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

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IMPORTANT - This document serves two purposes:

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

2. You may use it as a <u>worksheet</u> 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 <u>online</u> application at https://www.wisconsinnurses.org/iea-app/.
- This paper document is not to be submitted to WNA.

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:

1. Before planning your educational activity, view short videos found on the WNA Resources webpage:
- Overview of NCPD Educational Activity Planning for new Nurse Planners
- Videos A and B in the series on the Standards for Integrity and Independence

2. Contact WNA via megan@wisconsinnurses.org for further guidance 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 WNA 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 "content expert" (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 ANCC/WNA CEAP criteria by reviewing the resources linked to the IEA application webpage and contacting WNA as needed.

"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 SECTION

APPLICATION QUESTIONS	REQUIREMENTS, TIPS, EXAMPLES
Name of Applicant Organization: Mailing Address:	*Use full, official organization name.* • *The applicant organization is also referred to as the "Provider."*
NURSE PLANNER – Nurse Planner Name (Salutation, First & Last): Nurse Planner Degrees/Credentials (*list all*):	• *There is only one nurse planner responsible for the ANCC Criteria and Standards, even if there are several nurses on the planning committee.*

Nurse Planner's Position in the Applicant Organization: Nurse Planner Preferred Email: Nurse Planner Preferred Phone: Nurse Planner Nursing License Number(s): (*If more than one, include all.*) Nurse Planner State(s) of Licensure: (*If more than one, include all.*) Nurse Planner – Highest *NURSING* degree held*(required): ___ BSN / BAN ___ MSN / MS in Nursing ___ DNP ___ PhD in Nursing Institution where highest *NURSING* Degree was earned: Year *highest nursing degree* was Earned:	• *See above for required Nurse Planner qualifications. Do not proceed without a qualified nurse planner.* • *The Nurse Planner cannot have relevant financial relationships with ineligible companies.* *List all Nurse Planner Degrees/Credentials.* *List all nursing license numbers and states of licensure.* *Note highest NURSING degree held.* *Note institution and year of highest nursing degree.*

VERIFICATION OF ELIGIBILITY TO PROVIDE NURSING CONTACT HOURS SECTION

APPLICATION QUESTIONS	REQUIREMENTS, TIPS, EXAMPLES
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.	• *See definition and examples of an "ineligible company".* • *NOTE: if ANY aspect of the organization's business is to produce, market, sell, resell, or distribute healthcare products used on or by patients, it is an ineligible company.*
2. I**s there a qualified Nurse Planner** who meets all of **the requirements listed** ? ___ Yes ___ No If no, contact WNA before proceeding.	***Requirements for Nurse Planner:*** • *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 an 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.*

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

___ Yes   ___ No   If no, contact WNA before proceeding.

Requirements for NCPD activities:

- *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.*

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.)*

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.

"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, jointly provided 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, reflecting 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.*

ATTESTATION BY THE NURSE PLANNER SECTION

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	*Be sure to sign attestation, including name and credentials.*

ACTIVITY OVERVIEW SECTION:

1. Title of Educational Activity: 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 WNA before completing the application if you think your content is not clinical in nature, or you are unsure.**	*Be sure the educational activity title matches exactly throughout the documentation and attachments such as certificate, marketing materials, etc.* • *If you indicate your content is "non-clinical" and it is "clinical," this will delay the approval process and/or the application may be denied. Contact WNA with questions.* ***Content is defined as "clinical" if any of these apply:*** • *There is more than a zero percent chance that someone could insert bias toward an ineligible company's products or business lines into the content of the educational activity.* • *There is any possibility of mentioning a healthcare product or business line in the content.*

