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

**DEVELOPED DIRECTLY FROM LIVE ACTIVITIES**

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

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

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

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

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

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

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

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

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|  | **ATTACH A CERTIFICATE OR OTHER DOCUMENT INDICATING LEARNER SUCCESSFUL COMPLETION for the Enduring Material learning activity.**  The certificate must include the following: title and date of activity; name and address (web address acceptable) of Provider; number of contact hours awarded; participant name (or space for); and approval statement.  ***NOTE:*** *Date must be actual date of completion.* |

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

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

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

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