

WNA CEAP - Individual Educational Activity (IEA) Application “Worksheet & Quick Reference”

IMPORTANT - This document serves two purposes:

1. You may use it as a worksheet to record “draft” application information instead of working directly in the online application form.

- Use of this document as a worksheet is not required.
- Please note you will still need to enter each response into the WNA online application at <https://www.wisconsinnurses.org/iea-app/>.
- This paper document is not to be submitted to WNA.

2. The document serves as a quick reference, providing requirements, examples, and explanations to help you answer each application question. **Refer to this document as you complete the WNA IEA online application.**

Additional, detailed resources are available on the WNA website or by contacting wnanprl@wisconsinnurses.org.

Individual Educational Activity (IEA) Application

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 WNAprl@wisconsinnurses.org before completing the application. All applicants may contact WNA with questions.

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 for assistance.

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 [definition and examples of an “ineligible company”](#)

2. Educational Development

This section, essential to a **planning process compliant with ANCC criteria** as adopted by WNA (“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.

3. 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.

All questions in the online application are required unless noted.

Before you begin:

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.

“Worksheet & Quick Reference”

Remember that if you use this document to draft your application, you will still need to enter the information into the WNA IEA on-line application at <https://www.wisconsinnurses.org/iea-app/>.

CONTACT INFORMATION

Name of Applicant Organization: *Use full, official name. The applicant organization is also referred to as the “Provider.”*

Mailing Address:

NURSE PLANNER –

- *See above for required Nurse Planner qualifications. Do not proceed without a qualified nurse planner.*
- *There is only one nurse planner responsible for the ANCC Criteria and Standards, even if there are several nurses on the planning committee.*

- *The Nurse Planner cannot have relevant financial relationships with ineligible companies. Details are found in Section Three of this document.*

Nurse Planner Name (First & Last):

Nurse Planner Degrees/Credentials (*list all*):

Nurse Planner's Position in the Applicant Organization:

Nurse Planner Preferred Email:

Nurse Planner Preferred Phone:

Nurse Planner Nursing License Number(s):

Nurse Planner State(s) of Licensure:

Nurse Planner – Highest *NURSING* degree held*(required):

BSN MSN DNP PhD in Nursing

Institution where highest *NURSING* Degree was earned:

Year *highest nursing degree* was Earned:

ADDITIONAL CONTACT

Utilized if WNA is unable to reach the Nurse Planner for this activity.

Contact Name:

Contact's Position in the Applicant Organization:

Contact Preferred Email:

Contact Preferred Phone:

VERIFICATION OF ELIGIBILITY TO PROVIDE NURSING CONTACT HOURS

See [*definition and examples of an "ineligible company"*](#).

1a. Is the primary business of your organization to produce, market, sell, resell, or distribute healthcare products used by or on patients?

Yes No If yes, contact WNA before proceeding.

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

Yes No If yes, contact WNA before proceeding.

2. Is there a qualified Nurse Planner who meets all of the requirements listed in below?

- ***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 ("unencumbered license")***
- ***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 If no, contact WNA before proceeding.

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

- **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.**

Yes No If no, contact WNA before proceeding.

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

Yes (If yes, read planning requirements below and answer additional questions below.)

No (Proceed to attestation.)

"Joint providership" is when the Provider organization (applicant) plans the educational activity with one or more other organizations. Additional requirements if the activity is jointly provided:

- **The Nurse Planner for this activity must ensure that the Provider organization maintains control of educational development and is responsible for adherence to ANCC/WNA criteria.**
- **A "joint-provider" statement must be disclosed to learners prior to the educational activity. This statement indicates which organization is Providing the contact hours and what other organizations are involved in the planning process. For example, "(Applicant Name) is the provider of nursing contact hours, planned with (LIST Names of any Joint-Provider Organizations)."**
- **Documents associated with this activity (e.g., marketing materials, advertising, agendas, certificates) must clearly indicate the Provider organization awarding contact hours and the Provider's responsibility for adherence to ANCC criteria.**

Educational activities cannot be planned with ineligible companies.

If you have a unified body such as a consortium or membership organization and the activity is being planned only by that organization, this is not considered joint providership.

A. If yes, list all other organizations involved in planning, developing, or implementing this learning activity along with your organization ("**joint providers**"). *Separate each organization name with a semi-colon. ";*

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)? See [definitions and examples of “ineligible companies.”](#)

Yes No If yes, contact WNA before proceeding.

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.
- 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 ANCC standards and criteria as adopted by WNA CEAP may result in revocation of activity approval.

Name and Credentials

Date

ACTIVITY OVERVIEW

1. Title of Educational Activity:

Be sure the educational activity title matches exactly throughout the documentation and attachments such as certificate, marketing materials, etc.

2. Does this activity address CLINICAL CONTENT (patient diagnosis, management, or treatment in any healthcare setting, or includes clinical scenarios)?

Yes No, and this was verified with the WNA Program Director

Contact wnanprl@wisconsinnurses.org before completing the application if you think your content is not clinical in nature, or you are unsure.

Clinical Content, as defined in ANCC/WNA criteria, is content that is in any way related to patient diagnosis, management, or treatment in any healthcare setting, or includes clinical scenarios.

Is your content “clinical?” Questions to help you decide:

-Is there ANY chance of any mention of an ineligible company's products or business lines in the delivery of the education? If yes, it's clinical.

-Is there any discussion of, or recommendations being made for, anything related to caring for a patient or management of their health in any setting? If yes, it's clinical.

-Are there scenarios used in the educational content that are based in a setting where health care is provided? If yes, may be clinical.

-Is the topic similar to communication skills or leadership concepts? If no, it's clinical.

The Nurse Planner cannot have a relevant financial relationship with an ineligible Company. Refer to [Standard 3](#).

3. Maximum number of CONTACT HOURS a participant can earn by completing this activity: _____

Do not count breaks, welcome, or other non-educational time. Round to 0.XX decimal.

See [WNA Resource Page Reference: Calculating Contact Hours](#) for rounding information.

4. Total number of CONTACT HOURS submitted for approval: _____

This total includes adding up contact hours for EACH session offered during concurrent/break-out timeslots.