	• *The content pertains to patient diagnosis, management, or treatment in any setting, or includes clinical scenarios.* • *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 "WNA contact hours" anywhere in your documents. Use "contact hours."*
5a. Anticipated START date of the activity: 5b. Anticipated END date of the activity: 5c. Explanation of start/end dates (only if needed).	• *End date is the same as start date if activity content is delivered over one day only, even if the activity will be repeated.* • *Asynchronous, learner paced activities (e.g., a self-study) may be approved for up to two years.* *Approval Date Information:* • *IEA activities are approved for two years.* ○ *Exceptions will be addressed with individual applicants (e.g., for emerging clinical 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 delivery format(s) of the activity you are applying to have approved. _____ LIVE format only - all participants join at a scheduled time to access content (synchronous) _____ SELF-STUDY format only - participants access content/materials on their own schedule/on-demand (asynchronous) _____ BLENDED format only – a combination format for a single activity: some content will be live, other content will be self-study materials - both live and self-study content must be completed to earn contact hours _____ TWO FORMATS - this activity will be offered both in a LIVE (synchronous) format AND in a SELF-STUDY (asynchronous) format _____ TWO FORMATS - this activity will be offered both in a BLENDED format AND in a SELF-STUDY (asynchronous) format	• _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._ _**If you are offering the activity in two formats, 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.**_

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 ___ 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 conducted over one or more days)_ ___ Series – _content is delivered over multiple ongoing sessions to the same audience._ ___ Journal or Book-based - _participants read assigned materials and discuss or complete an action related to the article or book reading._	_"Combination" means you use both formats within the same educational activity for all learners._ _"Both" means the activity is presented live to some learners and virtually to <u>other</u> learners at the same time, (e.g., you have live in-person + Zoom attendees)_ _Select the choice that most closely matches your format. This question helps us understand the delivery method._

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:	• *Is the same activity content in the same format repeated for other audiences?* *City, State* • *If your activity is something other than a single event offered once or a self-study, this section is very helpful in helping us understand the formats and delivery timing.*

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:

EDUCATIONAL CONTENT PLANNING SECTION

1. State the professional practice gap in one or two sentences: what is the problem, need for improvement, or need for new information that this educational activity will address? Include in the gap statement: what nurses don't know, don't know how to do (show), or don't do that leads to the gap.	• *This is the "Professional Practice Gap (PPG)"* • *Try starting 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 lack knowledge of current evidence-based practice in 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.*
2a. State what type of 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).	*State <u>what type of evidence you have</u> in 2a.* • *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:*

	o *Survey data from learners, subject matter experts (SMEs), target audience members, or other stakeholders.*
	o *Input from a group of learners, managers, or other SMEs about what the gap is and why it exists.*
	o *Evidence from quality studies or performance improvement opportunities, or quality improvement data.*
	o *Literature review to identify trends and information about the topic area.*
	o *Observation.*
2b. Summarize your analysis of the data source(s) listed in 2a above, describing how the data supports the need for education.	*Summarize your analysis of what the data shows in support of the existence of a practice gap.* • *How does the data help you know education is needed?* • *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:	*Be sure your target audience in your application matches other documents (e.g., promotional material).*
4. What is the underlying need your content will address to reduce the professional practice gap? ___ 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)	• ***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 one educational activity?* • *Note that if the gap is in practice and 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., survey, observation, etc.)*

5 – 7. Outcomes, Learner Engagement 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.

Outcomes**:**

- *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.*
- ***Outcome statements should be specific to the identified gap for the activity.***
- *Outcomes must be written in measurable terms, and you must actually measure your outcome(s).*
- ***Outcomes are NOT objectives****. See WNA Resources webpage for additional information.*
- *You may have one or more outcomes for your learners, and the outcome(s) should align with the gap and educational need.*

Learner Engagement Strategies**:**

- *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.*

Evaluation Method**:**

- ***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 evaluate your specific activity outcome(s).***
- *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.*
- *if the gap is in practice and 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., survey, observation, etc.)*

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?	***Knowledge Outcome Example:*** *"80% of participants will indicate, by a response of "4" or "5" on a post-session evaluation Likert scale question, that they gained new 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 know before the education.*

