not self-reported on the form?
 ___ Yes X No
 If yes, what was the concern? _____
 What was done to resolve it? _____
4. Procedures used to resolve conflict of interest or potential bias, if applicable for this activity (document resolution process on each planner's conflict of interest form as applicable):
- Not applicable since no conflict of interest.
 - Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
 - Not awarding contact hours for a portion or all of the educational activity.
 - Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
 - Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
5. Identify Content Reviewer if used as part of the resolution process on each planner's conflict of interest form. Conflict of interest must also be evaluated for the Content Reviewer.

B. Faculty/Presenters/Authors

Faculty/Presenters/Authors must have documented qualifications that demonstrate their education and/or experience in the content area they are presenting. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. The qualifications must address how the individual is knowledgeable about the topic and how expertise has been gained. Faculty/Presenters/Authors do not have to be nurses, but nurses should address nursing care and nursing implications, as applicable. Bio/COI Forms must contain information specific to this activity. If using the Documentation Sheet, Faculty/Presenters/Authors should be included.

Faculty/Presenter/Author Name	Credentials	Degrees	Expertise
Please see attached list			

X Biographical/COI Form for each Faculty/Presenter/Author is attached: (2 sessions / 4 hours attached)

Describe how the needed qualifications of Faculty/Presenters/Authors are identified: (Check all that apply).

- X Content expertise
- X Demonstrated comfort with teaching methodology (e.g., web-based, etc.)
- X Presentation skills
- X Familiarity with target audience
- ___ Other - Describe: _____

1. Planning committee assures the qualifications of the Faculty/Presenters/Authors are appropriate and adequate by: (Check all that apply)
 - Review of resume/CV of faculty/presenter/author.
 - Recommendation by colleagues.
 - Review of literature written by faculty/presenter/author.
 - Observation of previous presentation by faculty/presenter/author.
 - New faculty/presenter/author being mentored by: _____
 - Other - Describe: _____

Identification, evaluation and resolution of conflict of interest for Faculty/Presenters/Authors:

1. The Nurse Planner is responsible for evaluating whether any Faculty/Presenter/Author has a relationship with a commercial interest organization. For **each** Faculty/Presenter/Author, the Nurse Planner must document the following (document on each Faculty/Presenter/Author's conflict of interest form):
 - No relevant relationship with a commercial interest exists. No resolution required.
 - Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined not to be pertinent to the content of the educational activity. No resolution required. (Documentation should reflect rationale for content not pertinent).
 - Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity. Resolution is required.
2. In reviewing the bio forms, did the Nurse Planner and/or planning committee suspect that there might be COI and/or potential for bias for any Faculty/Presenter/Author that was not self-reported on the form?

_____ Yes No

If yes, what was the concern? _____

What was done to resolve it? _____
3. Procedures used to resolve conflict of interest or potential bias, if applicable for this activity (document resolution process on each Faculty/Presenter/Author's conflict of interest form as applicable):
 - Not applicable since no conflict of interest.
 - Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
 - Not awarding contact hours for a portion or all of the educational activity.
 - Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
 - Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
4. Identify Content Reviewer if used as part of the resolution process on each Faculty/Presenter/Author's conflict of interest form. Conflict of interest must also be evaluated for the Content Reviewer.

Effective Design Principles

Use the **Documentation Sheet** to document items below (A-E) for each activity offered. (Documentation Sheet for both Live and Enduring Materials available through [www.alabamanurses.org/continuing education](http://www.alabamanurses.org/continuing_education). These tables are not required for documentation but may be used as a resource if desired.)

A. **Purpose:** (Stated in relation to the outcome desired of the learner at the conclusion of the activity)

See Documentation Sheet OR

Describe: _____

B. **Educational Objectives:** Specific objectives for the learning activity are developed collaboratively by the planners and Faculty/Planners/Authors (if applicable) and must relate to the purpose of the activity. Each objective should have one measurable action verb and should specify what the learner will know or do once the objective has been completed (the outcome of attaining the objective).

