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**ADDENDUM FOR ENDURING MATERIALS (EM, IEM)**

**DEVELOPED DIRECTLY FROM LIVE ACTIVITIES**

**DIRECTIONS:
Approved Providers and IEA applicants should use this form when documentation for a live activity is complete, and you are creating an “Enduring Material” (self-study) directly from the live activity.**

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| **1. ACTIVITY INFORMATION**  |
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| **Applicant Organization:** |  |
| **Activity Title:** |  |
| **Activity Start Date:** |  |
| **Activity End Date:** |  |

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| **2. ACTIVITY DESCRIPTION** |
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| **“ENDURING MATERIAL” (self-study)** |
|  | **Indicate format:** |
|  |  | Online self-study (IEM) |
|  |  | Printed self-study (EM) |
|  |  | CD/DVD (EM) |
|  |  | Other (Describe): |  |

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| **Provide URL (website address) for access to the activity:** |  |

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| **Maximum number of contact hours one participant can earn (NC):** |  |
| **Total number of contact hours offered:** |  |

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| **Describe the sequence of the activity including any pre-work, assignments, etc.:** |
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| **3. EDUCATIONAL DEVELOPMENT** **NOTE:** NCPD must address a problem; need for improvement in knowledge, skill, or practice; or a need for new information. |
| **Are the gap, need, and evidence the same as for the Live Activity? If not, explain any differences.**  |
|  |  | Yes |
|  |  | No |
| If no, explain:  |
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| **Are the activity outcomes the same as for the Live Activity? If not, explain any differences. NOTE:** This includes the activity outcomes *and HOW the outcomes will be measured.* |
|  |  | Yes |
|  |  | No |
| If no, explain:  |
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| **Is the content exactly the same as for the Live Activity? If not, explain any differences.**  |
|  |  | Yes |
|  |  | No |
| If no, provide a new content outline.  |
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| **What learner engagement strategies will you use to help learners achieve the learning outcome(s) for the self-study activity?** TIP: *For example, participant reflection; case studies; scenarios. A PPT is not a learner engagement strategy.*  |
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| **4. AWARDING CONTACT HOURS** |
| **Indicate your criteria for awarding contact hours for successful completion (check all that apply to the self-study):** |
|  |  | Attendance at entire activity |
|  | Credit awarded commensurate with participation (“partial credit”)  |
|  | 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) |
|  | Other (Describe):  |  |

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| **How were the number of contact hours for the self-study determined?**  |
|  |  | Length of recording  |
|  |  | Length of recording plus time for evaluation and/or post-test |
|  |  | Pilot with target audience members and average of time to complete |
|  |  | Mergener Formula for written materials (<http://touchcalc.com/calculators/mergener>)  |
|  | Other (explain):  |
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| **Describe how you will confirm successful completion (e.g., participant attestation, electronic measurement system).:**  |
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| **Describe how you will track the number of credits awarded to each participant if partial credit is allowed:** |
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| **5. REQUIRED INFORMATION PROVIDED TO LEARNERS****NOTE:** Required information must be provided to learners BEFORE the learning activity. |
| **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 WNA Manual 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) unless content is not clinical |
|  |  | If applicable, joint-provider statement |
|  |  | If applicable, commercial support information (names of commercial supporters – NO LOGOS) |
|  |  | ***For Self-Study “Enduring Materials***,” the date by which the self-study must be completed to earn contact hours. *Note: For IEA applicants, duration of approval is a maximum of two years.*  |
|  | **ATTACH DISCLOSURES for the Enduring Material learning activity to demonstrate that all applicable information above was communicated to learners prior to the learning activity.** |
| **6. 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?**  |
|  | **Check all that apply:** |
|  |  | Learner indicates they intend to change their professional practice or have gained knowledge |
|  |  | Grading of completed of assignments, pre-work, etc. |
|  |  | Completion/submission of evaluation form |
|  |  | Successful completion of a post-test (attendee must score \_\_\_\_ % or higher) |
|  | Measurement of practice change in the practice setting  |
|  | Other (Describe):  |  |

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|  | **ATTACH the EVALUATION for the Enduring Material learning activity.*****NOTE:*** *Approved Providers must also attach a written analysis of the results including extent to which outcomes were met and how feedback will be used to improve future activities****.***  |

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|  | **ATTACH A CERTIFICATE OR OTHER DOCUMENT INDICATING LEARNER SUCCESSFUL COMPLETION for the Enduring Material learning activity.**The certificate must include the following: 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. ***NOTE:*** *Date must be actual date of completion.*  |

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| **7. PLANNER & FACULTY INFORMATION** |

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|  |  | **Check here if there were no changes in** **planners/presenters/authors/content Reviewers/faculty for the Enduring Material activity.** *If you check this box, you are done completing this form. Look for* *and be sure to attach all items required in any sections above.* |
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|  |  | **Check here if there were changes in planners/presenters/authors/content reviewers/faculty from the Live activity. Then,**  |
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| **1.** | **COMPLETE THE TABLE BELOW FOR ANY *NEW* planners/presenters/authors/content reviewers/faculty not involved in the Live Activity, and** |

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|  | **2.** | **ATTACH AN INDIVIDUAL DISCLOSURE FOR ALL *NEW* planners/presenters/authors/content reviewers/faculty.**  |

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| **Name of Individual** | **Credentials** | **Individual’s Role**  |
|  |  |  CNE NURSE PLANNER (list only one) | PLANNER | CONTENT REVIEWER(from **outside** PLNG CTE) | OTHER FACULTY | AUTHOR OFENDURING MATERIALCONTENT | PRESENTER OFENDURING MATERIALCONTENT |
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Add rows as needed.