5B. What learner engagement strategies will you use to help learners achieve this outcome(s)?	*A few **examples of learner engagement strategies** appropriate to facilitate a change in **knowledge** are: Question/answer; Discussion; Participant reflection; Polling during the learning activity.*
5C. How will you evaluate if a change in **knowledge** occurred as a result of the education?	*A few **examples of ways to evaluate a change in knowledge** are: Formative evaluation throughout the session (e.g., audience response system, polling); Written post-session evaluation; Post-test; Completion of assignments.*
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 **skills**? How will you measure this?	***Skills Outcome Example**: "90% of learners will demonstrate how to start an IV, meeting all of the requirements on the clinical competency checklist for management of IV therapies."* • *Think about what the learners should be able to show you they can do at the end of the activity that they couldn't do before the education.*
6B. What learner engagement strategies will you use to help learners achieve this outcome(s)?	*A few **examples of learner engagement 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.*
6C. How will you evaluate if a change in **skill** occurred as a result of the education?	*A few **examples of ways to evaluate a change in skills** are: Successful completion of a return demonstration; Observation of role play; Review of a product created based on the learning.*
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?	***Change in Practice Outcome Example**: 75% of participants responding to a two-month follow up survey will identify a specific practice change related to patient screening for alcohol abuse that they have made as a result of the learning activity.* • *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 for an activity designed to change practice must be measured in the practice setting and after a period of time (e.g., survey, observation, etc.)***
7B. What learner engagement strategies will you use to help learners achieve this outcome(s)? [ ]	*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); Case study analysis; Role play.*
7C. How will you evaluate if a **change in practice** occurred as a result of the education? [ ]	• *An outcome related to <u>practice</u> 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 evaluate a practice change are**: Participants' identify and report a 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).*

8. Will a written EVALUATION FORM (paper or electronic format) be used for this activity? If yes, UPLOAD PDF. ___Yes ___ No	***The requirements for evaluation*** *of a nursing continuing professional development (NCPD) activity are to assess if a change in knowledge, skills, or practice has occurred that will close the identified gap, and to assess if improvements are needed for future activities.* • *There are no other "required" questions to be asked. Design your evaluation to collect only the data you intend to use.* • *A written evaluation form is not required. An evaluation method is required.*
9. Describe the evidence-based content you are developing to help learners achieve the learning outcomes.	*Write a brief description of the content to be presented. The written response may include a written narrative, an educational planning table, an outline format, an abstract, or an itemized agenda.*
9b. 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	*May be submitted for multi-session activities to aid in WNA's understanding of content.*

10. Submit a list of citations for the best available evidence used to develop the content of this activity.
 	
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:
 	
[ ]
	• *Citations may come from peer-reviewed, scholarly articles, books, or websites; practice guidelines; or experts on a topic.*
	
	• *While there is no specific format required, <u>include at least</u>: Year published, primary author (et. al.), publication title, article or chapter title, page numbers.*
	
	• *For websites:*
	   o *List the specific URL for pages used, not just the general website URL.*
	   o *Include year of publication, if available from the web page.*
	
	• *References should be current by industry standards (e.g., within past 5-7 years), or be considered "Classic" references (e.g., Maslow, Kübler-Ross, Erickson, Kirkpatrick).*

11. How is content validity maintained in the planning, implementation, and evaluation of this educational activity? Check all that apply. Content Validity Strategies *(Check all that apply to your specific activity.* ___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:	*Check a minimum of one box to reflect how you ensure content is valid.* • *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 b based on current science / give fair and balanced view.* • *Scientific research presentations conform the generally accepted standards of experimental design.* • *New and evolving topics are clearly identified as such.* • *Advocating for unscientific approaches is prohibited.*

12. UPLOAD an Agenda or Program for the entire activity. PDF UPLOAD	*Submit an **Agenda** or **Program** for the entire activity that lists the title, start time, end time, and presenters for ALL sessions (including all concurrent or break-out sessions and if applicable, Poster Sessions).* *Indicate which sessions you are requesting contact hours for and how many contact hours for each segment.* *See example agenda format to follow [HERE](#)*
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" ___Conducted a pilot of several *learners from the target audience* completing a self-study and averaged their completion time. ___Other:	• *Mergener formula is used only for written material.* • *If you do a pilot, it needs to be with learners from the target audience.* • *If the learner does not need to attend all of the sessions of an educational activity to achieve the outcomes / earn contact hours, this is called "partial credit".*

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 at one or more sessions of a multi-session live activity (i.e., the learner does not need to attend all education sessions to earn credit - *"partial credit"*)
___Attendance for a specified period of time (e.g., miss no more than 10 minutes, etc.)
___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.*
	• *Be sure you have a definition in mind of what "successful completion" means:*
	
	  o *For knowledge gaps, does the participant need to score a certain % on a post-test or quiz? Provide written answers containing specific elements?*
	
	  o *For skills, does the participant need to demonstrate specific steps in a specific order? Do all steps on a checklist? etc.*
	
	  o *For practice gaps, does the participant understand what is expected and how a change in practice will be assessed?*

___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):

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 must track how many contact hours were awarded to each learner. If you are offering partial credit, you need to describe how you will ensure each learner receives the correct number of contact hours.*

- *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:

- *Activity Title*
- *Date of activity (or date individual learner completed the self-study)*
- *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]*

Use the actual activity date for a live activity.

