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**Individual Educational Activity Application**

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| **IMPORTANT:** | |
| ▪ | To prevent extra work for you: Read the*WNA CEAP Individual Educational Activity (IEA) Application Instructions* found on the WNA CEAP website before you complete this application. |
| ▪ | ***It is essential that a Nurse Planner be actively involved in planning the educational activity and completing this application.*** |
| ▪ | The application and all attachments must be typed, and all pages of the application packet must be numbered consecutively. You may hand number the pages if needed. Be sure every page is numbered. |
| ▪ | An application that does not meet criteria will require revisions. Failure to provide revisions by deadlines requested will result in denial of the application. |
| ▪ | Incomplete applications (i.e. missing attachments) will not be reviewed. Look for the paper clips in the application. This indicates an attachment is required. |
| ▪ | **Questions:** Please contact the WNA office at (800) 362-3959; (608) 221-0383; or [megan@wisconsinnurses.org](mailto:megan@wisconsinnurses.org). |

IEA applicants will be invoiced for application review fees. Fees can be paid by check or credit card. The review process will start when payment is received. Please contact Megan with any questions. Thank you.

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| **APPLICATION CONTACT INFORMATION** | | | | | | | | | | | | | | | |
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| **Applicant Organization:** | | | | | | |  | | | | | | | | |
| **Mailing Address:** | | | | | | |  | | | | | | | | |
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| The **Nurse Planner** for this activity must be a registered nurse who holds a current, unencumbered nursing license (or international equivalent) **AND** holds a baccalaureate degree or higher in nursing (or international equivalent). The Nurse Planner must have a working knowledge of the 2015 ANCC/WNA CEAP criteria. *The CNE Nurse Planner must be available to WNA CEAP Nurse Peer Reviewers to answer questions.* | | | | | | | | | | | | | | | |
| **Nurse Planner Name and Credentials:** | | | | | | |  | | | | | | | | |
| **Nurse Planner Preferred Email:** | | | | | | |  | | | | | | | | |
| **Nurse Planner Preferred Phone:** | | | | | | |  | | | | | | | | |
| **Nurse Planner Nsg. License Number / State:** | | | | | | |  | | | | | | | | |
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| **Additional Contact (if we are unable to reach the Nurse Planner):** | | | | | | |  | | | | | | | | |
| **Contact Preferred Email:** | | | | | | |  | | | | | | | | |
| **Contact Preferred Phone:** | | | | | | |  | | | | | | | | |
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| **ACTIVITY DESCRIPTION** | | | | | | | | | | | | | | | |
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| A. | Title of Activity: | | |  | | | | | | | | | | | |
| B. | Activity Date, Location, and Category (check appropriate boxes): | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  | **ACTIVITY DATE:** | | | |  | | | | | | | | | | |
|  | **ACTIVITY LOCATION:** | | | |  | | | | | | | | | | |
|  | **ACTIVITY CATEGORY:** | | | |  | LIVE EVENT | |  | ENDURING MATERIAL | | | | |  | BLENDED LEARNING |
| C. | Complete the information in the appropriate activity category section below (live event, enduring material, or blended learning). Include the number of nursing contact hours. To calculate the number of contact hours, see “Awarding Contact Hours” section (pages 6-7 of blank application): | | | | | | | | | | | | | | |
|  |  | **LIVE EVENT** [see [Helpful Hints](https://wisconsinnurses.org/wp-content/uploads/2018/05/HELPFUL-HINTS-for-determining-the-ANCC-defined-activity-type-for-your-program-5218.pdf)) | | | | | | | | | | | | | |
|  |  | **1. Indicate ANCC-defined activity type:** | | | | | | | | **2. Indicate format:** | | | | | |
|  |  |  | C (Course) | | | | | | |  | On-site class | | | | |
|  |  |  | RSS (Regularly Scheduled Series) | | | | | | |  | Series of classes | | | | |
|  |  |  | IL (Internet Live) | | | | | | |  | Conference | | | | |
|  |  |  | JN (Journal CNE) | | | | | | |  | Teleconference | | | | |
|  |  |  |  | | | | | | |  | Live Webinar | | | | |
|  |  |  |  | | | | | | |  | Other (Describe): | |  | | |
|  | **Number of contact hours one participant can earn (“NURSING CREDITS”):** | | | | | | | | | | |  | | | |
|  | **Total number of contact hours available (“HOURS OF INSTRUCTION”):** | | | | | | | | | | |  | | | |
|  | **(including all concurrent breakout sessions)** | | | | | | | | | | |  | | | |