Note: Do not use the terms, "Accreditation," "CEU," or "ANCC or WNA contact hours" anywhere in your documents. Simply use "contact hours." You may not reference ANCC except to use the official WNA Approval Statement, which references ANCC.

5a. Anticipated START date of the activity:

5b. Anticipated END date of the activity:

Same as start date if activity is for one day only.

5c. Explanation of start/end dates (only if needed).

Approval Date Information:

- IEA activities are approved for two years.
- Applicants are informed in advance of any exceptions, e.g., emerging topics.
- Self-studies are approved for and must be completed by participants within two years.
- The WNA date of approval begins the two year approval cycle, not date of activity.

6. Indicate the initial delivery format of the activity you are applying to have approved.

- **If you are submitting both a live activity and a self-study activity, the live activity is your "initial" delivery format, and the self-study is the additional format. Select "LIVE" for this question if you are developing any type of live activity.**
- A "blended activity" has both live and non-live formats as parts of one activity (e.g., live activity with online prework).
- A "blended activity" is not the same as a live activity + self-study.

LIVE - all participants join at a scheduled time

SELF-STUDY - participants access materials on their own schedule/on-demand

BLENDED – a combination: some parts of activity will be live; others will be completed as self-study

Other (7b. Describe each part of the activity format in detail:___)

For Live or Blended Activities:

7a. Specific format of LIVE activity (or live part of BLENDED activity)

All Live content will be IN-PERSON

All Live content will be VIRTUAL

Combination: Some Live content will be IN-PERSON, some will be VIRTUAL (*you use both formats within the same educational activity*)

Both: Live content will be offered IN-PERSON or VIRTUALLY (*the activity is presented live to some learners and virtually to other learners*)

7b. How will this activity be conducted?

Single event (*e.g., single presentation, multi-session workshop, or a conference on multiple consecutive days*)

Regularly Scheduled Series - a course that is planned with multiple, ongoing sessions for the same target audience (*e.g., Tumor Board, Morbidity & Mortality Conferences*)

Journal or Book-based CNE - *participants read assigned materials and attend meetings to discuss*

7c. Will your entire educational activity be presented more than once?

Yes No

7d. Location of first scheduled in-person meeting, if applicable:

7e. If needed, provide additional explanation of your activity format here:

For self-study activities:

7. Specific format of SELF-STUDY activity

Recording of live presentation(s) and/or other materials posted on internet

Internet interactive self-study module

Other portable, non-internet media (*e.g., printed, CD, DVD*)

7a. If needed, provide additional explanation of your self-study activity format here:

8. Are you **also applying for approval to provide contact hours for a SELF-STUDY version** of this LIVE or BLENDED activity?

e.g. The activity will be offered initially as a live presentation (wholly or in part), but you also plan to record/develop it into an on-demand self-study activity that will offer contact hours.

___ Yes ___ No

Continue to complete the application questions as they relate to your initial offering of this LIVE or BLENDED activity. Additional questions will appear at the end of this form specific to planning for a subsequent SELF-STUDY activity.

Please note that there will be an additional cost to review an application for a live activity AND a subsequent self-study version of that activity.

EDUCATIONAL CONTENT PLANNING

1. State in one or two sentences: what is the problem, need for improvement, or need for new information that this educational activity will address?

- *This is the “Professional Practice Gap.”*
- *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).”*
- *The gap is what the learners currently know/show/do compared to what they should know/show/do, and your activity is designed to reduce the difference.*

Identified Gap:

2a. Summarize the evidence you have to show the professional practice gap exists for your learners (e.g., survey results, literature citations, institutional data, input from stakeholder groups, observations)

- *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.*

State what type of evidence you have and summarize your analysis of what it shows in support of the existence of a practice gap:

2b. Based on your analysis of the evidence, why does this educational opportunity exist?

What does the data tell you about the root cause of the problem you are addressing:

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

RNs Advanced Practice RNs RNs in Specialty Areas Interprofessional LPNs
 Other:

4. What is the underlying need your content will address to reduce the professional practice gap?

- **Your selection is very important and is the basis for your entire planning process.**
- **You need to analyze the evidence you have to decide what learning need the activity should address (lack of knowledge, lack of skill, or lack of doing in practice). What do you know about why the problem exists and what underlying need(s) can you realistically address with this activity?**
- **Note that if you are designing education that will change practice, you will need to evaluate in the practice setting and after a period of time if learner practice was changed (e.g., self-report, observation, etc.)**

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. Outcomes, Learning Strategies, and Evaluation.

Complete all sections needed for your specific activity, based on your answer to #4 above:

- COMPLETE #5 A-C FOR A KNOWLEDGE GAP.
- COMPLETE #6 A-C FOR A SKILL GAP.
- COMPLETE #7 A-C FOR A PRACTICE GAP.

Note: if the gap is in practice, you need to be able to evaluate a change in practice in the practice setting after a period of time (e.g., self-report, observation, etc.)

Complete for a Knowledge Gap (participant need for knowledge)

5A. What desired Outcome(s) do you want learners to achieve as a result of completing the educational activity, related to a learner change in knowledge? How will you measure the outcome(s)?

Example: "80% of participants will indicate on the post-session evaluation that they gained useful knowledge related to teaching students for whom English is a second language."

- *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.*
- *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.*

5A. Your learning activity outcome measure(s):

5B. What learning strategies will you use to help learners achieve the outcome(s)?

- *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. Your learning strategies:

5C. How will you evaluate if a change in knowledge occurred as a result of the education?

- ***Your answer should describe how the evaluation data is obtained, what data is being collected, and how the data will be analyzed.***
- *You need to collect evidence to show if a change in knowledge 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.*
- *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.*

5C. Your responses:

How is the evaluation data being obtained?

What data is being collected?

How will the data be analyzed (and by whom) to assess if outcomes were met and to guide future improvements?

Complete for a Skill Gap (participant need for skills)

6A. What desired Outcome(s) do you want learners to achieve as a result of completing the educational activity, related to a learner change in skill? How will you measure the outcome(s)?

