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**Individual Educational Activity Application / Planning Documentation**

If you have not used the ANCC-WNA criteria to plan an educational activity or have not applied for nursing contact hours through WNA before, you must contact the WNA CEAP Accredited Approver Program Director (AAPD) at WNAnprl@wisconsinnurses.org before completing the application. All applicants may contact the WNA AAPD with questions about how to complete the application content or how to use the ANCC-WNA criteria for educational planning.

IEA applicants will be invoiced for application review fees. Fees can be paid by check or with a credit card. The review process will start when payment is received. For billing and other questions unrelated to application content, answers can be found on our website, or you may contact Megan@wisconsinnurses.org.

This application serves as a “planning document.” The intention is document on this form during the planning process. This application has three parts:

1. “Information Collection: Contact Information, Verification of Eligibility, Activity Information”

WNA must collect basic information about your learning activity and verify that your organization is not an “ineligible company.” See definitions at: <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/eligibility>.

2. Demonstrating and Communicating Educational Integrity and Independence

This section is about the people in a position to control the content for your learning activity – planners, the nurse planner, presenters, online content developers, those who review content, and any other faculty who plan or implement your activity. It also includes questions about any financial support received from outside organizations to carry out the activity.

3. Educational Development

This section, essential to a planning process in compliance with ANCC/WNA criteria, asks about why the learning activity is needed (“gap”), how you know the activity is needed (“evidence”), what you want learners to accomplish as a result of participating (“outcome”) and other questions related to the content development.

Important Notes:

You need a minimum of two planners. One must be a nurse planner and one of the planners must be a subject matter expert. A qualified nurse planner:

**Is 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).** Equivalent certifications earned in the U.S. are not accepted. **The Nurse Planner must have a working knowledge of the 2015 ANCC/WNA CEAP criteria** by:

A. First time applicants - discussing the criteria with the WNA CEAP Accredited Approver Program Director prior to completing this application.

B. Repeat applicants – using website resources and/or contacting the WNA CEAP Accredited Approver Program Director with questions.

**Information Collection**

|  |
| --- |
| **CONTACT INFORMATION** |
| **Name of Applicant Organization:** |  |
| **Mailing Address:** |  |
| **Nurse Planner First and Last Name:** |  |
| **Nurse Planner Degrees/Credentials (list all):**  |  |
| **Nurse Planner Preferred Email:** |  |
| **Nurse Planner Preferred Phone:** |  |
| **Nurse Planner Nsg. License Number(s):**  |  |
| **Nurse Planner State (s) of Licensure:** |  |
| **Nurse Planner - Institution where highest nursing degree (i.e., BSN, MSN, DNP) was earned and year.** |  |
| **Nurse Planner – Highest nursing degree held**  | [ ]  BSN [ ]  MSN [ ]  DNP [ ]  Other:  |
| **Additional Contact** (if we are initially unable to reach the Nurse Planner):  |  |
| **Contact Preferred Email:** |  |
| **Contact Preferred Phone:** |  |

**VERIFICATION OF ELIGIBILITY TO PROVIDE NURSING CONTACT HOURS**

**1a. Is your organization an “Ineligible Company?”**

Is the primary business of the applicant organization producing, marketing, selling, reselling, or distributing healthcare products used by or on patients?

|  |  |
| --- | --- |
|[ ]  Yes  | Contact wnanprl@wisconsinnurses.org before proceeding.  |
|[ ]  No  |  |

**1b. Does your organization produce, market, sell, resell, or distribute any healthcare products used by or on patients to any person or entity?**

|  |  |
| --- | --- |
|[ ]  Yes  |  Contact wnanprl@wisconsinnurses.org before proceeding.  |
|[ ]  No  |  |

2. **Is there a qualified Nurse Planner for this educational activity who meets all of the following requirements?**