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|  |  | **ENDURING MATERIAL** [see [Helpful Hints](https://wisconsinnurses.org/wp-content/uploads/2018/05/HELPFUL-HINTS-for-determining-the-ANCC-defined-activity-type-for-your-program-5218.pdf)] | | | | |
|  |  | **1. Indicate ANCC-defined activity type:** | | **2. Indicate format:** | | |
|  |  |  | EM (Enduring Material) |  | Printed self-study | |
|  |  |  | IEM (Internet Enduring Material) |  | Online self-study | |
|  |  |  |  |  | CD/DVD | |
|  |  |  |  |  | Other (Describe): |  |

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|  | **START DATE:** |  | | | |
|  | **EXPIRATION DATE:** |  | | | (expires two years from start date) |
|  | **If web-based activity, provide URL (website address):** | |  | | |
|  | **Number of contact hours one participant can earn (“NURSING CREDITS”):** | | |  | |
|  | **Total number of contact hours available (“HOURS OF INSTRUCTION”):** | | |  | |
|  | **(including all concurrent breakout sessions)** | | |  | |

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|  |  | **BLENDED LEARNING** (for one activity with both ‘live’ and ‘enduring’ components) |
|  |  | ***Complete the information above for both the LIVE and ENDURING portions of your activity,* then *describe below* the sequence of the BLENDED activity, including any pre-work, any assignments, etc.:** |
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| **VERIFICATION OF ELIGIBILITY TO APPLY** |

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| **Step 1:** | **Is your organization a ‘**[**commercial interest**](https://higherlogicdownload.s3.amazonaws.com/WISCONSINNURSES/c316c899-a3d8-43e4-b779-6f8f33d18b62/UploadedImages/CEAP%20docs/Glossary%2031915.pdf)**’?** | | |
|  | Does your organization produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients? | | |
|  |  | **NO –** *Your organization is eligible to apply for IEA approval; continue to Step 2.* | |
|  |  | **YES –** You are still eligible to apply if you identify your organization as one of the following: \* | |
|  |  |  | Non-profit organization |
|  |  |  | For-profit and nonprofit hospital, nursing home, or rehabilitation center |
|  |  |  | Government organization |
|  |  |  | Non-health care related company |
|  |  |  | A single-focused organization devoted only to providing continuing nursing education |
|  |  | *If you checked ‘YES’ and have not identified your organization as one of the types above,* ***you may not be eligible to apply****.* ***STOP****, and contact Megan at the WNA office before proceeding with this application.* | |

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| **Step 2:** | **Does the planned activity meet the definition of** [**continuing nursing education**](https://higherlogicdownload.s3.amazonaws.com/WISCONSINNURSES/c316c899-a3d8-43e4-b779-6f8f33d18b62/UploadedImages/CEAP%20docs/Glossary%2031915.pdf)**?** | |
|  | |  | | --- | | Does the planned educational activity meet all of the following requirements? | | * + Content must be 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 RN’s pursuit of professional career goals.   + The activity must be at least 30 minutes in length   + The activity must be based on current and [best-available evidence](https://higherlogicdownload.s3.amazonaws.com/WISCONSINNURSES/c316c899-a3d8-43e4-b779-6f8f33d18b62/UploadedImages/CEAP%20docs/Glossary%2031915.pdf) | | |
|  |  | **YES –** *continue to Step 3* |
|  |  | **NO** – This activity is **not eligible** for review. |