Example: "75% of participants will demonstrate how to write a quality improvement plan using at least three principles presented in the education session."

- *Think about what the learners should be able to show you 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.*

6A. Your learning activity outcome measure(s):

6B. What learning strategies will you use to help learners achieve the outcome(s)?

- *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. Your learning strategies:

6C. How will you evaluate if a change in skill occurred as a result of the education?

- ***Your answer should describe how the evaluation data is obtained, what data is being collected, and how the data will be analyzed.***
- *You need to collect evidence to show if a change in skill 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.*
- *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.*

6C. Your responses:

How is the evaluation data being obtained?

What data is being collected?

How will the data be analyzed (and by whom) to assess if outcomes were met and to guide future improvements?

Complete for a Practice Gap (participant need for practice change)

7A. What desired Outcome(s) do you want learners to achieve as a result of completing the educational activity, related to a learner change in skill? How will you measure the outcome(s)?

Example: "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."

- *Think about what the learners should be able to do in practice at the end of the activity that they couldn't do in practice before the education.*
- *Outcomes must be written in measurable terms, and you must actually measure your outcome(s).*
- ***Outcomes for an activity designed to change practice must be measured in the practice setting and after a period of time (e.g., self-report, observation, etc.)***
- *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.*

7A. Your learning activity outcome measure(s):

7B. What learning strategies will you use to help learners achieve the outcome(s)?

- *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. Your learning strategies:

7C. How will you evaluate if a change in skill occurred as a result of the education?

- ***Your answer should describe how the evaluation data is obtained, what data is being collected, and how the data will be analyzed.***
- *You need to collect evidence to show if a change in 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).*

7C. Your responses:

How is the evaluation data being obtained?

What data is being collected?

How will the data be analyzed (and by whom) to assess if outcomes were met and to guide future improvements?

8. Will a written EVALUATION FORM (paper or electronic format) be used for this activity? If yes,

UPLOAD PDF.

Yes No

The requirement for evaluation of a nursing continuing professional development (NCPD) activity is to assess if a change in knowledge, skills, or practice has occurred. There are no other "required" questions to be asked. Design your evaluation to collect only the data you intend to use. For example, you can include an evaluation question about perceived bias, but this makes the most sense if there is someone in control of content who has a relevant financial relationship.

EVIDENCE-BASED CONTENT

9. Do you have a document developed for this activity that lists all sessions and has a description of the content of each session?

Yes No **If Yes, UPLOAD PDF** If no, describe the content below.

Describe the content that will help learners achieve the learning outcomes and any other additional content:

10. Submit a list of citations for the best available evidence used to develop the content of this activity.

- ***Citations may come from peer-reviewed, scholarly articles, books, or websites; practice guidelines; or two or more experts on a topic.***

- **While there is no specific format 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.
- **References should be current (e.g., within past 5-7 years), or be considered “Classic” references (e.g., Maslow, Kübler-Ross, Erickson, Kirkpatrick).**

10. List of Citations:

I will upload an existing list of citations in **PDF UPLOAD**

I will enter the citations in the box below

10b. List the citations here if not uploading an existing list:

11. How is content validity maintained in the planning, implementation, and evaluation of this educational activity? Check all that apply.

Review <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-1-ensure-content-valid>, summarized below.

ACCME Standard 1 is implemented as appropriate to the activity:

- *Recommendations for patient care must be based on current science / give fair and balanced view.*
- *Scientific research presentations conform to the generally accepted standards of experimental design.*
- *New and evolving topics are clearly identified as such.*
- *Advocating for unscientific approaches is prohibited.*

Content Validity Strategies (Check all that apply to your specific activity. *At least one strategy is required.*)

A vetting process is in place to assess expertise in the subject matter (for presenters, other content developers, planners designated as content experts).

Presenters and/or other content developers sign the “Presenter/Clinical Content Developer Attestation” on the WNA Disclosure Form.

“Optional Speaker Letter about Content Validity” from WNA website “Resources” page is shared with presenters and other content developers.

Educational materials are being reviewed by a subject matter expert (i.e., a planner with content expertise or external content reviewer).

Citations / references used to develop the activity will be reviewed by a subject matter expert.

A subject matter expert will monitor the activity and provide feedback to the planners.

Ineligible companies do not provide access to or distribute educational content.

Other strategies:

CONTACT HOURS

12. UPLOAD an Agenda or Program for the entire activity that lists the title, start time, end time, and presenters for ALL sessions or segments (including all concurrent or break-out sessions) **UPLOAD PDF**

Copy, paste, and use as a template, if needed:

| <i>Session Title: (or Content Segment being presented, if activity is of short duration)</i> | <i>Start Time:</i> | <i>End Time:</i> | <i>Presenter(s):</i> |
|--------------------------------------------------------------------------------------------------|--------------------|------------------|----------------------|
| | | | |

If your activity is short and does not have separate presentations (such as a one hour webinar), divide out the main topics to be presented, (e.g., Introductions, Pathophysiology, Presenting Symptoms, Treatment, Evaluation time).

13. What method(s) did you use to calculate the number of contact hours one participant can earn?

Check all that apply.

- Added up live presentation time and divided by 60.
- Added up contact hours for individual sessions for a multi-session activity.
- Included time to complete pre-work, an evaluation, post-test, or other adjunct learning.
- Considered length of recording(s) used to deliver content
- Used “Mergener Formula” – *ONLY* for written materials.
- Conducted a pilot of several *learners from the target audience* completing a self-study and averaged their completion time.
- Other:

HOW PARTICIPANTS EARN CONTACT HOURS

14. Indicate what participants need to do to be awarded contact hours for successful completion of this activity. Check all that apply.

- Attendance at entire live 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 live activity (*“partial credit” is offered*)
- Completion of a self-study (e.g., online, in C/LMS, hard copy, other media)
- Completion of assignments or pre-work
- Completion of an evaluation form
- Completion of formative evaluation (e.g., audience response, polling, discussion) *formative evaluation occurs while the activity is still taking place.*
- Successful completion of a post-test or quiz (e.g. participant attains required % correct, written answer contains all required elements, etc.)