* Holds a baccalaureate degree or higher in nursing (equivalent certifications in the United States are not eligible)
* Is currently licensed as a registered nurse with no license restrictions
* Is not an employee, owner, representative or affiliate of any ineligible company
* Is actively involved with the planning, and will continue to be actively involved in the implementation and evaluation of this educational activity
* Is available to directly answer questions from WNA via email or phone about the content of this activity

|  |  |
| --- | --- |
|[ ]  Yes  |   |
|[ ]  No  | Contact wnanprl@wisconsinnurses.org before proceeding. |

3. **Does the educational activity being planned meet the following requirements for nursing continuing professional development (NCPD)?**

* The 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 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  |   |
|[ ]  No  | Contact wnanprl@wisconsinnurses.org before proceeding. |

**4. Are any other organizations involved in planning, developing, or implementing this activity along with your organization (“joint provider” organizations)?**

|  |  |
| --- | --- |
|[ ]  Yes  |  Answer 4A and 4B below.  |
|[ ]  No  |  |

**A. If yes,** **list all other organizations** involved in planning, developing, or implementing this learning activity along with your organization (“joint providers”): **\_\_\_**

**B. Are any of the organizations listed in 4A “ineligible companies?”** (Those…producing, marketing, selling, reselling, or distributing healthcare products used by or on patients)?Definitions and examples at <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/eligibility>.

|  |  |
| --- | --- |
|[ ]  Yes  |  Contact wnanprl@wisconsinnurses.org before proceeding. |
|[ ]  No  |  |

|  |
| --- |
| **ATTESTATION BY THE NURSE PLANNER**  |
| As the 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 NCPD 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 agree to notify WNA CEAP if the organization becomes ineligible, cannot maintain compliance with the ANCC/WNA criteria, or if any changes are made to the learning activity information set 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 as adopted by WNA CEAP may result in revocation of activity approval.  |
| **Name and Credentials:**  |  | **Date:**  |  |

|  |
| --- |
| **ACTIVITY DESCRIPTION**  |
| **Title of Activity:** |
| **First date the activity will be held:**  |
| **Activity (or Activity Series) end date:**  |

**1. Is a single presentation or a series of presentations planned?**

|  |
| --- |
|[ ]  Single presentation offered one time  |
|[ ]  Single presentation offered more than once to different audiences |
|[ ]  Series of presentations, each of which is a “stand alone” session by itself |
|[ ]  Series of presentations on the same topic, continuing over several sessions due to depth of material or scheduling preferences |

**2. What activity format(s) are you applying to have approved? Check all that apply to your learning activity.**

*Consider the type of learner engagement strategies you can use with the format you choose. These differ depending on if a change is needed in knowledge, skill, or practice.*

|  |  |  |
| --- | --- | --- |
|[ ]  Live in-person [L] | Location: |  |
|[ ]  Regularly Scheduled Series (e.g., Tumor Board, M&M) [L]  | Location:  |  |
|[ ]  Live Webinar [L] |
|[ ]  Recorded sessions to be presented to an audience at a specific time [L] |
|[ ]  Journal Club (Read and Discuss Peer Reviewed Articles) [JC] |
|[ ]  \*\*Recorded Webinar for on-demand viewing [IEM]  Provide URL if available:  | \*End date: |  |
|[ ]  \*\*Internet Self-Study [IEM]  Provide URL if available: | \*End date: |  |
|[ ]  \*\*Printed or other media (e.g., CD, DVD) Self-study [EM]  | \*End date: |  |
|[ ]  Combination of live instruction and written or online work (“Blended” activity)  |  |  |
| For Blended Activity or Other format, describe in detail:  |

*\*The “end” or “expiration” date is the date by which a participant must complete the activity to earn contact hours. No certificates are issued after that date. WNA generally approves activities for two years.*

*\*\*These format types are called* ***“Enduring Materials”*** *[EM, IEM].* ***If selected, complete question 5 below.***

|  |
| --- |
|  **CONTACT HOURS**  |
| *For live activities, add up the educational time in minutes and divide by 60.**For “enduring material” (self-study) activities, indicate how you calculated contact hours in question #5.* |
| **3. Number of contact hours one participant can earn:** [nursing credits]*Count educational content and evaluation time. Do not count lunch, breaks, exhibit time, or welcome.* |  |
| **4. Total number of contact hours available, including all concurrent breakout sessions:** [hours of instruction *Add up the time for every presentation being offered for which you are requesting contact hours.*  |  |

