

WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

1

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Wisconsin Nurses Association Continuing Education Approver Program

Table of Contents	PAGE
Part I: The Approval Process	
Eligibility Criteria	3
The Application	4
Beginning the Process	4
Completing the Application	4
Submitting the Application	5
Peer Review Steps	5
Receiving Your Approval Decision	6
Fees	6
 Part II: Planning Educational Activities in Your Approved Provider Unit	
 Documentation Form and Attachments	6
Logistics of Managing Educational Activities	
Determining Criteria for Successful Completion	13
Structuring Enduring Materials	13
Awarding Contact Hours	13
Acknowledging the Provider of the Activity; Use of Provider Statement	14
Providing Disclosures to Learners	14
Content Integrity/Specific Issues	
ACCME Standards	15
Commercial Support	17
Joint Providership	18
Interprofessional Education	19
Vendors	19
 Part III: Approved Provider Responsibilities	
Using the AA-PD as a Resource	19
Recordkeeping	20
Responding to Monitoring Requests	20
Responding to Inquiries and/or Complaints	20
Adhering to Laws/Rules	20
Issues of Nonadherence	21
 References	21
 Contact information	22
 Timeline for APU Applications Grid	23

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WNA CEAP Instructions and Process Steps for Approved
Providers and Applicants for Approved Provider

2

NOTES:

- 1. All information in this document is reflective of 2015 ANCC criteria with implementation of all current updates as noted per ANCC.**
- 2. The person at WNA accountable for operation of the Accredited Approver Unit is the Accredited Approver Program Director. For convenience, this person will be referred to as the "AA-PD" in this document.**
- 3. Approved Provider units must have the authority to plan, implement, and evaluate continuing nursing education activities and operate Approved Provider units using ANCC Accreditation Program criteria.**
- 4. Approved Provider units operate under the leadership of a Primary Nurse Planner, who has overall accountability for the Approved Provider unit and reports to the AA-PD at WNA. The Primary Nurse Planner orients, updates, monitors, and evaluates Nurse Planners who design, develop, implement, and evaluate continuing nursing education activities. Names and credentials of all Nurse Planners must be reported to WNA. All Nurse Planners are required to have active, unrestricted nursing licenses and a minimum of a baccalaureate degree in nursing.**
- 5. Approved Providers are authorized to plan, implement, and evaluate their own activities and award contact hours for activities that meet accreditation program criteria. They are NOT authorized to approve activities developed by others.**
- 6. Ineligible Companies (those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products) cannot be providers or joint providers of continuing nursing education activities.**
- 7. Employees of ineligible companies cannot be planners or presenters for activities in which the content is related to the products or services of the company except when**
 - When the content of the activity is not related to the business lines or products of their employer/company**
 - When the content of the activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations**
 - When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used**

WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

3

Part I: The Approval Process for an Approved Provider Unit

Eligibility Criteria

1. Your organization may be a free-standing continuing education provider group (its only business is provision of continuing education) or may be part of a multi-focused organization (the organization does more than continuing education; the continuing education function is part of a bigger system)
2. A registered nurse with a current, valid unrestricted license and a minimum of a baccalaureate degree in nursing (BSN/BAN or equivalent) must serve in the role of Primary Nurse Planner.
3. The Primary Nurse Planner must have authority to implement and maintain all ANCC accreditation program criteria as specified by WNA.
4. The Primary Nurse Planner must ensure that a qualified provider unit Nurse Planner(s) is/are actively involved in the planning, implementation, and evaluation of all learning activities for which contact hours are awarded.
5. The Primary Nurse Planner must have authority and accountability to orient, update, and monitor the work of all other provider unit Nurse Planners. All Nurse Planners must have current unrestricted licenses as RNs, hold a minimum of a baccalaureate degree in nursing, and be specifically named to the Nurse Planner role within the provider unit. Names and position descriptions for the Primary Nurse Planner and any other Nurse Planner(s) must be included with the provider application.
6. The Primary Nurse Planner must be accountable to the Accredited Approver Program Director, AA-PD of WNA for all Approved Provider unit activities.
7. The target audience for at least 51% of the provider unit's learning activities must be learners within the provider unit's geographic region or states contiguous to the region (see <https://www.hhs.gov/about/agencies/iea/regional-offices/index.html> for map)
8. The applicant must not be an ineligible company (an entity that produces, markets, resells, or distributes healthcare products used by or on patients. <https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/eligibility>)
9. The applicant must have been functional for a minimum of six months prior to initial application for Approved Provider status.
10. Initial applicants must have planned, implemented, and evaluated at least three continuing nursing education activities in the past 12 months that have been approved by WNA or another ANCC accredited approver and:
 - a. Demonstrate active involvement of a qualified Nurse Planner
 - b. Demonstrate adherence to all accreditation criteria as specified by WNA
 - c. Were at least 60 minutes in length
 - d. Were presented independently of another organization (not jointly provided)