14b. DEFINE SUCCESSFUL COMPLETION: _____

- Successful completion of a return demonstration (e.g. performs steps in correct order, demonstrates all actions on a checklist, etc.)

14b. DEFINE SUCCESSFUL COMPLETION: _____

___ Other: (14a – Describe “Other” in detail):

- *Be sure you have a definition in mind of what “successful completion” means:*
 - *For knowledge gaps, does the participant need to score a certain % on a post-test or quiz? Provide written answers containing specific elements?*
 - *For skills, does the participant need to demonstrate specific steps in a specific order? Do all steps on a checklist? etc.*
 - *For practice gaps, does the participant understand what is expected and how a change in practice will be assessed?*

14c. If you are offering partial credit to attendees who attend some presentations of a multi-presentation activity (e.g., a conference) but do not need to attend all sessions, you must track the specific number of hours awarded for EACH attendee. Explain how you will do this:

- *You need to know who attended the activity, for how long, and how many contact hours each person has earned. If using self-report, have the participant **ATTEST** to the information they provide.*
- *You can use sign in/outs, webinar platform reports with connection information, LMS records, self-report attestation, and other logical methods.*
- *As a secondary method, you can provide the evaluation link at the end of the activity only, if evaluation completion is required for contact hours.*
- *Keep these records for six years.*

ISSUING YOUR LEARNER CERTIFICATES

14d. UPLOAD a CERTIFICATE or other document that you will provide to participants indicating their successful completion of the educational activity. **UPLOAD PDF**

Certificate must include:

- *Title and date of activity*
- *Name and address [web or email address acceptable] of Provider (in case participants have questions about their certificate)*
- *Number of contact hours awarded*
- *Participant name [or space for]*
- *WNA approval statement: This nursing continuing professional development activity was approved by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.*

See sample certificate on page 25.

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.

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.

IDENTIFYING AND MITIGATING RELEVANT FINANCIAL RELATIONSHIPS

- The [Nurse Planner Mitigation Worksheet Part A](#) describes in detail the steps for identifying, mitigating, and disclosing relevant financial relationships. Review this resource before proceeding.
- There is also an [Algorithm](#) on the WNA website that presents this information in a diagram rather than paragraphs.
- We also recommend reviewing additional resources on this topic on the [WNA Resources webpage](#).
- There are only certain times when an **employee or owner** of an “ineligible company” can plan or present a for-credit activity. See the [Nurse Planner Mitigation Worksheet Part A](#) for details.
- **Sometimes those in control of content don’t understand what to report. Be sure to assess all information regarding relationships with ineligible companies.** For example, if a presenter is employed by ABC Pharma Company and checks “No” to relationships on the disclosure form (yet lists ABC Pharma Company (an ineligible company) as place of employment), you need to clarify.

If you indicated earlier in this application that your educational topic is clinical in nature, for any activities that contain clinical content, you must, as early as possible in the planning process:

- **Collect information** from each person in control of content about their financial relationships with ineligible companies. This should be done with the [WNA Disclosure Form](#) or other acceptable methods.

- **Analyze** the information and decide which financial relationships are relevant. The [Nurse Planner Mitigation Worksheet Part A](#) will help you decide. Please contact WNA with any questions.
- **Mitigate** relevant financial relationships. Use strategies from the [Expanded List of Mitigation Strategies](#) to reduce the risk of commercial bias in education.
- **Document** the mitigation strategies you used below in this application.
- **Disclose** to learners the presence or absence of relevant financial relationships. See also information accompanying Question 23 in this application. (Click on CTRL + G then “Go To” then page 18 to jump to that information now.)

15. If your content is clinical in nature, collect information – Did you send EACH person in control of content (listed in tables below) a [WNA Disclosure Form](#) to complete and return?

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 WNA before proceeding.

___ Yes ___ No – I used a different method to collect disclosure information after receiving written approval from WNA.

15a. If no, describe the method you used to obtain disclosure information from all in control of content and UPLOAD and example of the document used. **UPLOAD PDF.**

THOSE IN CONTROL OF CONTENT

16. List the name, credentials, and degrees of the Nurse Planner. Write in their place(s) of employment. Indicate whether they are a subject matter expert (content expert) and (if applicable) whether any relationships with ineligible companies were listed in their disclosure information.

| <u>Nurse Planner</u> Name, Credentials and Degrees | Employer Organization(s) | Subject Matter Expert? ___ Yes ___ No | Relationships Disclosed? ___ Yes* ___ No |
|----------------------------------------------------|--------------------------|------------------------------------------|---------------------------------------------|
| | | | |

Complete the table below if the Nurse Planner has disclosed any financial relationships with ineligible companies:

- *Use a separate line to list each relationship disclosed by this individual. Include the name of the reported company(ies), type of relationship(s) with the company, and whether or not each relationship was determined to be relevant.*
- **Another planning team member must review the Nurse Planner disclosure information, they don’t review their own.**

| Name of <u>Nurse Planner</u> | Company Listed | Relationship listed | Is relationship relevant to the activity content? | <i>*If yes, the Nurse Planner has a relevant relationship with an ineligible company, there is no mitigation option, and they must be replaced by a new Nurse Planner who has no relevant financial relationships before activity planning can continue.</i> |
|------------------------------|----------------|---------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | ___ Yes* ___ No | |
| | | | | |

Add rows as needed for the Nurse Planner's Disclosures

17. List the names, credentials, and degrees of all other planners. Write in their place(s) of employment. Indicate whether they are a subject matter expert (content expert) and (if applicable) whether any relationships with ineligible companies were listed in their disclosure information.

- *If a planner is employed by or owns an ineligible company, contact WNA to discuss.*

PLANNERS –

| Planner Name, Credentials and Degrees | Employer Organization(s) | Subject Matter Expert? ___ Yes ___ No | Relationships Disclosed? ___ Yes* ___ No |
|---------------------------------------|--------------------------|------------------------------------------|---------------------------------------------|
| | | | |

Add rows as needed for Planner information.

If no relationships were listed in the disclosure information for any planner, proceed to question #18.