*\*\****5. Enduring Material Only:****How did you calculate the number of contact hours for your enduring material?**

|  |
| --- |
|[ ]  Mergener Formula for written materials (<http://touchcalc.com/calculators/mergener>) |
|[ ]  Pilot of several people completing the enduring material activity and averaging the completion times |
|[ ]  Other (describe in detail):  |

|  |
| --- |
| **HOW PARTICIPANTS EARN CONTACT HOURS (“Successful Completion Requirements”)** |
| **6. Indicate what participants need to do to be awarded contact hours for successful completion of this activity. Check all that apply.**  |

|  |
| --- |
|[ ]  Attendance at the entire activity |
|[ ]  Attendance for a specified period of time (e.g., miss no more than 10 minutes, etc.) |
|[ ]  \*Attendance at one or more sessions of a multi-session activity (“Partial Credit”) |
|[ ]  Completion of assignments, pre-work, etc. |
|[ ]  Completion of an online activity |
|[ ]  Completion/submission of an evaluation form |
|[ ]  Successful completion of a post-test (attendee must score \_\_\_\_ % or higher) |
|[ ]  Successful completion of a return demonstration |
|  | Other (describe):  |

|  |
| --- |
| **6A. If you are offering partial credit for attendees who attend some presentations of a multi-presentation activity but not all, you must track the specific number of hours awarded for each attendee. Explain how you will do this.**  |
| 6A. (Answer if you are offering partial credit):  |

|  |  |
| --- | --- |
|  | **7. ATTACH AN AGENDA FOR THE ENTIRE ACTIVITY (ALL SESSIONS, 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.* |

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| **JOINT-PROVIDERSHIP**  |
| **8. Is this activity “jointly-provided?”** *This means that other organizations are planning or implementing the learning activity with you.*  |

|  |  |
| --- | --- |
|[ ]  NO  |  |
|[ ]  YES | If yes, complete the section below.  |

**8A. If yes:**

**List all organizations that are planning or implementing the learning activity with you:** \_\_\_\_\_\_

**8B. If yes, read these additional requirements:**

***\* IF YES: A “joint-provider” statement must be used on promotional materials****. This statement indicates which organization is Providing the contact hours and what other organizations are involved in the planning process. For example,* ***“(Provider Name) is the provider of nursing contact hours for this activity, planned in conjunction with (LIST Name(s) of Joint-Provider Organization(s)).”***

*\** ***IF YES*** *–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.*

*\*****IF YES*** *– The Nurse Planner for this activity must ensure that the Provider organization maintains control of educational development and is responsible for adherence to ANCC criteria.*

**Demonstrating and Communicating Educational Integrity and Independence**

*Providers of for-credit education have a responsibility to prevent industry bias (“commercial bias”) in education.*

*The Nurse Planner is responsible for ensuring qualified planners and presenters without relevant financial relationships.*

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| **THOSE IN CONTROL OF CONTENT** |

*On the* ***planning committee*** *there must be:*

1. *At least two people total involved in planning the activity.*
2. *A qualified Nurse Planner actively involved and responsible for using the 2015 ANCC/WNA criteria to plan, implement, and evaluate the activity.*
3. *At least one of the planners needs to be identified as a “content expert” (subject matter expert).*

*The Nurse Planner may act as both nurse planner and content expert, if qualified, but at least two planners total are required.*

*A* ***Content Reviewer:***

* *Is someone outside of the planning committee called in by the Nurse Planner to assess educational content for scientific validity and/or bias.*
* *A Content Reviewer is NOT required.*

**9A. List the name and credentials / degrees of the nurse planner and all planners. Indicate who is a subject matter expert (“content expert”) by checking the box.**