Date of a live activity that repeats – use the first scheduled date.

For an asynchronous (self-study, learner paced) activity, the date on each certificate is the date of completion by the individual learner. For the sample certificate, indicate "Date of Completion" for date.

• *WNA* <u>*approval*</u> *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.**	*Address of Provider can be: mailing address, website URL, or email of person to contact if learners have questions about certificates.* *WNA Approval statement must be exactly as written down to the period at the end of the statement. Do not alter the statement in any way.*

DEMONSTRATING & COMMUNICATING EDUCATIONAL INTEGRITY & INDEPENDENCE SECTION

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

*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 ANCC criteria to plan, implement, and evaluate the activity.*
3. *At least one of the planners needs to be identified as a "*<u>*content expert*</u>*" (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

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* <u>*WNA Disclosure Form*</u> *or other acceptable methods.*
- *Analyze the information and decide which financial relationships are relevant.*
- *Mitigate relevant financial relationships. Use strategies from the* <u>*Expanded List of Mitigation Strategies*</u> *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.*

- *We recommend reviewing additional resources on this topic on the* <u>*WNA Resources webpage*</u>*.*
- *The* <u>*Nurse Planner Mitigation Worksheet Part A*</u> *describes in detail the steps for identifying, mitigating, and disclosing relevant financial relationships**. Review this document before proceeding.***
- *There is also an* <u>*Algorithm*</u> *on the WNA website that presents this information in a diagram rather than paragraphs.*
- *There are only certain times when an **employee or owner** of an "ineligible company" can plan or present a for-credit activity. See the* <u>*Nurse Planner Mitigation Worksheet Part A*</u> *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.*
- ***How do I know if a financial relationship is relevant?*** *Review information on the WNA Resources webpage.*

---

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?

___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.
If applicable, UPLOAD PDF.

- *You may use another method of information collection that meets the requirements of the Standards for Integrity and Independence....*

- *If using a different method to collect information on relationships with ineligible companies, be sure you provide the definition of an ineligible company to all persons in control of content during your disclosure information collection.*

---

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

Nurse Planner Name, Credentials and Degrees	Employer Organization(s)	Content Expert? ___Yes ___No	Relationships Disclosed? ___Yes* ___No

16a. IDENTIFYING RELEVANT FINANCIAL RELATIONSHIPS OF THE NURSE PLANNER
Complete a separate line in the table below for EACH relationship listed by the Nurse Planner, including the name of the reported company and type of relationship(s) with that company. Indicate in the drop-down box whether the disclosed information was actually a 'relevant financial relationship with an ineligible company'.

Company Listed	Relationship Listed	Is relationship relevant to the activity content?

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.*

- *If the Nurse Planner is found to have a relevant financial relationship there is no mitigation option. They must be replaced by a new Nurse Planner who has no relevant financial relationships before*

17. List the names, credentials, and degrees of all other planners. Write in their place(s) of employment. Indicate in the drop-down box whether they are a content expert (SME) and (if box is visible) whether any relationships were listed in their disclosure information.

<u>Planner</u> Names, Credentials and Degrees	Employer Organization(s)	Content Expert? ___Yes ___No	Relationships Disclosed? ___Yes* ___No

17a. MITIGATING RELEVANT FINANCIAL RELATIONSHIPS – *PLANNERS*

NOTE: This section must be completed ONLY IF any planners listed above had 'Relationships listed' in their disclosure information.