See Documentation Sheet OR

Describe: _____

C. **Content Integrity:** Content integrity of the activity is maintained by: (Check all that apply)

Actual or potential conflicts of interest are resolved

Independence from any organization providing funding for the activity (commercial interest organization or sponsor)

Content is based on best available evidence

Activity will be presented free from promotional activity

D. **Quality of Content and Time Frames:** List the content for **each** objective on the Educational Planning Table.

See Documentation Sheet OR

Describe content and include time calculation for content: _____

Content must:

- Be congruent with purpose and objectives
- Include details beyond a restatement of objectives
- Reflect the intent of the objectives
- Be numbered consistently with the related objective
- Be evidence-based or based on the best available evidence

Content for this educational activity was chosen from:

Information available from the following organization/web site (organization must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health): _____

Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years): _____

Clinical guidelines (example - www.guidelines.gov): _____

Expert resource (individual, organization, educational institution) (book, article, web site): _____

_____ Textbook reference: _____

_____ Other: _____

E. **Teaching-Learning Strategies Used:** List the methods and instructional strategies to be used by Faculty/Presenters/Authors to cover each objective on the Documentation Sheet. Teaching /learning strategies must be congruent with objectives and content.

See Educational Planning Table OR
Describe: _____

F. **Learner Feedback:** Check the best description or describe how learners will be provided feedback.

- Question and answers during activity
 Self-check questions
 Engaging learners in dialogue
 Return results of testing
 Return demonstration
 Role play
 Other - Describe: Complete a post-program survey of the content and speaker

G. **Successful Completion:** (Consistent with the purpose, objectives and teaching and learning strategies)

1. Criteria for successful completion for live and enduring material/web-based activities include:
(Check all that apply)

- Attendance at entire event or session
 Attendance for at least _____% of event
 Attendance at 1 or more sessions
 Completion/submission of evaluation form
 Achieving passing score on post-test (Passing score is: _____%)
 Return demonstration
 Other - Describe: Complete a post-program survey of the content and speaker

2. Rationale for method selected above to determine successful completion: (Check all that apply)

- Method of evaluation selected
 Importance of content knowledge
 Importance of content application
 Required by employer or organization
 Other - Describe: _____

3. Criteria for partial credit (if awarded for participation)

- Contact hours awarded based on # of minutes attended
 Contact hours awarded for 1/2 day (1/2 of total eligible contact hours)
 Contact hours awarded based on # of sessions attended
 No partial credit is awarded

H. **Verify Participation**

- Attendance/participation will be verified through sign in sheets/registration form.
 Signed attestation statement by participant verifying completion of entire or part of the activity.
 Collection of participation verification via computer log
 Other - Describe: _____
 Representative sample of method that will be used to collect participant names with unique identifier is attached (i.e. BON number, address of participants, email of participants, etc.)

I. **Awarding Contact Hours**

A contact hour is a 60-minute hour. The contact hour may be taken to the hundredths; but may not be rounded up. (e.g. 2.758 should be 2.75 or 2.7, not 2.8)

1. **Live Events:** Calculate the number of contact hours based on the learning activity, clearly stating the time spent on welcome, introductions, pre/post-tests, presentation, clinical experience, breaks and evaluation. Contact hours are calculated based on the components of the activity that are eligible for awarding CE credit.
2. **Enduring materials (print, CD, web-based, etc.):** Contact Hour Calculation:

What was the method for calculating the contact hours? (Select one)

- Pilot Study
 Historical Data
 Complexity of content and data
 Word Count
 Other - Describe: _____

Show evidence (math calculation) of how contact hours were determined: Poster Sessions: at least Four (4) Posters are required to be reviewed and evaluated. 15 minutes @ poster, 4 x 15 = 60 minutes = 1 contact hour.