*Add more rows if necessary.* *If more than ten planners, you can submit an existing list of names and credentials, and clearly indicate the subject matter experts.*

|  |  |  |
| --- | --- | --- |
| Name, credentials / degrees | Role  | Are they a subject matter expert (SME)?  |
|  | Nurse Planner  | [ ]  Yes [ ]  No  |

|  |  |  |
| --- | --- | --- |
| Name, credentials / degrees | Role  | Are they a subject matter expert (SME)?  |
|  | Planner  | [ ]  Yes [ ]  No  |
|  | Planner  | [ ]  Yes [ ]  No  |
|  | Planner  | [ ]  Yes [ ]  No  |
|  | Planner  | [ ]  Yes [ ]  No  |
|  | Planner  | [ ]  Yes [ ]  No  |

**9B. List the name and credentials / degrees of all presenters or self-study content developers. Indicate roles by checking the box. All presenters must be SMEs. Patients who present do not need to be SMEs.**

*Add more rows if necessary.* *If more than ten presenters, you can submit an existing list of names and credentials, and clearly indicate their roles.*

|  |  |
| --- | --- |
| Name, credentials / degrees | Role  |
|  | [ ]  Presenter [ ]  Self-study content developer |
|  | [ ]  Presenter [ ]  Self-study content developer |
|  | [ ]  Presenter [ ]  Self-study content developer |
|  | [ ]  Presenter [ ]  Self-study content developer |
|  | [ ]  Presenter [ ]  Self-study content developer |

**9C. List the name and credentials / degrees of all external reviewers of educational content or other faculty who are not presenters or activity planners. Write in their role.**

*Add more rows if necessary.* *If more than ten, you can submit an existing list of names and credentials, and clearly indicate their roles.*

|  |  |
| --- | --- |
| Name, credentials / degrees | Role  |
|  |  |
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| **IDENTIFYING and MITIGATING RELEVANT FINANCIAL RELATIONSHIPS** |

*Refer to and review the Standards for Integrity and Independence at* [*www.accme.org/standards*](http://www.accme.org/standards) *and the IEA Toolkit for Identifying and Mitigating Relevant Financial Relationships.*

***For any activities that are clinical in nature, you must, as early as possible in the planning process:***

*1.* ***Collect information*** *from each person in control of content about their financial relationships with ineligible companies.*

*2.* ***Analyze the information*** *each person in control of content has provided about their financial relationships with ineligible companies and* ***decide which are relevant.***

*3.* ***Mitigate*** *relevant financial relationships.*

*4.* ***Document*** *the mitigation strategies you used.*

*5.* ***Disclose*** *to learners the presence or absence of relevant financial relationships.*

*This can all be accomplished using tools and instructions from WNA.*

**10. Is your educational topic clinical in nature?**

*Examples of non-clinical topics are: leadership; communication skills; other “soft” skills.*

|  |  |  |
| --- | --- | --- |
| [ ]  | Yes  | **Read and begin the processes listed on the WNA Nurse Planner Mitigation Worksheet, including #11 and 12 below.**  |
|[ ]  No or Not Sure  | Contact wnanprl@wisconsinnurses.org before proceeding. |

**11. Collect Information – Send each person in control of content (listed in tables in question #9a-c above) a WNA Disclosure Form to complete and return to you.**

|  |  |
| --- | --- |
|  | **Attach all completed Disclosure Forms to this application. You must have a completed form for each person in control of content.**  |

*You may use another method of information collection, subject to prior approval. If using a different method to collect information on relationships with ineligible companies, contact the WNA AAPD at* *wnanprl@wisconsinnurses.org* *before proceeding.*

**12. Analyze, Mitigate, and Document – Use the WNA Nurse Planner Mitigation Worksheet to continue the processes and document your Mitigation Strategies for any relevant financial relationships. You only need to complete one NP Mitigation Worksheet per application.**

|  |  |
| --- | --- |
|  | **Attach the completed WNA NP Mitigation Worksheet to this application.**  |