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| **Step 3:** | **Is there a qualified individual serving as the CNE Nurse Planner for this continuing education activity?** | |
|  | |  | | --- | | Does the Nurse Planner meet all of the following requirements? | | * + Is currently licensed as a registered nurse   + Holds a baccalaureate degree or higher in nursing   + Is not an employee or representative of any [commercial interest entity](https://higherlogicdownload.s3.amazonaws.com/WISCONSINNURSES/c316c899-a3d8-43e4-b779-6f8f33d18b62/UploadedImages/CEAP%20docs/Glossary%2031915.pdf)   + Has no relevant relationship with a commercial interest ([conflict of interest](https://higherlogicdownload.s3.amazonaws.com/WISCONSINNURSES/c316c899-a3d8-43e4-b779-6f8f33d18b62/UploadedImages/CEAP%20docs/Glossary%2031915.pdf))   + Is actively involved with the planning, and will continue to be actively involved in the implementation and evaluation of this educational activity | | |
|  |  | **YES –** See contact information on page 1 of this application. |
|  |  | **NO** – This activity is **not eligible** for review. |

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| **Step 4:** | **Are ‘**[**Joint-Provider**](https://higherlogicdownload.s3.amazonaws.com/WISCONSINNURSES/c316c899-a3d8-43e4-b779-6f8f33d18b62/UploadedImages/CEAP%20docs/Glossary%2031915.pdf)**’ organizations eligible to participate in planning this activity?** | | |
|  | Are other organizations involved as Joint-Providers in planning, developing, and implementing this activity? | | |
|  |  | **NO** *– continue to Step 5* | |
|  |  | **YES** – Is any Joint-Provider organization a ‘[commercial interest](https://higherlogicdownload.s3.amazonaws.com/WISCONSINNURSES/c316c899-a3d8-43e4-b779-6f8f33d18b62/UploadedImages/CEAP%20docs/Glossary%2031915.pdf)’? | |
|  |  |  | **NO** *– continue to Step 5* |
|  |  |  | **YES** – This activity is **not eligible** for review. |

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| |  | | --- | | **ATTESTATION BY THE CNE NURSE PLANNER** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | | | | | |  | | --- | | *As the CNE Nurse Planner for this educational activity, I hereby certify and attest that:* | | * *the information provided in this application is true, complete, and correct;* | | * *I have been actively involved in the planning, implementation, and evaluation of this continuing nursing education activity and assure adherence to ANCC /WNA CEAP criteria;* | | * *the applicant organization will comply with all eligibility requirements and approval criteria throughout the approval period;* | | * *I will notify WNA CEAP promptly if, for any reason, the applicant does not maintain compliance with eligibility requirements and approval criteria; and* | | * *I agree to notify WNA CEAP before any changes are made to this educational activity as put forth in this application.* | | | | | | | **Statement of Understanding Signature** | | | | | | *By my signature, I understand that any misstatement or falsification in this application will be sufficient cause for denial, suspension, or termination of approval of this activity, and that failure to abide by standards and criteria of the ANCC and WNA CEAP may result in revocation of activity approval.* | | | | | | **\*Name and Credentials:** | |  | **Date:** |  |   ***\* Signature may be hand-written, electronic, or typed. WNA reserves the right to validate all signatures.*** |  |

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| **JOINT-PROVIDERSHIP NOTE: Commercial Interest organizations may not be joint-providers.** | | | | | |
| **Was this activity jointly-provided?** | | | | | |
|  | **NO** | | | | |
|  |  | | | | |
|  | **YES** – answer questions below: | | | | |
|  |  | | |  | |
|  | List all joint-provider organization(s): | | |  | |
|  |  | | | | |
|  | **A.** | The CNE Nurse Planner for this activity must ensure that the Provider organization maintains control of educational development and is responsible for adherence to ANCC criteria. | | | |
|  |  |  | **Yes,** the Provider organization maintains control of educational development and is responsible for adherence to ANCC criteria. | | |
|  | **B.** | Documents associated with this activity (e.g., marketing materials, advertising, agendas, certificates) **clearly indicate the Provider organization awarding contact hours** and the Provider’s responsibility for adherence to ANCC criteria.  **A joint-provider statement must be used on promotional materials**. For example, “(Provider Name) is the provider of nursing contact hours for this activity in a joint-provider agreement with (Name of Joint-Provider Organization(s)).” | | | |
|  |  | **NOTE: If logos of joint-providers are used, Provider logo must be prominently displayed on all documents.** | | | |
|  |  |  | **Yes,** the Provider organizationname isclearly indicated and a joint-providership statement is used on materials. | | |

