****

**INDIVIDUAL EDUCATIONAL ACTIVITY (IEA) APPLICATION ADDENDUM FOR**

**ENDURING MATERIALS DEVELOPED DIRECTLY FROM LIVE ACTIVITIES**

**Directions: Use this form only for enduring materials (on-demand webinars or self-study) that are already approved for nursing contact hours by WNA OR if you are submitting an activity for approval of both live and enduring material formats.**

|  |  |  |
| --- | --- | --- |
| **If submitting an enduring material for an already approved live activity:** |  | **If submitting an enduring material along with a live activity for approval:** |
| Title of live activity: |  | Title of live activity: |
| Date of WNA live activity approval (must include): |  | I have completed and am submitting a full IEA application for a live activity and I am completing this addendum for the same activity in an enduring material format: Yes\_\_\_\_\_\_\_ (if no, contact WNA for help). |

|  |  |
| --- | --- |
| **APPLICATION INFORMATION** | |
|  |  |
| **Applicant Organization:** |  |
| **Activity Title:** |  |
| **Activity Start Date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACTIVITY DESCRIPTION** | | | | | |
| **ENDURING MATERIAL:** | | | | |
| **1. Indicate ANCC-defined activity type:** | | **2. Indicate format:** | | |
|  | EM (Enduring Material) |  | Printed self-study | |
|  | IEM (Internet Enduring Material) |  | Online webinar recording | |
|  |  |  | CD/DVD | |
|  |  |  | Other (Describe): |  |

|  |  |  |
| --- | --- | --- |
| **Provide URL (website address) for access to the activity:** |  | |
| **Number of contact hours one participant can earn (“NURSING CREDITS”):** | |  |

|  |
| --- |
| **Describe the sequence of the activity including any pre-work, any assignments, etc.** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATIONAL DEVELOPMENT**  **NOTE: CNE must address a need for improvement in knowledge, skill, or practice and/or address a problem in practice.** | | | |
| **2.** | **Are the gap, need, and evidence the same as for the Live Activity? If not, explain any differences.** | | |
|  |  | Yes | |
|  |  | No | |
| If no, explain: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3.** | **Are the outcomes the same as for the Live Activity? If not, explain any differences.**  **This includes the desired outcomes *and HOW the outcomes will be measured*.** | | |
|  |  | Yes | |
|  |  | No | |
| If no, explain: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4.** | **Is the content exactly the same as for the Live Activity? If not, explain any differences.**  **(See Live Activity I.)** | | |
|  |  | Yes | |
|  |  | No | |
| ***If no, provide new information with time frames noted.*** |
|  |

|  |  |
| --- | --- |
| **5.** | **What learning engagement strategies will you use to help learners achieve the learning outcome(s)?**  TIP: *For example: question/answer; participant reflection; polls; case studies; scenarios.* |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **AWARDING CONTACT HOURS** | | | |
| 1. **Indicate your criteria for awarding contact hours for successful completion for this activity: (check all that apply to this Enduring Material activity).** | | | |
|  |  | Attendance at entire activity | |
|  |  | Attendance for a specified period of time (e.g., miss no more than 10 minutes, etc.) | |
|  | Credit awarded commensurate with participation (credit for partial attendance) | |
|  | Attendance at one or more sessions of a multi-session activity | |
|  | Completion of assignments, pre-work, etc. | |
|  | Electronic measurement system (e.g., LMS record of time spent on activity) | |
|  | Completion/submission of evaluation form | |
|  | Successful completion of a post-test (attendee must score \_\_\_\_ % or higher) | |
|  | Successful completion of a return demonstration | |
|  | Other (Describe): |  |