Evaluation

A. Check or describe the methods of evaluation to be used: (Check all that apply)

- Evaluation Form
 Pre and/or Post-test (Attach a copy if testing is to be used)
 Return Demonstration
 Case Study Analysis
 Role Play
 Longitudinal study with self-reported change in practice (long term method)
 Data Collection related to quality outcome measure (long term method)
 Observation of performance in practice (long term method)
 Other - Describe: _____ (Attach a copy)

B. Upon completion of the activity, a summative evaluation is generated.

C. The Nurse Planner and/or planning committee will review the summative evaluation to assess the activity's effectiveness and to identify how results may be used to guide future educational activities.

Approval Statement for Individual CNE Activities

The official ANCC approval statement must be provided to learners prior to the start of every educational activity and on each certificate of completion.

The approval statement must be displayed clearly to the learner, stand alone on its own line of text, and be written exactly as indicated by the Accredited Approver. When referring to contact hours, the term "accredited contact hours" should **never** be used. An organization is *accredited or approved*; contact hours are *awarded*.

Copy of marketing materials is attached (i.e. flyer/brochure, memo/letter, meeting notice, email, web site, social media, other).

Copy of material(s) that demonstrate how the approval statement will be provided to learners prior to the start of the educational activity are attached.

- If advertising is released prior to approval AND after an application has been submitted, the following statements may be used:

This activity has been submitted to Alabama State Nurses Association for approval to award contact hours. Alabama State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more information regarding contact hours, please call (*Applicant's contact person's name and phone number*).

- If the advertising is to be released after approval is received, then use the following statement:

This continuing nursing education activity was approved by the Alabama State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Commercial Support and Sponsorship

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes health care goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-health care related companies.
- Commercial Support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CNE activity.
- A sponsor is identified as an organization that does not meet the definition of commercial interest. Sponsorship is financial, or in-kind, contributions given by an entity that is not a commercial interest, which is used to pay all or part of the costs of a CNE activity.

If no commercial support or sponsorship received, select A.

If commercial support or sponsorship is received, complete items B, C, D and E and attach the signed and dated agreement(s).

A. _____ This activity has no commercial support or sponsorship.

B. Commercial support/sponsorship has been provided by the following:

Name of Organization	Funding or In-Kind Donation	Type of Organization (commercial interest or non-commercial interest)
Commercial support documents will be sent at a later date. Example of Commercial Support Agreement is attached.		

C. Content integrity has been/will be maintained by: (Check all that apply)

- The commercial support/sponsorship policy/procedure has been discussed with those providing commercial support or sponsorship.
- The commercial support/sponsorship policy/procedure has been shared in writing with those providing commercial support/sponsorship.
- Faculty/Presenters/Authors have been informed of the policy/procedure re: commercial support and sponsorship and agree to not promote the products or entity providing the financial or in-kind services.
- In conjunction with above, the session will be monitored and violators of policy will not be asked to present again.

_____ Other - Describe: _____

D. The following precautions have been taken to prevent bias in the educational content: (Check all that apply)

- Commercial support/sponsorship and bias has been discussed with each presenter.
- Each Faculty/Presenter/Author has signed a statement that says s/he will present information fairly and without bias.
- In conjunction with the above, the session will be monitored and violators of policy will not be asked to present again.
- Other - Describe: All presentations are reviewed by the Nurse Planner (Director of Conference Planning), Conference Chairperson and the Education Planning Committee for bias. If present, the conflict is discussed with the speaker by the Nurse Planner and resolved prior to the presentation. This includes detailed review of PPT presentations and all brand names are

removed or blackened on the slides. Speakers are aware this is monitored during conference as well and that they will not be allowed to speak for SER WOCN if there is a violation.