***If yes, relationships were disclosed for any individual listed in the PLANNERS table above, complete the MITIGATION TABLE below.**

- *Add the name of the individual to the table, the name of the reported company(ies), type of relationship(s) with the company, and whether or not each relationship was determined to be relevant by the nurse planner for the activity.*

If the relationship with an ineligible company is relevant to the activity content, complete the last two columns in the table below to indicate the Mitigation Strategy used for the individual.

Mitigating Financial Relationships - Planners

There are a number of possible mitigation strategies for planners. The most common mitigation strategies are:

- A – Divesting the relationship**
- B – Recusal from controlling aspects of planning and content with which there is a financial relationship**
- C – Peer Review of planning decisions by persons without relevant financial relationships**
- D - Other methods: See Expanded List of Mitigation Strategies for a complete list of choices.**

- *Use a separate line to list each relationship disclosed by the individual.*
- *Complete the last two columns in the table below for EACH relationship listed.*

| Name of Individual | Company Listed | Relationship listed | Is relationship relevant to the activity content? | *If yes, indicate Mitigation Strategy (A, B, C, or D** from list above) | *If yes, indicate date Mitigation Strategy was implemented |
|--------------------|----------------|---------------------|--------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------|
| | | | <input type="checkbox"/> Yes* <input type="checkbox"/> No | | |

Add rows as needed for Planner financial relationship information.

If you chose D** "other" mitigation strategy, describe the strategy here:

18. List the names, credentials and degrees of all presenters, self-study content developers, external reviewers of educational content or other faculty. Write in their place(s) of employment. Indicate their role in this activity and (if applicable) whether any relationships were listed in their disclosure information.

- *If a presenter is employed by or owns an ineligible company, contact WNA to discuss.*

PRESENTERS, ALL OTHERS IN CONTROL OF CONTENT –

| Name, Credentials and Degrees | Role in Activity (Presenter, self-study content developer, review of content EXTERNAL to the planning committee, other faculty) | Employer Organization(s) | Subject Matter Expert? <input type="checkbox"/> Yes <input type="checkbox"/> No | Relationships Disclosed? <input type="checkbox"/> Yes* <input type="checkbox"/> No |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| | | | | |

Add rows as needed for PRESENTER or OTHER FACULTY information.

If no relationships were listed in the disclosure information for any presenter or other faculty, proceed to question #19.

***If yes, relationships were disclosed for any individual listed in the PRESENTER OR OTHER FACULTY table above, complete the MITIGATION TABLE below.**

- *Add the name of the individual to the table, the name of the reported company(ies), type of relationship(s) with the company, and whether or not each relationship was determined to be relevant by the nurse planner for the activity.*
- *If the relationship with an ineligible company is relevant to the activity content, complete the last two columns in the table below to indicate the Mitigation Strategy used for the individual.*

Mitigating Financial Relationships for Presenters and other faculty

There are a number of possible mitigation strategies for presenters and other faculty. The most common mitigation strategies are:

A – Divesting the relationship

B – Peer Review of content by persons without relevant financial relationships

C – Attestation that clinical recommendations are evidence-based and free of commercial bias (e.g., presenter used only peer reviewed literature, adheres to evidence-based content development, etc.)

D - Other methods: See <https://www.wisconsinnurses.org/wp-content/uploads/2022/01/10.-Expanded-List-of-Mitigation-Strategies-p.-10-Rev.pdf> for a complete list of choices.

- Use a separate line to list each relationship disclosed by the individual.
- Complete the last two columns in the table below for EACH relationship listed.

| Name of Individual | Company Listed | Relationship listed | Is relationship relevant to the activity content? | *If yes, indicate Mitigation Strategy (A, B, C, or D** from list above) | *If yes, indicate date Mitigation Strategy was implemented |
|--------------------|----------------|---------------------|--------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------|
| | | | <input type="checkbox"/> Yes* <input type="checkbox"/> No | | |

Add rows as needed for Presenter or other faculty financial relationship information.

If you chose D** “other” mitigation strategy, describe the strategy here:

COMMERCIAL SUPPORT

Commercial Support is defined as financial or in-kind support from ineligible companies. If you are accepting commercial support, please read the Commercial Support section in the full WNA Instructional Manual. Commercial support agreements are on the WNA website.

19. Is there commercial support for this activity?

Yes (continue with this section) No (Go to Question 20)

***If yes:** 19a. Complete this table for all Commercial Supporters

| Name of Company | Funding Amount (\$) | In-kind Donation? |
|-----------------|---------------------|-------------------|
| | | |

Add rows as needed

***If yes:**

19b. Upload the required Commercial Support Agreement for EACH ineligible company providing in-kind or financial support for this activity. (All signed agreements must be uploaded prior to WNA approval of this activity.) **UPLOAD PDF**

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.

***If yes:**

19c. How Are ACCME [Standard 2](#) and [Standard 4](#) being upheld in the presence of commercial support?

NOTE: Items with a * are required and should be checked for your application to be correct.

All decisions related to faculty selection, planning, delivery, and evaluation are made by the planning committee without any influence or involvement of an ineligible company.*

Names and/or contact information of learners are not shared with any ineligible company or its agents without the explicit consent of the individual learner.*

The applicant organization ("Provider") makes all decisions regarding the receipt and disbursement of the commercial support.*

Commercial support funds are not used to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners.*

Written commercial support agreements stating the terms, conditions, and purposes of commercial support are signed by all parties before the educational activity.*

The name(s) of the ineligible company(ies) that give the commercial support (and the nature of any in-kind support) is disclosed to learners prior to the educational activity.*

The applicant organization ("Provider") does not include the ineligible companies' corporate or product logos, trade names, or product group messages in any educational materials.*

If applicable, "Giveaways" from ineligible companies will be kept separate from educational materials/content delivery.

Other strategies (Describe in detail):

ADDITIONAL CONTENT INTEGRITY STANDARDS RELATED TO MARKETING BY INELIGIBLE COMPANIES

20. Does this learning activity include vendors or exhibitors (live or virtual)?

Yes No (If no, proceed to question #21.)