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| **COMMERCIAL SUPPORT** |
| **13. Is there commercial support for this activity?***Commercial Support is defined as financial or in-kind support from ineligible companies.*  |

|  |  |
| --- | --- |
|[ ]  Yes  | Provide the information indicated below.  |
|[ ]  No  | Continue to the next section.  |

**IF YES,**

**13A. Complete the table below.** *Add more rows as needed.*

|  |  |
| --- | --- |
| **LIST THE NAME OF EACH INELIGIBLE COMPANY SUPPORTING THE EDUCATIONAL ACTIVITY** | **TYPE OF SUPPORT** |
| **FUNDING AMOUNT** |  **VALUE OF IN-KIND DONATION** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **13B. IF YES,** | **ATTACH THE REQUIRED COMMERCIAL SUPPORT AGREEMENT FOR EACH COMMERCIAL INTEREST ORGANIZATION PROVIDING IN-KIND OR FINANCIAL SUPPORT FOR THIS ACTIVITY.**  |

1. *Agreements must be complete (all signatures present) and must be dated prior to the activity date.*
2. *The WNA approved Commercial Support Agreement is found on the WNA website.*
3. *Agreements approved for CME use are acceptable if CME is being offered for the same activity.*

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| **MANAGEMENT OF COMMERCIAL / INDUSTRY INFLUENCE** |

**14. Does this learning activity include vendor/exhibitors (live or virtual)?**

|  |
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|[ ]  Yes  |
|[ ]  No  |

**15. Does this learning activity include activities conducted by ineligible companies in the same educational space (same room for live activities; same meeting and platform for virtual activities)?**

*This includes vendors/ exhibitors, presentations, or other gatherings influenced by ineligible companies.*

|  |
| --- |
|[ ]  Yes  |
|[ ]  No  |

**IF YES,**

* *A* ***30-minute time interval*** *must separate learning content from sessions influenced by ineligible companies held in the same educational space (same room for live activities, same meeting and platform for virtual activities.)*
* *Learners must not be obligated to see or hear information from ineligible companies while engaged in the activity.*
* *Activities influenced by ineligible companies must be clearly indicated and communicated as such.*
* *Educational materials must not contain any references to ineligible companies, including corporate or product logos. Please contact* *wnanprl@wisconsinnurses.org* *for more information.*

**16. Please indicate content integrity strategies you have in place for your learning activity. Check all that apply to this activity.**

*Select only those that apply to your learning activity (e.g., don’t select “Participants will be asked about bias on the evaluation” if there is no question on your evaluation to address this).*

|  |
| --- |
|[ ]  All relevant financial relationships have been mitigated if content is clinical.  |
|[ ]  All presenters/content developers have attested to the ‘Maintaining Content Integrity’ statement on the WNA Disclosure Form. |
|[ ]  Educational materials were/will be reviewed by a subject matter expert (planner with content expertise or external content reviewer). |
|[ ]  Participants will be asked about the presence of commercial bias in presentations on the evaluation. |
|[ ]  Presentations will be monitored for commercial bias – violators will not be asked to present again. |
|[ ]  Marketing/advertising will not be included within educational content (slides, handouts, etc.) including no ineligible company logos in any educational material. |
|[ ]  Contact information related to learners will not be shared without written permission from the learner. |
|[ ]  Ineligible companies will not be allowed to recruit from the audience for any reason. |
|[ ]  Vendor/Exhibitor activity will be kept separate from education (separate physical space and not during educational time). |
|[ ]  “Giveaways” will be kept separate from educational materials/content delivery. |
|[ ]  Other (Describe):  |

|  |
| --- |
| **REQUIRED INFORMATION PROVIDED TO LEARNERS BEFORE THE ACTIVITY** |

.*Required information must be provided to learners BEFORE the learning activity.*

*If sending promotional information prior to approval, use the “Submitted” statement from the IEA Manual. If sending promotional information after approval, use the “WNA Approval Statement” from the IEA Manual.*

**17. The following information must be listed on the Promotional Material or on the Pre-session Disclosures (PPT Slide, Handout, Poster)**