The Application (narrative self-study plus 3 sample activity files)

1. Beginning the process:
 - a. Determine your current status:
 - i. For new applicants, you can begin the process of seeking approval once you have met the eligibility criteria.

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WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

4

- ii. For providers already approved by WNA, five months prior to your provider expiration date, you will receive a notice from WNA advising you of the due date for your application to avoid a lapse in your Approved Provider status. **The application due date will be 3 months prior to the expiration of your current provider status.** Please follow the instructions below to be sure your application is submitted by the due date. Applications submitted after the due date cannot be guaranteed to be reviewed and approved prior to your expiration date.*See the timeline attachment at the end of the manual*
 - iii. For providers already approved by another accredited approver, contact the AA-PD at WNA regarding the procedure to transfer your provider status.
 - b. Retrieve the form “Intent to Apply or Reapply” from the WNA web site
 - c. Complete the form and submit it to the email address on the form by the due date. Due date is based on your expiration date. See page 23 of this manual for application timeline.
 - d. You will receive notice when the form has been reviewed and you are eligible to continue the application process. Should there be any questions about your eligibility, you will be asked to provide additional information to verify eligibility.
 - e. Once eligibility has been confirmed, make an appointment for a telephone conference call with the AA-PD to review the application process and ensure your questions are answered.
2. Completing the Application:
 - a. Retrieve the Approved Provider Unit Application from the WNA website.
 - b. Read the entire application to be sure you understand what is required.
 - c. Complete each section of the application. The primary Nurse Planner should be the main person accountable for this function, assisted by other Nurse Planners and selected stakeholders.
 - d. For returning applicants, ensure that all requested information is provided in addition to answering the questions in the application itself. Requested information includes, but is not limited to, an executive summary and position descriptions for the primary Nurse Planner and other Nurse Planners. For existing providers, attach three sample activities provided within the past year that demonstrate adherence to all accreditation criteria. Submit everything that should be in the activity file (a list is provided at the end of the provider application). The three activities should be representative of the activities presented and if applicable, include:
 - i. One “live” activity presented real time
 - ii. One enduring activity
 - iii. One activity that was jointly provided with another organization, with your organization as the provider
 - iv. One activity that received commercial support
 - e. New applicants should follow all of the instructions in (d) above, except that instead of submitting three activities, submit:
 - i. One template of a certificate showing the Approved Provider language that will be used once provider status has been attained.

WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

5

- f. Organize the application in the order listed above: the application itself, followed by the any attachments, and then the three sample activities or new applicant certificate.
3. Submitting the application:
 - a. Submit the application and attachments by email to WNA. You may send separate emails with the application and the three samples – just please clearly mark all documents.
 - b. Ensure that the application reaches the WNA office by the due date.
 - c. Send the application fee. A provider approval decision will not be rendered until the application fee is paid in full.

WNA Peer Review Steps:

1. A quantitative review will be completed to ensure that all required components of the application are present. Missing pieces will be requested if needed. Failure to submit additional required evidence within 15 working days of the request, or providing substantive evidence regarding need for additional time, will result in denial of the application. The application will not be sent to nurse peer reviewers until it is complete.
2. The application is sent to peer reviewers who conduct independent qualitative reviews. The AA-PD also performs a qualitative review of the application. A minimum of two people review each provider application.
3. Reviewers arrive at a consensus recommendation.
4. A virtual visit may be scheduled to clarify, verify, and amplify information provided in the written application. At a minimum, participants include the Primary Nurse Planner for the provider unit, and the AA-PD.
5. A final decision is made by the AA-PD based on evidence of adherence to criteria.
6. Possible actions on a provider application are:
 - a. **Approval with distinction for 3 years** – evidence supports exemplary work of the provider unit in adherence to criteria
 - b. **Approval for 3 years** – evidence supports the ability of the organization to adhere to criteria; may include progress reports
 - c. **Provisional approval for up to 1 year** – evidence supports the need for close monitoring of the organization to ensure adherence to criteria. If monitoring demonstrates that the organization is effectively meeting criteria, approval will be extended for the balance of the approval period. Failure to demonstrate adherence to criteria during the provisional approval period will result in suspension or revocation of approval.
 - d. **Denial** – evidence demonstrates that the applicant is not in adherence to criteria and has not recognized deficiencies or established plans to address deficiencies. An organization whose application has been denied has the right to appeal that decision. The appeal procedure is available from the AA-PD upon request. Denial of an application precludes the applicant from submitting another provider application for 12 months,

WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

6

although individual activity applications may be submitted by the organization at any time.

Receiving your Approval Decision

1. After final review is complete, you will be notified of the approval decision by the AA-PD. If additional information is required, the details of the required information and the due date will be specified.
2. You will receive an approval letter once your provider unit is approved.
3. You will receive instructions for responding periodically to WNA Approver Unit monitoring activities, which is required for maintaining your Approved Provider status.

Fees

1. Approved Provider organizations pay an annual fee to WNA CEAP each year of approval. The annual fee is currently \$185.00. Organizations receive an invoice in January, and annual fees are due March 31st. If an increase in annual fees is anticipated, at least six months notice will be provided.
2. Application fees can be found on the WNA website.
3. Additional fees may be incurred for late submissions.
4. The application fee must be paid in full before a final approval decision is rendered. This is an application fee not an approval fee. This fee is separate from the approval decision. If the application is denied the application fee is not refunded.
5. Note: Routine monitoring projects are conducted by WNA; responses are required to maintain your provider status. You will be notified of data required and response in a timely manner.

Part II: Planning Educational Activities in an Approved Provider Unit

Approved Provider Activity Planning Template and Attachments

Item by Item Instructions

PLEASE NOTE: The forms are intended to guide your planning process. Please use these resources to help you plan your activity, rather than trying to retrofit your plan into the form fields. You are not required to use the forms provided, but all required evidence must be in the activity file.

- a. Title of Activity: the name of the educational activity as it will appear on marketing materials, learner materials, and the certificate
- b. Location of activity: enter city and state if this will be a "live", face-to-face activity
- c. Number of contact hours is the number of hours you will award for the activity. Calculate this number as follows:
 1. Include time spent in each session or part of the learning activity, including the time spent in completing any evaluation process.

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WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

7

2. Do not include time spent in welcome/introductions, breaks, lunch, or viewing of vendor exhibits.
3. For enduring materials (e.g. web based individual learning modules, independent study booklets, videotapes), pilot testing is often the mechanism of choice to determine how long it takes a select group of learners representative of the target audience to complete the activity and its evaluation process. The average of those times is then used to determine the number of contact hours to be awarded to learners. Other methods of determining contact hours for enduring materials include use of evidence-based formulas related to word count and difficulty of material (the Mergener formula) or historical data in publications. Please contact the AA-PD for additional information if needed.
4. One contact hour is equal to 60 minutes of learning time. Per ANCC, you may round to the **nearest** quarter hour. The unit of measure used in nursing continuing education is the contact hour, not the CEU. This is an important distinction, as the two terms do not mean the same thing. Please be sure that all of your marketing pieces, learner materials, and certificates correctly reference the contact hour.

d. Activity Type

1. Provider directed, provider paced activities occur when the provider controls the content, time and pace of the activity. Learners participate in “real time” educational experiences. Indicate the date(s) that the activity will be offered to learners. Please be aware that all activity files must be complete prior to the activity. Retroactive awarding of contact hours is not permitted. Provide the rationale for the number of contact hours to be awarded.
2. Provider directed, learner paced activities occur when the provider controls content, but learners can access the education at a time, place, and pace of their choosing. Examples might include independent study articles in professional journals, web-based learning on learning management systems, or archived webinars. For these events, please specify how you determined the number of contact hours you plan to award. See “number of contact hours” below and contact the WNA office with any questions about how to calculate contact hours for these types of activities. Note that these activities meet the definition of “enduring materials”, meaning that they exist over time. All enduring materials must be reviewed and revised at least once every three years, depending on the time-sensitivity and

WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

8

relevance of the content. Indicate the planned review data on the form. Learners must be informed of the expiration date of enduring materials. A provider may choose to turn a live activity into an enduring, a webinar first offered live can be made enduring. Simply indicate this on the activity document.