20a. Are any of the vendors or exhibitors representing INELIGIBLE COMPANIES?

Yes No (If no, proceed to question #21.)

20b. In the presence of Vendors/Exhibitors from ineligible companies, how is content integrity maintained in the planning, implementation, and evaluation of this learning activity? Check all that apply.

NOTE: Items with a * are required and should be checked for your application to be correct.

Ineligible companies do not Influence any decisions related to the planning, delivery, and evaluation of the education.*

Exhibiting does not interfere with the presentation of the education, (i.e., learners are not presented with marketing while engaged in the educational activity.)*

- Ineligible companies have not placed any conditions on exhibiting.*
- Educational space and exhibit space are clearly labeled and communicated as such so learners can easily distinguish between for-credit education and other activities.*
- Exhibiting does not occur in the educational space (physical or virtual) within 30 minutes before or after an educational activity.*
- The applicant organization (“Provider”) follows the same process/rules for all exhibitors.*
- If applicable, “Giveaways” from ineligible companies will be kept separate from educational materials/content delivery.
- Other strategies (Describe in detail):

21. Does this learning activity include activities conducted by INELIGIBLE COMPANIES in the SAME educational space (same room for live activities; same meeting, same platform for virtual activities)?
Examples include scheduled presentations, demonstrations, or other gatherings influenced by ineligible companies.

Yes No (If no, proceed to question #22.)

21a. Did you discuss including such activities by ineligible companies with the WNA Program Director?

Yes No (If no, contact WNA: WNAAnprl@wisconsinnurses.org.)

21b. In the presence of activities conducted by ineligible companies in the SAME educational space, how is content integrity maintained in the planning, implementation, and evaluation of this learning activity? Check all that apply.

NOTE: Items with a * are required and should be checked for your application to be correct.

- A 30-minute time interval separates educational content from any activities influenced by ineligible companies held in the same educational space (same room for live activities; same meeting and platform for virtual activities.)*
- Learners are not obligated to see or hear information from ineligible companies while engaged in the learning activity.*
- Activities influenced by ineligible companies are clearly labeled and communicated as such.*
- Other strategies (Describe in detail):

22. Does this learning event include any advertising by or for ineligible companies?

Examples include information presented during print, online, or digital continuing education activities and non-educational participant materials.

Yes No (If no, proceed to question #23.)

22a. Is any of the advertising by or for INELIGIBLE COMPANIES?

Yes No (If no, proceed to question #23.)

22b. In the presence of advertising by ineligible companies, how is content integrity maintained in the planning, implementation, and evaluation of this learning activity? Check all that apply.

NOTE: Items with a * are required and should be checked for your application to be correct.

- Learners are not presented with marketing while engaged in the educational activity.*
- Learners are able to engage with the educational content without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.*
- Educational materials that are part of the education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) do not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.*
- Ineligible companies do not provide access to or distribute educational information to learners.*
- Other strategies (describe in detail):

23. REQUIRED DISCLOSURE INFORMATION TO LEARNERS BEFORE THE ACTIVITY

Required information to learners prior to activity always includes:

- *Correct, complete, exact WNA Approval statement*
- *How participants earn contact hours***
- *Additional required information if applicable to the activity:*
 - *If contains clinical content - presence or absence of relevant financial relationships;*
 - *If jointly provided - joint provider statement*
 - *If commercial support received - names of ineligible companies and type of support*
 - *If a self-study - date by which participant must complete the activity for contact hours*

*** This statement needs to match the information in your application, Question #14 under the EDUCATIONAL CONTENT PLANNING section.*

23. UPLOAD the document(s) you are using to disclose all required information to learners before the activity (e.g., PDF/JPEG of website promotional materials, social media, e-blast; pre-session PPT slide or handouts, etc.) **UPLOAD PDF**

SAMPLE DISCLOSURE TO LEARNERS INFORMATION :

EDUCATIONAL DISCLOSURES

- To earn nursing contact hours, participants must: (e.g., *Complete 100% of content, and complete evaluation within 5 business days.*)
- This nursing continuing professional development activity was approved by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

If clinical content:

No one in control of content has any relevant financial relationships with ineligible companies* **except for** *Dr. James Jonas: Genentech, Speaker’s Bureau. This relevant financial relationship has been mitigated.*

*Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

**Optional Disclosures –
Use ONLY if they apply to your specific activity.**

- **Applicant organization Name** is the provider of nursing contact hours in a joint provider agreement with **list other planning organizations.**
- Commercial support has been provided by: **list organization names here. No logos.**
- Self study materials must **be completed by date.** No certificates will be issued after this date.

SAMPLE CERTIFICATE (all required information is in black font)

Applicant Organization Name

Certificate of Completion

PARTICIPANT NAME

Has successfully completed

TITLE of Activity

Date Activity was completed, 202X

X.XX Contact Hours are awarded.

This nursing continuing professional development activity was approved by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Include: Your organization address, or a web address, or email address for questions about the certificate.

COMPLETE ONLY IF you are submitting for approval of two types of activity content – live and an on-demand self-study:

**SELF STUDY ACTIVITY AS A SECONDARY FORMAT
ACCOMPANYING A LIVE ACTIVITY.**

COMPLETE THE FOLLOWING SECTION ONLY IF YOU ARE OFFERING ONE ACTIVITY IN BOTH A LIVE AND AN ON-DEMAND FORMAT.

-If a self-study is created from a live activity, they are two separate activities - approved, tracked, and reported differently by WNA.

-Self-study requirements are the same as live requirements with just a few differences:

- *Self-study and live learner engagement strategies generally differ since the formats are different.*
- *Disclosure must include the date by which the self—study must be completed to earn contact hours.*
- *Other elements that may be different are outlined in the questions below about your secondary self-study format.*

ACTIVITY OVERVIEW

1. Title of Educational Activity:

2a. Anticipated START date of the activity:

2b. Anticipated END date of the activity:

2c. Explanation of start/end dates (only if needed):

3. Provide access to URL for the activity (if available):

4. Total number of CONTACT HOURS submitted for approval: _____

This may be the same or different than your live activity, depending on if you are presenting all or some of the original live content as a self-study.