Complete a separate line in the table below for EACH relationship listed by Planners, including the name of the reported company and type of relationship(s) with that company. Indicate in the drop-down box whether the disclosed information was actually a 'relevant financial relationship with an ineligible company' and (if applicable) the mitigation strategy utilized and the date the strategy was implemented.
Mitigation Strategy choices for Planners:
- **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
- **Other method** - Must describe method in detail

Planner Name	Company Listed	Relationships Listed?	Are Relationships Relevant?	Mitigation Strateg(ies)	Date Implemented

17b. IF you indicated using an 'other method' to mitigate a relevant relationship on the part of a Planner, describe the method in detail:

17c. IF you indicated above that Planners' disclosed relationship(s) were 'NOT Relevant', provide your reasoning below:

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

Names, Credentials and Degrees	Employer Organization(s)	Role in activity	Relationships Disclosed? ___Yes* ___No

**18a. MITIGATING RELEVANT FINANCIAL RELATIONSHIPS –
Presenters and all others in control of content**

NOTE: This section must be completed ONLY IF any persons listed above had 'Relationships listed' in their disclosure information.

Complete a separate line in the table below for EACH relationship listed)
by <u>presenters</u>, <u>self-study content developers</u>, <u>external reviewers of educational content</u> or other faculty. Presenter/Other Faculty, including the name of the reported company and type of relationship(s) with that company. Indicate in the drop-down box whether the disclosed information was actually a 'relevant financial relationship with an ineligible company' and (if applicable) the mitigation strategy utilized and the date the strategy was implemented.

Mitigation Strategy choices for Presenters, Content Developers, Other Faculty:
- **A - Divesting** the relationship
- **B - Peer review** of content by person without relevant financial relationships
- **C - Attestation** that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adheres to evidence-based guidelines)
- **Other method** - Must describe method in detail

Name	Company Listed	Relationships Listed?	Are Relationships Relevant?	Mitigation Strateg(ies)	Date Implemented

18b. IF you indicated using an 'other method' to mitigate a relevant relationship on the part of a Presenter or other Faculty, describe the method in detail:

18c. IF you indicated above that Presenter or other Faculty disclosed relationship(s) were 'NOT Relevant', provide your reasoning below:

This section is to list any / all of the following: Presenter, self-study content developer, review of content EXTERNAL to the planning committee, other faculty.

- *If any presenter or other faculty is an owner or an employee of an ineligible company, they must be excluded. See Nurse Planner Mitigation Worksheet Part A for three exclusions to this rule.*

- *Note that divesting (ending) the relationship can be one step in mitigation. Even if the relationship has ended, if it occurred in the past two years it is still relevant and an additional mitigation strategy is needed.*

If two mitigation methods are used, select "Other Method" and write in.

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?

*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 * <u>are required</u> 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.*

- *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 WNA IEA Manual on the WNA website and review the "Commercial Support" video on the WNA Resources webpage. Also review Standards 2 and 4 linked in question 19c.

Commercial support agreements are located on the WNA website.

- *Your application review decision will be delayed if completed, signed Commercial Support Agreements are not included when commercial support is accepted.*

- ***Requirements for Commercial Support** are listed in the checklist in question 19c.*

___ 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 (Standard 5)

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 * <u>are required</u> 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.)*

If you have exhibitors/vendors please review the "Managing Ancillary Activities" video on the WNA Resources webpage. Also review Standard 5 linked above question 20.

- *Do not send Commercial support agreements to exhibitors / vendors.*

Requirements for Exhibitors / Vendors *are listed in the checklist in question 20b.*

If you have other activities conducted by ineligible companies as part of your educational activity, please review the "Managing Ancillary Activities" video on the WNA Resources webpage. Also review Standard 5 linked above question 20.

Requirements for *other activities conducted by ineligible companies are listed in the checklist in question 21b.*

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 * <u>are required</u> 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 * <u>are required</u> 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):

If you have advertising (print or digital) by or for ineligible companies as part of your educational activity, please review the "Managing Ancillary Activities" video on the WNA Resources webpage. Also review Standard 5 linked above question 20.

Requirements for advertising *by or for ineligible companies are listed in the checklist in question 22b.*

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:*
    o *If contains clinical content – presence or absence of relevant financial relationships;*
    o *If jointly provided – joint provider statement*
    o *If commercial support received – names of ineligible companies and type of support*
    o *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
	• *Requirement: Disclosure to learners must be made prior to content delivery and includes the items listed In question 23.*
	
	See below for sample disclosure to learners information.

This area left intentionally blank.