1. Name of Provider organization awarding contact hours
2. Approval statement of Provider awarding contact hours (must be on at least one promotional document provided to learners)
3. Criteria for awarding contact hours (“successful completion requirements”)
4. Presence or absence of relevant financial relationships for everyone in a position to control educational content (nurse planner, planners, presenters, content developers, reviewers of content, other faculty)
5. If applicable, joint-provider statement
6. If applicable, commercial support information (names of commercial supporters – NO LOGOS)
7. For enduring materials ONLY, The date by which a participant must complete the activity to earn contact hours. (“Expiration Date”)

|  |  |
| --- | --- |
|  | **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.** |

**EDUCATIONAL DEVELOPMENT**

**1. In a sentence or two, summarize the professional practice gap your education is designed to address.**

*Start your gap statement with, “The problem (or need for improvement, or need for new information) we are addressing with this educational activity is: \_\_\_\_\_\_\_.”*

*Example of a practice gap: “Nurses are not familiar with new evidence-based standards for administration of insulin for hospitalized patients with Type 1 diabetes).”*

|  |
| --- |
| 1.  |

**2. Evidence is used to validate the professional practice gap. Describe why the practice gap identified above exists. Include in your response include:**

1. **How do you know a practice gap exists for your target audience?**
2. **What data do you have to show this?**

**C. What does analysis of the data show you about why the educational opportunity exists?**

* *Stating there is a “need” or “request,” or indicating the education is “mandatory” are not adequate responses. What is the underlying reason for the request or mandate?*
* *Examples of types of evidence to validate a gap include:*
	+ *Survey data from learners, subject matter experts (SMEs), target audience members, or other stakeholders.*
	+ *Input from a group of learners, managers, or other SMEs about what the gap is and why it exists.*
	+ *Evidence from quality studies or performance improvement opportunities, or quality improvement data.*
	+ *Literature review to identify trends and information about the topic area.*
	+ *Observation.*

|  |
| --- |
| 2A. 2B. 2C. |

**3. Identify the target audience for this activity (check all that apply):**

*Who needs the education? Who can help close the gap you’ve identified as a result of education?*

|  |
| --- |
|[ ]  RNs *(must include)* |
|[ ]  Advanced Practice RNs |
|[ ]  RNs in Specialty Areas (Identify Specialty): |
|[ ]  Interprofessional (describe):  |
|[ ]  Other (describe): |

**4. Is the educational need (that underlies the professional practice gap) in knowledge, skill and/or practice?**

*Your answer should align with the gap you identified.*

|  |
| --- |
|[ ]  Knowledge (learner doesn’t know something) |
|[ ]  Skill (learner doesn’t know or show how to do something) |
|[ ]  Practice (learner doesn’t do or doesn’t know how to do something in their professional practice) |

**5. – 7. Each of the three following sections is labeled “Knowledge,” Skill,” or “Practice.”**

**Complete ONLY the section(s) for the need(s) you identified above - “Knowledge,” Skill,” and/or “Practice.”**

|  |
| --- |
| **PARTICIPANT NEED FOR KNOWLEDGE** **5A. What is the desired outcome you want learners to achieve as a result of attending the educational activity, related to a learner change in knowledge? How will you measure this?** * *Think about what the learners should know at the end of the activity that they didn’t before.*
* *Outcomes must be written in measurable terms, and you must actually measure your outcome(s).*
* *Outcomes are NOT objectives.*
* *You may have one or more outcomes for your learners, and the outcome(s) should align with the gap and educational need.*
* *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.*
* *An example of a knowledge outcome is: “80% of participants will indicate on the post session evaluation that they gained knowledge they can put into practice related to teaching students for whom English is a second language.”*
 |
| **5A.** |
| **5B. What learning strategies will you use to help your learners achieve this outcome?** * *Learner engagement strategies should be determined by the Nurse Planner and Planning Committee in collaboration with the presenter and should help get you to the outcome you want to achieve.*
* *A few examples of learning strategies appropriate to facilitate a change in knowledge are: Question/answer; Discussion; Participant reflection; Polling during the learning activity.*
 |
| **5B.**  |
| **5C. How will you evaluate if a change in knowledge occurred as a result of the education?** * *You need to collect evidence to show if a change in knowledge, skill, or practice occurred as a result of your learning activity.*
* *In doing this, you are measuring your expected learner outcome(s), which align with your gap, evidence and need. You do not need a written evaluation form to do this.*
* *There are examples of evaluation methods next to the evaluation question (#7). Don’t just list the method. Your answer should describe how the evaluation data is obtained, what data is being collected, and how the data will be analyzed.*
* *A few examples* *of ways to do this are: Question and answer; Discussion; Formative evaluation throughout the session (e.g., audience response system, polling); Written post-session evaluation; Post-test; Completion of assignments; Ask learner if they intend to change their professional practice.*
* *Remember to describe how the evaluation data is obtained, what data is being collected, and how the data will be analyzed.*
 |
| **5C.**  |