5. What method(s) did you use to calculate the number of contact hours one participant can earn (check all that apply):

___ Added up contact hours for individual parts for a multi-part activity.

___ Included time to complete pre-work, an evaluation, post-test, or other adjunct learning.

___ Considered length of recording(s) used to deliver content.

___ Used “Mergener Formula” for written materials.

___ Conducted a pilot of several learners completing a self-study and averaged their completion time.

___ Other:

EDUCATIONAL CONTENT PLANNING

1. Specific format of self-study activity:

- Recording of live presentation, posted on internet
- Internet interactive self-study module
- Other portable media (e.g., printed, CD, DVD)

1a. Explain "other," if needed:

2. What portion of the live activity will you offer as a self-study activity?

- Entire Live activity (all presentations or parts)
- One or more presentations or parts of the live activity, but not all

2a. If only portions of the live activity will be offered as a self-study, indicate which sessions or parts of the live activity will be offered and how many contact hours will be offered for each:

| Session Title / Segment Title | Number of contact hours |
|-------------------------------|-------------------------|
| | |

Add lines as needed

Are the following elements of planning the same for your self-study activity as they were for the live activity:

3. Professional Practice Gap: Yes No If no, explain the differences:
4. Target audience: Yes No If no, explain the differences:
5. Underlying need (knowledge, skill, and/or practice): Yes No If no, explain the differences:
6. Desired Learning Outcome(s): Yes No If no, explain the differences:
7. Content developed to help learners achieve outcome(s): Yes No If no, explain the differences:
8. What learner engagement strategies will you use to help learners achieve the learning outcome(s) for this self-study activity? (e.g., participant reflection, case studies, quiz questions) (Note: a PowerPoint is not a learner engagement strategy.)

9. How will you evaluate the self-study activity to show evidence that a change in knowledge, skill, and/or practice of the target audience was assessed?

Include what data will be collected and how. Include how the results will be analyzed for achievement of the outcomes and future improvements:

10. Indicate what participants need to do to be awarded contact hours for successful completion of the self-study activity. (Check all that apply.)

- Completion of entire activity
- Credit awarded commensurate with parts of the activity ("Partial credit") **
- Completion of assignments or pre-work
- Electronic measurement system (e.g., LMS record of time spent on activity, webinar reports)
- Completion / submission of an evaluation form
- Completion of formative evaluation (e.g., quiz questions or reflection opportunities embedded in module)*
- Successful completion of post-test or quiz (e.g., % correct, written answer contains all required elements, etc.)*
- Other:

- 10a. If you are offering partial credit, you must track the specific number of hours awarded to each participant. Explain how you will do this:

- 10b. If applicable, upload copy of evaluation form if different from live activity evaluation. **UPLOAD**

- 10c. *If applicable, describe how you will measure "successful completion" of a post-test or quiz.

11. Upload a certificate or other document that you will provide to participants indicating their successful completion of this self-study activity. **UPLOAD**

Certificate must include: title and date of activity; name and address (web address acceptable) of provider; number of contact hours awarded; participant name or space for; WNA Approval statement found in WNA Manual.

Demonstrating and Communicating Educational Independence

THOSE IN CONTROL OF CONTENT

12. Were additional planners, content developers, content reviewers, or other faculty with control over the content involved in developing the Self-Study activity? **(Do not include individuals already listed in the initial live activity application.)**

No If no, continue to next section.

Yes If yes, answer the questions below.

ADDITIONAL INDIVIDUALS IN CONTROL OF CONTENT –

| Name, Credentials and Degrees | Role in Activity (Presenter, self-study content developer, review of content EXTERNAL to the planning committee, other faculty) | Employer Organization(s) | Subject Matter Expert? ___Yes ___No | Relationships Disclosed? ___Yes* ___No |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------|-------------------------------------------|
| | | | | |

Add rows as needed for PRESENTER or OTHER FACULTY information.

If no relationships were listed in the disclosure information for any presenter or other faculty, proceed to question #14.

****If yes, relationships were disclosed for any individual listed in the PRESENTER OR OTHER FACULTY table above, complete the MITIGATION TABLE below.***

- *Add the name of the individual to the table, the name of the reported company(ies), type of relationship(s) with the company, and whether or not each relationship was determined to be relevant by the nurse planner for the activity.*
- *If the relationship with an ineligible company is relevant to the activity content, complete the last two columns in the table below to indicate the Mitigation Strategy used for the individual.*

Mitigating Financial Relationships for Presenters and other faculty

There are a number of possible mitigation strategies for presenters and other faculty. The most common mitigation strategies are:

A – Divesting the relationship

B – Peer Review of content by persons without relevant financial relationships

C – Attestation that clinical recommendations are evidence-based and free of commercial bias (e.g., presenter used only peer reviewed literature, adheres to evidence-based content development, etc.)

D - Other methods: See <https://www.wisconsinnurses.org/wp-content/uploads/2022/01/10.-Expanded-List-of-Mitigation-Strategies-p.-10-Rev.pdf> for a complete list of choices.

- *Use a separate line to list each relationship disclosed by the individual.*

- Complete the last two columns in the table below for EACH relationship listed.

| Name of Individual | Company Listed | Relationship listed | Is relationship relevant to the activity content? | *If yes, indicate Mitigation Strategy (A, B, C, or D** from list above) | *If yes, indicate date Mitigation Strategy was implemented |
|--------------------|----------------|---------------------|--------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------|
| | | | <input type="checkbox"/> Yes* <input type="checkbox"/> No | | |

Add rows as needed for Presenter or other faculty financial relationship information.

If you chose D** "other" mitigation strategy, describe the strategy here:

COMMERCIAL SUPPORT

Commercial Support is defined as financial or in-kind support from ineligible companies.

14. Is there ADDITIONAL commercial support for this Self-Study version of the activity?
(Do not include commercial support already listed in the initial live activity application.)

Yes (continue with this section) No (If no, proceed to Question 15.)