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| **EDUCATIONAL DEVELOPMENT**  **NOTE: Professional development activities must address a gap in knowledge, skill, or practice for the target audience.** | | | | | | | |
| **A.** | **Identify the target audience for this activity: (check all that apply)** | | | | | | |
|  |  | | RNs | | | | |
|  |  | | Advanced Practice RNs | | | | |
|  |  | | RNs in Specialty Areas (Identify Specialty): | | | |  |
|  |  | | Interprofessional (Describe): | | |  | |
|  |  | | Other (Describe): |  | | | |
| **B.** | **Summarize the professional practice gap (i.e., what is the problem in practice, needed practice change, or need for improvement) your education is designed to address. Explain what is happening that creates the need for this activity:**  **TIP:** Start your summary with, “The problem (or need for improvement, or need for new information) we are addressing with this educational activity is: \_\_\_\_\_\_\_.” | | | | | | |
|  |  | | | | | | |
| **C.** | **Evidence is used to validate the professional practice gap. Describe why the practice gap identified above exists. Include in your response:**  **▫ How do you know?**  **▫ What data do you have to show this?**  **▫ What do the data show?** | | | | | | |
|  |  | | | | | | |
| **D.** | **Is the educational need (that underlies the professional practice gap) in knowledge, skill and/or practice?** | | | | | | |
|  |  | Knowledge (learner doesn’t know something) | | | | | |
|  |  | Skill (learner doesn’t know how to do something) | | | | | |
|  |  | Practice (learner is not able to show or do something in practice) | | | | | |
| **E.** | **What is/are the learning outcome(s) for this activity? Provide a measurable statement indicating what the learners will know, do, or be able to apply to their practice at the conclusion of this activity.  TIP 1:** Outcomes are NOT objectives.  **TIP 2:** If planning a conference with multiple sessions, an outcome is not needed for every education session; rather, your outcome(s) should be written for the conference as a whole. | | | | | | |
|  | *SAMPLE OUTCOME STATEMENT: On the post-session evaluation, participants will self-report increased knowledge and confidence in implementing quality improvement strategies.* | | | | | | |
| **F.** | **What content will you develop to help learners achieve the learning outcome(s)?**  **TIP:** What will the activity look like? What content will be included?  ***For example:*** *The session will be a one-hour webinar on the 2014 CDC guidelines for administration of the pneumococcal vaccine. It will include information about the administration schedule, physiological effects, side effects, and contraindications. Attention will be paid to the importance of incorporating this information in patient teaching for persons over the age of 65.* | | | | | | |
|  |  | | | | | | |
| **G.** | **On what evidence will you base your content?**  **TIP:** If planning a conference with multiple sessions, list at least five key references that directly contribute to the achievement of the educational outcome(s). | | | | | | |
| **EVIDENCE-BASED REFERENCES USED TO DEVELOP THIS ACTIVITY** | | | | **LIST CITATIONS HERE:**  **Include publication date.** | | |
| **Information available from the following website:** (web site must use current available evidence within past 5 - 7 years; may be published or unpublished content; examples – AHRQ, CDC, NIH) | | | |  | | |
| **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) – if listing people, must list more than one: | | | |  | | |
| **Textbook reference:** | | | |  | | |
| **Other:** | | | |  | | |
| **H.** | **What learning engagement strategies will you use to help learners achieve the learning outcome(s)?**  **TIP: *For example: discussion; question/answer; participant reflection; polls; case studies; scenarios; problem-based learning (group work to solve real problems)*** | | | | | | |
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| **COMMERCIAL SUPPORT** | | | | | | | |
| **Is there commercial support for this activity?** | | | | | | | |
|  |  | **NO** – Continue to “Awarding Contact Hours” section below. | | | | | |
|  |  |  | | | | | |
|  |  | **YES** – Complete the table below AND | | | | | |
|  |  | **1.** |  | **ATTACH THE REQUIRED COMMERCIAL SUPPORT AGREEMENT FOR EACH COMMERCIAL INTEREST ORGANIZATION PROVIDING IN-KIND OR FINANCIAL SUPPORT FOR THIS ACTIVITY\*. NOTE:** Agreements must be complete (all signatures present) and must be dated prior to the activity date. The recommended Commercial Support Agreement is found on the WNA website. Agreements approved for CME use are acceptable if CME is being offered for the same activity. | | | |
| **2.** | **LIST THE NAME OF EACH COMMERCIAL INTEREST ORGANIZATION SUPPORTING THE EDUCATIONAL ACTIVITY** | | **TYPE OF SUPPORT** | |
| **FUNDING AMOUNT** | **VALUE OF IN-KIND DONATION** |
|  |  | |  |  |
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(To add more rows, put cursor in last line, last cell and hit “Tab” key on the keyboard)