|  |
| --- |
| **PARTICIPANT NEED FOR SKILLS** **6A. What is the desired outcome you want learners to achieve as a result of attending the educational activity, related to a learner change in skill? How will you measure this?** * *Think about what the learners should be able to show you at the end of the activity that they couldn’t before the education.*
* *Outcomes must be written in measurable terms, and you must actually measure your outcome(s).*
* *Outcomes are NOT objectives.*
* *You may have one or more outcomes for your learners, and the outcome(s) should align with the gap and educational need.*
* *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.*
* *An example of a skill outcome is: “75% of participants will demonstrate how to write a quality improvement plan using at least three principles presented in the education session.”*
 |
| **6A.**  |
| **6B. What learning strategies will you use to help your learners achieve this outcome?** * *Learner engagement strategies should be determined by the Nurse Planner and Planning Committee in collaboration with the presenter and should help get you to the outcome you want to achieve.*
* *A few examples of learning strategies appropriate to facilitate a change in skill are: Demonstration; Return demonstration; Hands on learning; Create a product related to the learning; Role Play, Critical thinking exercises.*
 |
| **6B.**  |
| **6C. How will you evaluate if a change in skill occurred as a result of the education?** * *You need to collect evidence to show if a change in knowledge, skill, or practice occurred as a result of your learning activity.*
* *In doing this, you are measuring your expected learner outcome(s), which align with your gap, evidence and need. You do not need a written evaluation form to do this.*
* *There are examples of evaluation methods next to the evaluation question (#7). Don’t just list the method. Your answer should describe how the evaluation data is obtained, what data is being collected, and how the data will be analyzed.*
* *A few examples* *of ways to do this are: Learner demonstrates active participation in the learning activity; Formative evaluation throughout the activity; Successful completion of a return demonstration; Observation of role play; Review of a product created based on the learning.*
* *Remember to describe how the evaluation data is obtained, what data is being collected, and how the data will be analyzed.*
 |
| **6C.**  |

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| **PARTICIPANT NEED FOR PRACTICE CHANGE** **7A. What is the desired outcome you want learners to achieve as a result of attending the educational activity, related to a learner change in practice? How will you measure this?** * *Think about what the learners should be able to do in practice at the end of the activity that they couldn’t do before the education.*
* *Outcomes must be written in measurable terms, and you must actually measure your outcome(s).*
* *Outcomes are NOT objectives.*
* *You may have one or more outcomes for your learners, and the outcome(s) should align with the gap and educational need.*
* *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.*
* *An example of a practice outcome is: “65% of participants will self-report two months after the learning activity that they have been able to use knowledge gained from this educational activity in their practice.”*
 |
| **7A.**  |
| **7B. What learning strategies will you use to help your learners achieve this outcome?** * *Learner engagement strategies should be determined by the Nurse Planner and Planning Committee in collaboration with the presenter and should help get you to the outcome you want to achieve.*
* *A few examples of learning strategies appropriate to facilitate a change in practice are: Collaborative activities; Group work; Problem-based learning (group work to solve real problems); Reflection; Observation; Case study analysis; Role play.*
 |
| **7B.**  |
| **7C. How will you evaluate if a change in practice occurred as a result of the education?** * *You need to collect evidence to show if a change in knowledge, skill, or practice occurred as a result of your learning activity.*
* *In doing this, you are measuring your expected learner outcome(s), which align with your gap, evidence and need. You do not need a written evaluation form to do this.*
* *There are examples of evaluation methods next to the evaluation question (#7). Don’t just list the method. Your answer should describe how the evaluation data is obtained, what data is being collected, and how the data will be analyzed.*
* ***An outcome related to practice can’t be measured on an immediate post-session evaluation. It needs to be measured after the learner has gone back to the practice setting and implement changes over time.***
* *A few examples* *of ways to do this are: Participants’ self-reported change in professional practice after the opportunity to go back to the practice setting for a period of time; Report by others of learner change in practice; Observation of practice; Review of post-session learner assignments; Evidence of Return on Investment (ROI).*
* *Remember to describe how the evaluation data is obtained, what data is being collected, and how the data will be analyzed.*
 |
| **7C.**  |