3. Blended activities incorporate components of both “live” and pre- or post-work materials. For example, a learner may be required to read an article prior to attending an activity and come prepared to discuss it. The learner can get contact hours for both parts of the learning experience. Specify how you determined the total number of contact hours you plan to award.
- e. Nurse Planner – Provide the name, credentials, and email address for the Nurse Planner. This is the person WNA will hold accountable for adherence to all accreditation criteria for this activity.
 - f. List the members of the Planning Committee and faculty or others who have the ability to control the content of the educational activity.
 - i. Be sure the Planning Committee consists of at least two people – the Nurse Planner and one person with expertise in the content of the learning activity. Even if the Nurse Planner is also a content expert, there must be two people on the Planning Committee.
 - ii. Note that employees of ineligible companies as defined on page 2 may not serve as members of the Planning Committee or as presenters for a continuing nursing education activity.

On the table in the documentation form, enter the name and credentials of each person, that person’s role(s) in the activity.

- g. **Description of the professional practice gap:** Professional practice gaps reflect the difference between what learners currently know, have the ability to do, or perform in practice compared to what they should know, have the ability to do, or perform in practice. An educational activity is designed to close that gap. Prior to developing an educational activity, it is necessary to identify the gap and determine the reason for its existence. What is the problem in practice or opportunity for improvement? A problem in practice may be that the rate of patients getting catheter-acquired urinary tract infections is too high, compared to benchmark data, because nurses are not using proper infection control practices. An opportunity for improvement may exist because new guidelines for managing the care of stroke patients have been issued and learners are not aware of the changes. In either of these cases, what is the current issue for the nurse or healthcare team? The first step in planning an educational activity is to ask, “What is the professional practice gap, and why does it exist?” (See “A” on the Approved Provider Activity Planning Template)

WNA CEAP Instructions and Process Steps for Approved
Providers and Applicants for Approved Provider

9

- h. **Evidence to validate the professional practice gap:** Why is it that learners are not doing what they should be doing? Why do they do something they shouldn't be doing? Why is the current practice no longer acceptable? (e.g., new guidelines have been published). Briefly describe the evidence you have that supports why the practice gap exists. You may wish to look at internal data (fall rates, infection rates, nurse recruitment/retention rates) as well as state or national data (from state health departments or CDC, for example). (See "B" on the Approved Provider Activity Planning Template.)
- i. **Educational need that underlies the professional practice gap:** Write the identified gap. Is it a gap in knowledge, skill, or practice? Remember that educators must address the most fundamental problem first – skills cannot be attained before people have underlying knowledge about the process. The level of educational need **MUST** be supported by the gap ("A") and the evidence ("B"). Note that, in the process of identifying educational needs, you may also find that there are non-educational interventions that are required to address the problem as well. An example would be updating policies and procedures to reflect new guidelines. (See "C" on the Approved Provider Activity Planning Template.)
- j. **Description of the target audience:** Who will be participating in this educational experience? All nurses? Specific groups of nurses, like RNs in the Neonatal Intensive Care Unit? Members of different professions – medicine, pharmacy, pastoral care, social work, and nursing? (See "D" on the Approved Provider Activity Planning Template.)
- k. **Desired learning outcome:** What will learners know or do differently **upon completion of this activity**? How will this change close (or at least lessen) the professional practice gap that created the need for the activity in the first place? An outcome is not the same as an objective. Objectives are not required; a clear outcome statement is required. If the activity has an underlying educational need of knowledge the measurable outcome statement should measure if /how knowledge is gained. If the underlying educational need is skill, the measurable outcome should reflect that a skill was acquired. What is it that you expect of the learner at the end of the activity, and how will you measure progress? One example would be "100% of learners will demonstrate knowledge of 'X' by passing a post-test with 80% or better accuracy." (See "E" on the Approved Provider Activity Planning Template)
- l. **Description of the evaluation method(s) – evidence that change in knowledge, skills, or practice of the target audience will be assessed:** How will you determine that the educational activity has been successful? How will you measure change in knowledge? In skill? In intent to change (or actual change in) practice? Explain what process(es) you will use to collect this data. You are not required to have a specific "evaluation form" for learners to complete, and a "one size fits all" evaluation tool will not suffice for every activity. Think instead about the specific questions you want to ask or the evidence you need (post-test or skills demonstration, for example) to show that the practice gap has been closed for the learner. Please do be aware that, at the conclusion of your activity,

WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

10

you are required to add a Nurse Planner evaluation summary to your activity file. It is most helpful if this summative includes both data from the learners and a summary by the Nurse Planner. You are required to evaluate every activity at the level of need that has been identified in the planning process (knowledge, skill, or intent to change practice). You are not required to evaluate each activity in the longer-term, although you will do that for certain activities that are most critical to your organization (see QO2a and QO3a on the Approved Provider application). An excellent article by Moore, Green, and Gallis (2009) highlights progressive levels of outcomes evaluation. An article by Graebe (2018) discusses how to measure change by learners who complete activities. (See “F” on the Approved Provider Activity Planning Template)

- m. **Content of activity – a description of the content, with supporting references:** What will the activity look like? What content will be included? For example: “the session will be a one-hour webinar on the 2021 CDC guidelines for administration of the pneumococcal vaccine. It will include information about the administration schedule, physiological effects, side effects, and contraindications. Attention will be paid to the importance of incorporating this information in patient teaching for persons over the age of 65, and learners will role play patient teaching strategies.” Be sure to include references used for development this content, providing evidence that the activity was based on best-available data. If you are planning a conference or a multi-session activity, craft your content description to focus on the conference as a whole, not individual sessions. (See “G” on the Approved Provider Activity Planning Template)
- n. **Learner engagement strategies:** How will learners be active (rather than passive) participants in the event? We know that learners are more likely to retain knowledge and transfer knowledge to practice if they are actively involved in the educational experience. To continue with the example above: Learners will have the opportunity to engage in question/answer dialogue about the information, will take a 5-question quiz to assess their knowledge, and will participate in patient teaching role plays to assure that they are teaching current and correct information. (See “H” on the Approved Provider Activity Planning Template)
- o. **Criteria for successful completion to earn contact hours:** This is an important step in the planning process. This helps to avoid on-the-spot dilemmas like someone arriving 15 minutes late for a one-hour learning activity and asking if he/she can still get contact hours. Criteria for successful completion are based on the identified gaps in knowledge, skill, or practice. If the gap is in skill, there needs to be a skills component to successfully complete the activity and earn the contact hours. Check the appropriate box, or specify your alternate plan. Once determined, the criteria for successful completion must be shared with the learners prior to the beginning of the educational activity. (See “I” on the Approved Provider Activity Planning Template)

WNA CEAP Instructions and Process Steps for Approved
Providers and Applicants for Approved Provider

11

- p. **Activity is receiving commercial support** – . If yes, be sure you have a signed commercial support agreement in the activity file. Commercial support is money or in-kind services received by your provider unit for an educational activity from a company that makes, sells, distributes, or markets products or services consumed by or used on patients. (See Attachment section on the Approved Provider Activity Planning Template)
- q. **Activity is jointly provided** –If yes, be sure a representative of the joint provider organization is on the Planning Committee and that this information is disclosed to learners. Also be sure that the marketing material and the certificate are issued in the name of your Approved Provider unit, not the joint provider.
- r. **Attachments to include in the activity file if applicable**
 - i. For clinical activities only you must describe your process for collecting data regarding Relevant Financial Relationships. You may include the Relevant Financial Relationship form for everyone with the ability to control content of the activity if that is your process. If it is found that someone with the ability to control content of the activity has a relevant financial relationship that can be mitigated, then the Mitigation Worksheet will need to be completed and all relevant financial relationships will need disclosed to learners and the learner must be told that the relationship has been mitigated.
 - ii. Agenda: If your activity is a “live” activity and is longer than 3 hours, please be sure to have an agenda, including breaks and mealtimes, as applicable, in your activity file to support the number of contact hours you are awarding.
 - iii. Include the marketing material for the activity in the activity file, if applicable. This may include, but is not limited to, email announcements, a screen shot of a web page, or a flyer or brochure. DO NOT simply list the web link – after the activity, this link will disappear, and you will not have evidence of your marketing material. While this is not a criterion-related requirement, having the marketing material available ensures consistency in sharing of information and provides evidence of information received by the learner prior to participating in the activity.
 - iv. Evidence of disclosures provided to the learners: learners must receive, **prior to the activity**, information about the things listed here. The disclosure information can be provided on marketing material, an agenda, an introductory slide, or at the beginning of a syllabus or program guide. Include in your activity file evidence of disclosure to include:
 - 1. Your Approved Provider statement
 - 2. Criteria for Awarding Contact Hours/Criteria for successful completion in order to earn contact hours. Assure that this matches “I” in your activity planning.