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| **AWARDING CONTACT HOURS** | | | |
| **Indicate your criteria for awarding contact hours for successful completion for this activity: (check all that apply to this live, enduring material, or blended learning 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): |  |

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| **A.** | **CONTACT HOUR (“NURSING CREDITS”) CALCULATION – MAXIMUM NUMBER OF CONTACT HOURS ONE PARTICIPANT CAN EARN**  **TIP:** Do not count welcome, housekeeping, breaks, or lunch. Do count any initial overview of content and evaluation time. | | |
| **FOR A LIVE activity,** **indicate method for calculating the maximum number of contact hours one participant can earn (number of “nursing credits”):** | | |
|  | Total minutes for the maximum number of sessions that one participant can attend: |  |

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|  | Divided by 60 = contact hours available to each participant: | | | |  | |  | | |
|  | *This number goes on the certificate and on Page 1 of this Activity Record Form.* | | | | | | | | |
|  |  | | | | | | | | |
|  | **OR** | | | | | | | | |
|  |  | | | | | | | | |
| **FOR AN ENDURING MATERIAL, indicate method for calculating the maximum number of contact hours one participant can earn (number of “nursing credits”):** | | | | | | | | | |
|  | Pilot study | | | | | | | | |
|  | Historical data | | | | | | | | |
|  | Complexity of content | | | | | | | | |
|  | Other: (describe) |  | | | | | | | |
|  | Number of contact hours to be awarded:\* | |  |  | | | | | |
|  | *\*This number goes on the certificate and on Page 1 of this Activity Record Form.* | | | | | | | | |
| **B.** | **“TOTAL HOURS OF INSTRUCTION” CALCULATION:** | | | | | | | | | |
|  | Total minutes for all sessions, including all breakout/ concurrent sessions, if applicable: | | | | | | | |  |
|  | Divided by 60 = TOTAL HOURS OF instruction for this presentation:\* | | | | |  | |  | |
|  | *\*This number goes on Page 1 of this Activity Record Form.* | | | | | | | | |
| **C.** |  | **ATTACH AN AGENDA FOR THE ENTIRE ACTIVITY (ALL SESSIONS) TO THIS ACTIVITY RECORD FORM** **(including all concurrent sessions) if the activity is 2 or more hours in length.**  If awarding contact hours for partial attendance, clearly indicate which sessions are being offered for nursing contact hours and which are not. | | | | | | | | |
| **D.** |  | **ATTACH A CERTIFICATE OR OTHER DOCUMENT INDICATING SUCCESSFUL COMPLETION OF THE LEARNER TO THIS ACTIVITY RECORD FORM.**  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 approval statement. | | | | | | | | |

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| **REQUIRED INFORMATION PROVIDED TO LEARNERS**  **NOTE:** Required information must be provided to learners BEFORE the learning activity. | | |
| **A.** | **The following information must be listed on the Promotional Material or on the Pre-session Disclosures (PPT Slide, Handout, Poster [visible and readable]).** | |
|  |  | Name of Provider organization awarding contact hours |
|  |  | Approval statement of Provider awarding contact hours (must be on at least one promotional document provided to learners) |
|  |  | 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 ONLY, the date that contact hours will no longer be offered for the activity (“Expiration Date”) |
| **B.** |  | **ATTACH PROMOTIONAL MATERIALS and/or PRE-SESSION DISCLOSURES for the learning activity (brochure, website info, social media, e-blast, etc.) to demonstrate that all applicable information above was communicated to the learners prior to the learning activity.** |

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| **EVALUATION STRATEGIES** | | | |
| **How will you evaluate the learning activity (to show evidence that a change in participant knowledge, skills, and/or practice was assessed)?** | | | |
| **A.** | **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 | |
|  |  | Successful completion of a post-test with a minimum score (i.e., attendee must score \_\_\_\_% or higher) | |
|  |  | Successful completion of a return demonstration | |
|  |  | Case study analysis | |
|  | Role play | |
|  | Other (Describe): |  |