1. Signed commercial support or sponsor agreement attached, sample document located _____, and includes:
 - Statement that the provider of commercial support or sponsorship may not participate in any component of the planning process of an educational activity, including:
 - Assessment of learning needs
 - Determination of objectives
 - Selection or development of content
 - Selection of presenters or faculty
 - Selection of teaching/learning strategies
 - Evaluation
 - Statement of understanding that the commercial support or sponsorship will be disclosed to the participants of the educational activity
 - Statement of understanding that the provider of commercial support or sponsorship must agree to abide by the provider's policies/procedures
 - Amount of commercial support or sponsorship and description of in-kind donation
 - Name and signature of the individual who is legally authorized to enter into contracts on behalf of the provider of commercial support or sponsorship
 - Name and signature of the individual who is legally authorized to enter into contracts on behalf of the provider of the educational activity
 - Date the agreement was signed

Disclosures Provided to Participants

Learners must receive disclosure of required items prior to the start of an educational activity. In live activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring materials (print, electronic, or Web-based activities), disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may not occur or be located at the end of an educational activity. If a disclosure is provided verbally, an audience member must document both the type of disclosure and the inclusion of all required disclosure elements.

A. Disclosures always required:

1. **Successful Completion:** Purpose and/or objectives and criteria for successful completion (**Note:** Not applicable or n/a is not an acceptable response)
 - ___ Information on advertising material
 - ___ Written information on handouts for activities/directions (Attach copy)
 - ___ Verbal statement and someone in the audience will witness and document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)
 - Other - Describe: The printed onsite Attendee Program contains disclosures. (Attach copy) –

A copy of this year's program will be provided once it has been printed. A copy of last year's Attendee's Program is provided for your review.

2. **Absence or Presence of Conflict of Interest for planners and faculty/presenters/authors/content reviewers: (Check all that apply)**
 - Planners disclose **no** conflict of interest relative to this educational activity
 - Faculty/Presenters/Authors/Content Reviewers disclose **no** conflict of interest relative to this educational activity

** **Lack** of conflict of interest disclosed to learners by:

- ___ Information provided in advertising.
- ___ Information provided on handouts. (Attach copy)
- ___ Information provided in print at the start of the non-live activity (Attach copy)
- ___ Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)

Other - Describe: The printed onsite Attendee Program will contain COI statements for each speaker where needed. (A copy of this year's program will be provide once it has been completed. A copy of last year's document is provided for your review).

Planners disclose a conflict of interest relative to this educational activity
[List name(s): _____]

Faculty/Presenters/Authors disclose a conflict of interest relative to this educational activity
[List name(s): _____]

** **Presence** of conflict of interest disclosed to learners by:

Information provided in advertising.

Information provided on handouts. (Attach copy)

Information provided in print at the start of the non-live activity (Attach copy)

Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a **signed** notation in the file to describe the verbal disclosure)

Other - Describe: The printed onsite Attendee Program will contain COI statements for each speaker where needed (Attach copy) (A copy of this year's program will be provide once it has been completed. A copy of last year's document is provided for your review).

B. Disclosures required, if applicable:

3. Commercial support:

Not applicable

Information provided in advertising.

Information provided in handouts. (Attach copy)

Information provided in print at the start of the non-live activity (Attach copy)

Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)

Other - Describe: The printed onsite program will contain commercial support statements where needed. (A copy of this year's program will be provide once it has been completed. A copy of last year's document is provided for your review).

4. Sponsorship:

Not applicable

Information provided in advertising.

Information provided in handouts. (Attach copy)

Information provided in print at the start of the non-live activity (Attach copy)

Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)

Other - Describe: The printed onsite program will include sponsorship statements where needed. (A copy of this year's program will be provide once it has been completed. A copy of last year's document is provided for your review).

5. Expiration date for awarding enduring materials contact hours:

The expiration date must be visible to the learner **prior** to the start of the educational content.

Not applicable - not enduring material

Learners notified how long contact hours will be awarded for the activity on **advertising**.

Learners notified how long contact hours will be awarded for the activity on **directions page**.

Documentation of Completion

Learners received documentation of successful completion of the educational activities.

Document/certificate must include:

Name and address of provider of the educational activity (Web address acceptable)

Title and date of completion of educational activity

Number of contact hours awarded

Official approval statement

Name of learner

Copy of completed certificate to be awarded to learners is attached. (Copy of last year's certificate attached)

Co-Providership

If activity will **not** be co-provided, **select A**;

If activity will be co-provided, select B and **attach signed and dated co-provider agreement**. (Sample __).