|  |
| --- |
| 1. **Describe how you will verify participation:** |
|  |

|  |
| --- |
| 1. **Describe how you will track the number of credits provided to each participant if partial credit is allowed.** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **4.** | **CONTACT HOUR (“NURSING CREDITS”) CALCULATION – MAXIMUM NUMBER OF CONTACT HOURS ONE PARTICIPANT CAN EARN AND TOTAL HOURS AVAILABLE CALCULATION**  **(These calculations are identical for Enduring Materials.)** | | | | |
|  | Pilot study | | | |
|  | Historical data  Recorded webinar time (plus evaluation time) | | | |
|  |
|  | Complexity of content  Mergener Formula | | | |
|  |
|  | Other: (describe) |  | | |
|  | **Number of contact hours to be awarded:\*** | |  |  |
|  | *\*This number goes on the certificate and on Page 1 of this application addendum.* | | | |
| **5.** |  | **ATTACH A CERTIFICATE OR OTHER DOCUMENT INDICATING LEARNER SUCCESSFUL COMPLETION FOR THE ENDURING MATERIAL ACTIVITY.**  Certificate includes: title and date of activity; name and address (web address acceptable) of Provider; number of contact hours awarded; participant name (or space for); and WNA Approval statement. | | | |

|  |  |  |
| --- | --- | --- |
| **REQUIRED INFORMATION PROVIDED TO LEARNERS**  **NOTE:** Required information must be provided to learners BEFORE the learning activity. | | |
| **1.** | **The following information must be provided to participants prior to the start of content for the Enduring Material.** | |
|  |  | Name of Applicant organization awarding contact hours |
|  |  | WNA Approval statement (please refer to the Instructions for the correct approval statement) |
|  |  | Criteria for awarding contact hours (successful completion requirements) |
|  |  | Presence or absence of conflicts of interest for everyone in a position to control activity content (planners, presenters, authors, content reviewers, other faculty) |
|  |  | If applicable, joint-provider statement |
|  |  | If applicable, commercial support information (names of commercial supporters – NO LOGOS) |
|  |  | ***For Enduring Materials****, the date that contact hours will no longer be offered for the activity (“Expiration Date”)* |
| **2.** |  | **ATTACH DISCLOSURES for the Enduring Material learning activity to demonstrate that all applicable information above was communicated to learners prior to the learning activity.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EVALUATION STRATEGIES** | | | | |
| **How will you evaluate the learning activity (to show evidence that change in knowledge, skills, and/or practice of the target audience was assessed as a result of participation in the learning activity)?** | | | | |
| **1.** | **Short term evaluation - REQUIRED: (check all that apply)** | | | |
|  |  | Learner indicates s/he intends to change their professional practice | | |
|  |  | Learner demonstrates active participation in the learning activity | | |
|  |  | Grading of completed assignments, pre-work, etc. | | |
|  |  | Electronic measurement system (e.g., LMS record of time spent on activity) | | |
|  |  | Completion/submission of evaluation form | | |
|  |  | Successful completion of a post-test (attendee must score \_\_\_\_ % or higher) | | |
|  |  | Successful completion of a return demonstration | | |
|  |  | Case study analysis | | |
|  | Other (Describe): |  |

|  |  |  |
| --- | --- | --- |
| **2.** |  | **ATTACH the EVALUATION for the Enduring Material learning activity.** |

|  |  |  |
| --- | --- | --- |
| **PLANNER & FACULTY INFORMATION** | | |
|  |  | **Check here if there were no changes in** **planners/presenters/authors/content reviewers/faculty for the Enduring Material activity.**  You are done completing this form. Be sure to attach all items required in any sections above. |
|  |
|  |  |  |
|  |  | **Check here if there were changes in planners/presenters/authors/content reviewers/faculty.**  TIP:*Please complete the following table only for any Planners/presenterS/authors/content reviewers/faculty that were not involved in the Live Activity.* |
|  |

**FOR ANY NEW planners/presenters/authors/content reviewers/faculty not involved in the Live Activity, attach the following AFTER THE TABLE BELOW:**

|  |  |
| --- | --- |
|  | **ATTACH A CONFLICT OF INTEREST DISCLOSURE FOR ALL NEW PLANNERS, PRESENTERS/AUTHORS/FACULTY, AND CONTENT REVIEWERS.** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Individual** | **Credentials** | **Individual’s Role** | | | | | |
|  |  | CNE NURSE PLANNER | PLANNER | CONTENT REVIEWER | OTHER FACULTY | AUTHOR OF ENDURING MATERIAL CONTENT | PRESENTER OF ENDURING MATERIAL CONTENT |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

(To add rows, put cursor in last line, last cell and hit “Tab” key on the keyboard)

*During the review process, WNA CEAP reserves the right to request any additional documentation required to determine compliance with WNA CEAP criteria.*