**8. Evaluation -**

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| --- | --- |
|  | **ATTACH THE WRITTEN EVALUATION for the learning activity if one is used.**  |

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| **Evidence-based Content** |

**9. What content will you develop to help learners achieve the learning outcome(s)?**

* *Describe: What will the activity look like? What content will be included? You can provide a narrative, a content outline, or other content information that you already have developed, if applicable.*

***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.*

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| 9. If you have included a detailed agenda that has all sessions listed and a brief description of each session, you can skip this question.  |

**10. On what best available evidence will you base your content?**

* *References should be current (e.g., within past 5-7 years), or be considered “Classic” references (e.g., Maslow, Kübler-Ross, Erickson, Kirkpatrick).*
* *There is no specific format (APA, MLA, etc.) required. Include at least: Year published, primary author (et. al.), publication title, article or chapter title, page numbers.* *For websites, list the specific URL for pages used, not just the general website URL. Include year of publication for web references, if available from the web page.*
* *If planning a conference with multiple sessions, list at least five key references that directly contribute to the achievement of the educational outcome(s) or provide an abstract on how the overall content facilitates learner achievement of the conference outcome(s).*
* *You can provide this information in the table below or in an outline, in an agenda, presenter abstract, or other format that you already have developed, if applicable.*
* *References should support the outcome of the activity.*

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| --- | --- |
| **EVIDENCE-BASED REFERENCES USED TO DEVELOP THIS ACTIVITY** | **LIST CITATIONS HERE:** |
| **Information available from the following website:** (web site must use current available evidence, e.g., within past 5 - 7 years; may be published or unpublished content; examples – AHRQ, CDC, NIH). Use the specific URL where you found the information.  |  |
| **Information available through peer-reviewed journal/resource** (reference should be current available evidence, e.g., within past 5 - 7 years.): |  |
| **Clinical guidelines** (example – 2021 www.guidelines.gov/prevention): |  |
| **Expert resource** (individual, organization, educational institution) (book, article, web site) – *if listing people, must list more than one:*  |  |
| **Textbook reference:** |  |
| **Other:** |  |

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| **ISSUING YOUR LEARNER CERTIFICATES**  |

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| **11.** |  | **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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| **POST-SESSION REPORTING TO WNA** |

*If approved, see your approval letter for the link to report post-session information:*

* *Number of nurse participants*
* *If learning outcomes were achieved. Y/N*

**SUMMARY OF ATTACHMENTS TO APPLICATION:**

|  |  |
| --- | --- |
|  | Agenda if the activity is 2 hours or longer in length |
|  | Optional – only if more than 10: your existing planner or presenter lists |
|  | All individual Disclosure Forms from all in control of content.  |
|  | Nurse Planner Mitigation Worksheet, Section B – Documentation  |
|  | If applicable, commercial support agreement(s) with signature and date |
|  | Promotional material or pre-session disclosures showing that all required information was provided to learners before the education activity |
|  | Written evaluation form, if one is used |
|  | Certificate (documentation of successful completion) |