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|  | **ATTACH THE EVALUATION FOR THE ENTIRE ACTIVITY (ALL SESSIONS) TO THIS ACTIVITY RECORD FORM.** |

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| **B.** | **Was this activity designed to change practice?** | | | |
|  |  | **NO** – Continue to “Content Integrity” section. | | | |
|  |  |  | | | |
|  |  | **YES** – Indicate how you will assess that an actual change in practice occurred (check all that apply): | | | |
|  |  |  | Self-reported change in professional practice | |
|  |  |  | Report by others of learner change in practice | |
|  |  |  | Observation | |
|  |  |  | Review of post-session learner assignments | |
|  |  |  | Evidence of Return on Investment (ROI) | |
|  |  |  | Other (Describe): |  |

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| **CONTENT INTEGRITY** | | |
| **Indicate how the planning committee will ensure content integrity: (check all that apply to this activity)** | | |
|  | All presenters/authors have agreed to the ‘Maintaining Content Integrity’ statement on the *COI Form* | |
|  | Participants will be asked about the presence of bias in the educational activity on the evaluation | |
|  | Presentations will be monitored for bias – violators will not be asked to present again | |
|  | Educational materials were/will be reviewed by a content reviewer | |
|  | Marketing/advertising will not be included within educational content (slides, handouts, etc.) including no commercial support logos in any educational material | |
|  | Contact information related to learners will not be shared without written permission from the learner | |
|  | Commercial interest organizations will not be allowed to recruit from the audience for any reason | |
|  | Vendor activity will be kept separate from education (separate physical space and not during educational time) | |
|  | “Giveaways” will be kept separate from educational materials/delivery | |
|  | Other (Describe): |  |

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| **PLANNERS, PRESENTERS, CONTENT REVIEWERS, AND OTHERS** |

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| The **Nurse Planner** for this activity must be a registered nurse who holds a current, unencumbered nursing license (or international equivalent) **AND** holds a baccalaureate degree or higher in nursing (or international equivalent). The Nurse Planner must have a working knowledge of the 2015 ANCC/WNA CEAP criteria. |

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| **A.** | **Complete the table below for all individuals on the PLANNING COMMITTEE, any CONTENT REVIEWERS, and any other persons in control of content *who are NOT presenters or Enduring Material authors*.** |
|  | **Tip 1**. On the **planning committee** for a continuing nursing education activity,   * there must be a minimum of two activity planners; * there must be a qualified Nurse Planner actively involved and responsible for using the 2015 ANCC/WNA criteria to plan, implement, and evaluate the activity; and * there must be one person identified as a content expert (subject matter expert).   **Tip 2**. A **Content Reviewer** is someone OUTSIDE the planning committee called in by the Nurse Planner to assess content for accuracy, scientific integrity, and/or bias.  **Tip 3**. ***An outside Content Reviewer is NOT required.***  A qualified planner can review presenter content under the direction of the nurse planner. |

**The Nurse Planner is responsible for reviewing COI information to determine if a conflict of interest exists**.\*

**TIP**: \*The nurse planner does not review his/her own COI information. Instead, this review is completed by another member of the planning team familiar with the criteria, including, but not limited to, the Approved Provider Primary Nurse Planner or another Nurse Planner in the provider unit.

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| **Name of Individual** | **Credentials** | **Individual’s Role** | | | |  | |
|  |  | CNE NURSE PLANNER  (list only one) | PLANNER | CONTENT REVIEWER  (from outside planning CTE) | OTHER FACULTY | “X” if this person is a **content expert** (subject matter expert) | “X” if the NP has determined that this person has a **conflict of interest** |
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| **B.** | **Complete the table below for all presenters and/or all Enduring Material activity authors.**  **Tip**: If there are more than ten presenters/authors, you may submit a list you‘ve already developed with the same information to avoid duplication. Your list must: clearly indicate if those listed are presenters or Enduring Material authors; list name and credentials for each person; and indicate if any individual has a conflict of interest. |
| **The Nurse Planner is responsible for reviewing COI information to determine if a COI exists.** | |