A. This activity will not be co-provided.

B. Co-providership of this activity has been arranged with: List organization(s) name(s): _____

When an educational activity is co-provided, the Individual Activity Applicant's Nurse Planner is responsible for ensuring adherence to the ANCC Accreditation criteria, including the following:

____ Name of the Individual Activity Applicant is prominently displayed in all marketing material and certificates

____ The name(s) of the organization(s) acting as the co-provider(s)

____ Statement of responsibility of the Individual Activity Applicant, which should include the following:

- Determination of educational objectives and content
- Selecting planners, presenters, faculty, authors and/or content reviewers
- Awarding of contact hours
- Recordkeeping procedures
- Developing evaluation methods and categories
- Management of commercial support or sponsorship

____ Name and signature of the individual legally authorized to enter into contracts on behalf of the Individual Activity Applicant

____ Name and signature of the individual legally authorized to enter into contracts on behalf of the co-provider(s)

____ Date the agreement was signed

Recordkeeping

A. Recordkeeping requirements for each activity file:

- Title and location (if live) of activity
- Type of activity format: live or enduring
- Date live activity presented or, for ongoing enduring activities, date first offered and subsequent review dates
- Description of the target audience
- Method of the needs assessment
- Findings of the needs assessment
- Names, titles, and expertise of activity planners
- Role held by each Planning Committee member (must include identification of the Nurse Planner and Content Expert(s))
- Names, titles, and expertise of activity presenters, faculty, authors, and/or content reviewers
- Conflict of interest disclosure statements from planners
- Resolution of conflicts of interest for planners, if applicable
- Conflict of interest disclosure statements from presenters, faculty, authors, and/or content reviewers
- Resolution of conflicts of interest for presenters, faculty, authors, and/or content reviewers, if applicable
- Evidence of gap in knowledge, skill, or practice for the target audience
- Purpose of activity
- Objectives of activity
- Content of activity: an Educational Planning Table or other documentation showing up to three

hours of content (**Note:** If more than three contact hours were awarded for the activity, documentation demonstrating a minimum of three hours of content along with the schedule and advertising for the **full** activity must be submitted for review. The **entire** content of the activity must be maintained in the provider's secure files with all other recordkeeping components.)

- Instructional strategies used
- Evidence of learner feedback mechanisms
- Rationale and criteria for judging successful completion
- Method or process used to verify participation of learners
- Number of contact hours awarded for activity, including method of calculation (Individual Activity Applicant must keep a record of the number of contact hours earned by each participant.)
- Template of evaluation tool(s) used
- Marketing and promotional materials
- Means of ensuring content integrity in the presence of commercial support (if applicable)
- Commercial support agreement with signature and date (if applicable)
- Means of ensuring content integrity in the presence of sponsorship (if applicable)
- Sponsorship agreement with signature and date (if applicable)
- Evidence of disclosing to the learner:
 - Purpose and/or objectives and criteria for successful completion
 - Presence or absence of conflicts of interest for all members of the planning committee, presenters, faculty, authors, and content reviewers
 - Sponsorship or commercial support (if applicable)
 - Expiration date (enduring materials only)
 - Evidence of verbal disclosure (if applicable)
- Documentation of completion must include:
 - Title and date of the educational activity
 - Name and address of provider of the educational activity (Web address acceptable)
 - Number of contact hours awarded
 - Approval statement
 - Participant name
- Division of responsibilities among co-providers (if applicable)
- Co-provider agreement with signature and date (if applicable)
- Representative sample of participant names with unique identifier to be collected (The provider must maintain all participant data in a safe and secure manner.)

B. Records filed and stored at (list location): 36181 East Lake Road, Suite 376, Palm Harbor, FL 34685

Note: Activity file records must be maintained in a retrievable file (electronic or hard copy) accessible to authorized personnel for 6 years.

<u>Bernhard Haberer, Association Manager</u>	<u>5/31/2015</u>
Completed By: (Name and Credentials)	Date