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 <u>BOTH</u> 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: 3. Provide access to URL for the activity (if available): 4a. Maximum number of contact hours one participant can earn: 4b. Total number of CONTACT HOURS submitted for approval:	*End date for a self-study is 2 years after the approval date.* *The number of contact hours 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 <u>written</u> materials. ___Conducted a pilot of several learners completing a self-study and averaged their completion time. ___Other:	*Mergener formula is for written material only.* *Pilot needs to be with learners from the target audience.*

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. <u>If only portions of the live activity will be offered as a self-study</u>, indicate which sessions or parts of the live activity will be offered and how many contact hours will be offered for each: <table><tr><td>Session Title / Segment Title</td><td>Number of contact hours</td></tr><tr><td></td><td></td></tr></table> Add lines as needed **Are the following elements of planning <u>the same</u> 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? <table><tr><td> </td></tr></table> 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?	*Note: a PowerPoint is not a learner engagement strategy.* *Examples for a self-study include participant reflection, case studies, quiz questions* *Include in evaluation description 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.

10. 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 of activity*
- *Date - reflects the date the participant completed the Self-Study activity*
- *Name and address [web address acceptable] of Provider*
- *Number of contact hours awarded*
- *Participant name [or space for]*
- *The WNA IEA 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.

For an asynchronous (self-study, learner paced) activity, the date on each certificate is the date of completion by the individual learner. For the sample certificate, indicate "Date of Completion" for date.

Address of Provider can be: mailing address, website URL, or email of person to contact if learners have questions about certificates.

WNA Approval statement must be exactly as written

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.

12a. Collect Information – Did you send EACH additional person in control of content a WNA Disclosure Form to complete and return?

__ Yes   __ No - I used a different method to collect disclosure information after receiving written approval from the WNA NPRL

12b. Describe the method you used to obtain disclosure from all additional persons in control of content.

13. List the names, credentials and degrees of any <u>additional individuals</u> with control over content for this Self-Study version of the activity. Write in their place(s) of employment. Indicate in the drop-down box their role in the Self-Study activity and (if the box is visible) whether any relationships were listed in their disclosure information.

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

Add rows as needed for PRESENTER or OTHER FACULTY information.

13a. MITIGATING RELEVANT FINANCIAL RELATIONSHIPS
NOTE: This section must be completed ONLY IF any additional individuals listed above had 'Relationships listed' in their disclosure information.
Complete a separate line in the table below for EACH relationship listed by <u>additional individuals</u>, including the name of the reported company and type of relationship(s) with that company. Indicate in the drop-down box whether the disclosed information was actually a 'relevant financial relationship with an ineligible company' and (if applicable) the mitigation strategy utilized and the date the stratgy was implemented.
Mitigation Strategy choices:
- **A - Divesting** the relationship
- **B - Recusal** from controlling aspects of planning and content with which there is a financial relationship - *Planners only*
- **C - Peer review** of planning decisions by persons without relevant financial relationships

- **D - Attestation** that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adheres to evidence-based guidelines) - *Authors/Reviewers/Faculty only*
- **Other method** - Must describe method in detail

Name	Company Listed	Relationship(s*	Relevant I*	Mitigation Strateg*	Date Impl*
T Name and Credent	T Textbox (Singl	T Textbox (Mult	∇ Choice ∨	∇ Choice (Drop D ∨	🗒 Date

+ Add another relationship listed by a Planner

13b. IF you indicated using an 'other method' to mitigate a relevant relationship on the part of an Additional Individual, describe the method in detail:

13c. IF you indicated above that Additional Individuals' disclosed relationship(s) were 'NOT Relevant', provide your reasoning below:

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)

14a. Complete the table below listing the name of EACH ADDITIONAL Ineligible Company supporting this educational activity, the dollar amount of any funding received, and indicate in the drop-down box whether in-kind donations were received or not.

If yes: Complete this table for all Commercial Supporters

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

*If yes:
14b. 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 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.*

14c. How Are ACCME Standard 2 and Standard 4 being upheld in the presence of commercial support?

Do not include commercial support already listed in the initial live activity application.

NOTE: Items with a * <u>are required</u> 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 * <u>are required</u> 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 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. 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 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 engaging in a self-study activity always includes:
- *WNA Approval statement*
- *How participants earn contact hours*
- ***Date by which participant must complete activity***

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*

18. 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 <u>all</u> 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