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| **Name of Individual** | **Credentials** | **Individual’s Role**  **TIP: An author helps develop the content for an Enduring Material.** | | “X” if the NP has determined that this person has a **conflict of interest** |
|  |  | PRESENTER | ENDURING MATERIAL AUTHOR |  |
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| **C.** |  | **For anyone in control of content who has disclosed a relevant relationship with a commercial interest, provide the information in the table below, or provide a similar document you’ve already developed that indicates: the name of the person, the organization with which a relevant financial relationship exists for that person, the nature of the relationship, and how each conflict of interest was resolved.** |

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| **Name of Individual** | **Affiliated with what Commercial Interest Organization(s)?** | **Nature of the Affiliation(s)** | **Select from the options below the method(s) used to resolve conflicts of interest for each person identified as having a relevant relationship with a commercial interest.** |
| EXAMPLE:  Tracey La Gata | Olive Durable Medical Equipment, a division of Goldey Industries | Employee\*\* | C – must be removed |
| EXAMPLE:  Dr. Rachel N. Dess | Zoey-Winston Pharmaceuticals | Consultant | D |
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| **\*\* NOTE: EMPLOYEES** of commercial interest organizations **MAY NOT** serve as planners/speakers/authors/content reviewers/faculty **IF** the presentation **content is relevant to the products and services of the commercial interest organization**. |

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| **METHODS USED TO RESOLVE CONFLICT OF INTEREST OR POTENTIAL BIAS (IF APPLICABLE) FOR THIS ACTIVITY:** | |
| A. | Removed individual with conflict of interest from participating in all parts of the educational activity |
| B. | Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity |
| C. | Not awarding contact hours for a portion of OR the entire educational activity |
| D. | 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 |
| E. | 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 |
| F. | Other (please describe in the table above) |

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| **D.** | **Do you use Conflict of Interest Disclosure Forms?** | | | | |
|  |  | | **YES, we use COI Disclosure Forms.** | | |
|  |  | |  | | If yes, **attach a Conflict of Interest Disclosure to your Educational Activity Record Form for each** |
|  |  | | **individual in control of content** (planners, presenters, authors of enduring materials, content reviewers, and/or others). | | |
|  |  | | **TIP 1:** A similar disclosure form (i.e. CME disclosure form) may be used, but it must include page 3 of the WNA CEAP COI form.  **TIP 2:** Each individual in control of content needs to provide his/her own disclosure (e.g., complete his/her own COI form). | | |
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|  |  | | **NO, we do not use COI disclosure forms.** If no, **complete the following section.** | | |
|  |  | | **If you DO NOT use the WNA CEAP Conflict of Interest Disclosure Form or a similar form, answer all aspects of the question below:** | | |
|  | |  | **Explain how disclosure information was gathered from all persons in control of content (planners, presenters, authors of enduring materials, content reviewers, and/or others)** **including** …   * how you informed those in control of content of the definition of a commercial interest; * how you informed those in control of content of the definition of a relevant financial relationship; * how those in control of content provided their disclosure information to you; and * what disclosure information was provided. | | |
|  | |  |  | | |
| **AND** | | |  | **Attach your Conflict of Interest assessment and results for this activity.** | |

**CHECKLIST FOR ADDITIONAL DOCUMENTATION**

**REQUIRED IN ACTIVITY FILE:**

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| **IN FILE:** |  |
|  | Agenda if the activity is 2 hours or longer in length |
|  | Certificate or documentation of successful completion |
|  | Promotional material or pre-session disclosures showing that required information was provided to learners before the education activity |
|  | Evaluation form, if one is used |
|  | Conflict of Interest Documentation |
|  | If applicable, commercial support agreement(s) with signature and date |

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| **Completed by:** |  |
| **Date:** |  |