14a. ***If yes:** Complete this table for all Commercial Supporters

| Name of Company | Funding Amount (\$) | In-kind Donation? |
|-----------------|---------------------|-------------------|
| | | |

Add rows as needed

14b. ***If yes:**

Upload the required Commercial Support Agreement for EACH ineligible company providing in-kind or financial support for this activity. (All signed agreements must be uploaded prior to WNA approval of this activity.) **UPLOAD PDF**

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.

***If yes:**

14c. How Are ACCME [Standard 2](#) and [Standard 4](#) being upheld in the presence of commercial support?

NOTE: Items with a * are required and should be checked for your application to be correct.

All decisions related to faculty selection, planning, delivery, and evaluation are made by the planning committee without any influence or involvement of an ineligible company.*

- Names and/or contact information of learners are not shared with any ineligible company or its agents without the explicit consent of the individual learner.*
- The applicant organization ("Provider") makes all decisions regarding the receipt and disbursement of the commercial support.*
- Commercial support funds are not used to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners.*
- Written commercial support agreements stating the terms, conditions, and purposes of commercial support are signed by all parties before the educational activity.*
- The name(s) of the ineligible company(ies) that give the commercial support (and the nature of any in-kind support) is disclosed to learners prior to the educational activity.*
- The applicant organization ("Provider") does not include the ineligible companies' corporate or product logos, trade names, or product group messages in any educational materials.*
- If applicable, "Giveaways" from ineligible companies will be kept separate from educational materials/content delivery.
- Other strategies (Describe in detail):

ADDITIONAL CONTENT INTEGRITY STANDARDS RELATED TO MARKETING BY INELIGIBLE COMPANIES

15. Does this learning activity include vendors or exhibitors (live or virtual)?

Yes No *(If no, proceed to question #16.)*

15a. Are any of the vendors or exhibitors representing INELIGIBLE COMPANIES?

Yes No *(If no, proceed to question #16.)*

15b. In the presence of Vendors/Exhibitors from ineligible companies, how is content integrity maintained in the planning, implementation, and evaluation of this learning activity? Check all that apply.

NOTE: Items with a * are required and should be checked for your application to be correct.

- Ineligible companies do not influence any decisions related to the planning, delivery, and evaluation of the education.*
 - Exhibiting does not interfere with the presentation of the education, (i.e., learners are not presented with marketing while engaged in the educational activity.)*
 - Ineligible companies have not placed any conditions on exhibiting.*
 - Educational space and exhibit space are clearly labeled and communicated as such so learners can easily distinguish between for-credit education and other activities.*
- For virtual activities, this means virtual exhibits must be located at a different link than the link participants use to access the virtual educational activity.***
- Exhibiting does not occur in the educational space (physical or virtual) within 30 minutes before or after an educational activity.*

For virtual activities, this means that if virtual exhibits must be located at a different link than the link participants use to access the virtual educational activity or you will need to have a 30 minute break between any for-credit education and virtual exhibiting.

The applicant organization (“Provider”) follows the same process/rules for all exhibitors.*

If applicable, “Giveaways” from ineligible companies will be kept separate from educational materials/content delivery.

Other strategies (Describe in detail):

16. Does this learning activity include activities conducted by INELIGIBLE COMPANIES in the SAME educational space (same room for live activities; same meeting, same platform for virtual activities)?

Examples include scheduled presentations, demonstrations, or other gatherings influenced by ineligible companies.

Yes No (If no, proceed to question #17.)

16a. Did you discuss including such activities by ineligible companies with the WNA Program Director?

Yes No (If no, contact WNA: WNAAnprl@wisconsinnurses.org.)

16b. In the presence of activities conducted by ineligible companies in the SAME educational space, how is content integrity maintained in the planning, implementation, and evaluation of this learning activity? Check all that apply.

NOTE: Items with a * are required and should be checked for your application to be correct.

A 30-minute time interval separates educational content from any activities influenced by ineligible companies held in the same educational space (same room for live activities; same meeting and platform for virtual activities.)*

For virtual activities, this means that if virtual exhibits must be located at a different link than the link participants use to access the virtual educational activity or you will need to have a 30 minute break between any for-credit education and virtual exhibiting.

Learners are not obligated to see or hear information from ineligible companies while engaged in the learning activity.*

Activities influenced by ineligible companies are clearly labeled and communicated as such.*

Other strategies (Describe in detail):

17. Does this learning event include any advertising by or for ineligible companies?

Examples include information presented during print, online, or digital continuing education activities and non-educational participant materials.

Yes No (If no, proceed to question #18.)

17a. Is any of the advertising by or for INELIGIBLE COMPANIES?

Yes No (If no, proceed to question #18.)

17b. In the presence of advertising by ineligible companies, how is content integrity maintained in the planning, implementation, and evaluation of this learning activity? Check all that apply.

NOTE: Items with a * are required and should be checked for your application to be correct.

Learners are not presented with marketing while engaged in the educational activity.*

Learners are able to engage with the educational content without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.*

Educational materials that are part of the education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) do not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.*

Ineligible companies do not provide access to or distribute educational information to learners.*

Other strategies (describe in detail):

REQUIRED DISCLOSURE INFORMATION TO LEARNERS BEFORE THE ACTIVITY

Required information to learners prior to activity always includes:

- Correct, complete, exact WNA Approval statement
- How participants earn contact hours
- Additional required information if applicable to the activity:
 - If contains clinical content - presence or absence of relevant financial relationships;
 - If jointly provided - joint provider statement
 - If commercial support received - names of ineligible companies and type of support
 - **If a self-study - date by which participant must complete the activity for contact hours**

16. UPLOAD the document(s) you are using to disclose all required information to learners before the activity (e.g., PDF/JPEG of website promotional materials, social media, e-blast; pre-session PPT slide or handouts, etc.) **UPLOAD PDF**

QUESTIONS: Please contact Megan Leadholm the WNA office at megan@wisconsinnurses.org or 608-221-0383 ext. 203.

Be sure to click the 'Submit Application' button after you have answered all required questions.

If the form does not submit, you have not answered all required questions. Scroll back over the form to find the red text lines indicating any unanswered questions.

Submit Application

Save