**HELPFUL HINTS for determining the ANCC-defined activity type for your program**

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| **Activity Types** | | |
| **One of the following Activity Type codes** | **Code Key** |  |
| **C** | **Course**  *Examples: annual meeting, conference, seminar* | A course is a live educational activity where the learner participates in person. A course is planned as an individual event.  For events with multiple sessions, such as annual meetings, WNA CEAP-approved organizations report one activity and calculate the hours of instruction by totaling the hours of all educational sessions offered for CNE credit. To calculate the number of learners, WNA CEAP-approved organizations report the number of learners registered for the overall event. WNA CEAP-approved organizations are not required to calculate participant totals from the individual sessions.  If a course is held multiple times for multiple audiences, then each instance is reported as a **separate activity**. |
| **RSS** | **Regularly Scheduled Series** | A regularly scheduled series (RSS) is a course that is planned as a series with multiple, ongoing sessions (e.g. offered weekly, monthly, or quarterly) **and is primarily planned by and presented to** the WNA CEAP-approved organization’s professional staff.  WNA CEAP-approved organizations report each RSS as one activity. In addition, WNA CEAP-approved organizations adhere to the following guidelines:   * The cumulative number of hours for all sessions within a series equals the number of hours for that activity, and each nurse is counted as a learner for each session he/she attends in the series. * For example: Nursing Grand Rounds is planned for the entire year as one (1) series. Participants meet weekly during the year for one (1) hour each week. The WNA CEAP-approved organization reports the series as one activity with 52 hours of instruction. If 20 nurses participated in each session, total nurse participants would be 1,040 (20 nurses per session multiplied by 52 sessions) for that single activity. |
| **IL** | **Internet Live Course** | An internet live (IL) activity is an online course available via the internet at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity unless it is again presented on a specific date and time and is only available in real-time. If an IL course is presented on multiple occasions, each event is counted as one activity. |
| **EM** | **Enduring Material (Homestudy)** | An enduring material (EM) is an activity that is printed or recorded and does not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity.  Sometimes, WNA CEAP-approved organizations will create an EM from a live CNE activity. When this occurs, ANCC considers the provider to have created two separate activities – one live activity and one EM activity. Both activities must comply with all ANCC requirements.  An EM can be available for less than one year, one year, or multiple years. Each EM is counted as one (1) activity for each year it is available, whether it is active for the entire year or part of the year. The WNA CEAP-approved organization reports the number of learners who participated during the year. WNA CEAP-approved organizations do not report cumulative data for an EM activity spanning multiple years. When reporting the number of participants for an EM activity, the WNA CEAP-approved organization should count all learners who completed all or a portion of the activity whose participation can be verified in some manner. ANCC would not consider individuals that only received the enduring material activity but did not actually complete all or a portion of it to be participants. |
| **IEM** | **Internet Activity Enduring Material**  *Examples: online interactive educational module, recorded presentation, podcast* | An internet enduring material (IEM) activity is an ‘on demand activity,’ meaning there is no specific time designated for participation. Rather, the participant determines when to complete the activity.  An IEM can be available for less one year, one year, or multiple years. Each IEM is counted as one activity for each year it is available, whether it is active for the entire year or part of the year. The WNA CEAP-approved organization reports the number of learners who participated during the year. WNA CEAP-approved organizations do not report cumulative data for an IEM activity spanning multiple years. When reporting the number of participants for an IEM activity, the WNA CEAP-approved organization should count all learners who completed all or a portion of the activity whose participation can be verified in some manner. ANCC would not consider individuals that only downloaded or accessed the activity but did not actually complete all or a portion of it to be participants. |
| **JN** | **Journal-based CNE** | A journal-based CNE activity includes the reading of an article (or adapted formats for special needs), a WNA CEAP-approved organization learner engagement strategy (that may include reflection, discussion, or debate about the material contained in the articles(s)), and/or a requirement for completion by the learner of a pre-determined set of questions or tasks relating to the content of the materials as part of the learning process.  The ANCC does not consider a journal-based CNE activity to have been completed until the learner documents participation in that activity to the WNA CEAP-approved organization.  Each article is counted as one activity. To calculate hours of instruction, the WNA CEAP-approved organization specifies the amount of time required to complete the activity. The number of participants reported by the WNA CEAP-approved organization equals the total number of individuals who completed the activity. Participants are counted once, regardless of how many times they worked on the activity.  For example, a WNA CEAP-approved organization produces a journal that contains an article designated as a journal-based CNE activity. Twenty nurses read the article, reflect on the content, and complete questions related to the content of the article. The nurses spend one hour on this activity. The WNA CEAP-approved organization would report this as one journal-based CNE activity with 20 nurse participants and one hour of instruction. |