WNA CEAP Instructions and Process Steps for Approved
Providers and Applicants for Approved Provider

12

3. If a clinical topic and no relevant financial relationships state: No one with the ability to control content of this activity has a relevant financial relationship with an ineligible company. If a relevant financial relationship has been found, include the following:
 - a. The name(s) of the individual(s) with relevant financial relationships
 - b. The name(s) of the ineligible companies with which they have/had relationships.
 - c. The nature of the relationships.
 - d. A statement that all relevant financial relationships have been mitigated.
Example: Sally Jones is on the speakers' bureau for Eli Lilly. This financial relationship has been mitigated. (See mitigation worksheet for further examples.)
 4. Name(s) of entities providing commercial support, if applicable.
 5. Expiration date – for enduring material only.
 6. Name(s) of joint providers, if applicable
- v. Certificate to be awarded to learners upon completion of the activity. The certificate must include:
1. Space for the name of the learner
 2. The name and address of the provider (web address is acceptable) – note that this is the address of the provider, NOT the address where the activity is being held.
 3. The name of the educational activity
 4. The date the certificate was issued
 5. The number of contact hours awarded
 6. Your Approved Provider statement: (Your organization) is approved as a provider of nursing continuing professional development by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- vi. If commercial support has been received for the activity, include a copy of the signed agreement in your activity file. (See information below describing commercial support.)

WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

13

Logistics of Managing Educational Activities

a. Determining criteria for awarding contact hours /criteria for successful completion

Criteria for successful completion are based on the desired outcome related to knowledge, skill, or practice. Determination of the criteria for successful completion is undertaken by the Planning Committee and must be decided in advance of the activity. It is not acceptable for a decision to be made at the time of the event – a person arrives 15 minutes late for a one-hour activity and the question arises as to whether or not he/she should receive contact hour credit. Criteria for successful completion are determined in advance and must be disclosed to the learner prior to the learner's engagement in that experience. If there is a post-test or return demonstration, for example, the learner needs to know that a passing score of xx% or successful demonstration of a skill will be required in order to receive contact hours.

b. Structuring enduring materials that learners can access at their convenience

For enduring materials (e.g. independent study web-based learning, podcasts, articles) a plan should be established regarding the type of medium to be used, the ability of learners to access that medium, the appropriateness of the medium to the type of learning activity, and the ability of the learner to achieve the desired outcome through use of the medium selected. Additionally, there should be a mechanism in place to enable the learner to contact an appropriate provider unit resource person for either content-related questions or for technical issues related to using the enduring material. Publication of enduring material must be accompanied by a disclosure to the learner about the length of time the learning activity will be available for awarding of contact hours. Accreditation criteria require that enduring materials must be reviewed at least once every 3 years to determine that content is still timely, relevant, and based on best-available evidence. Once that analysis has been completed and any required updates made, the educational activity can be re-issued.

c. Awarding contact hours

Contact hours are currently awarded to learners based on time. For "live" activities" 60 minutes is equal to one contact hour. Per ANCC, you may round to the nearest quarter hour. Evaluation time is part of the learning experience and can be included in calculation of contact hours. Learning time does not include general introductions, breaks, meals, and viewing vendor displays. For enduring materials, there must be a logical and defensible method for determining the number of contact hours to be awarded. For many providers, a pilot study is the mechanism of choice to determine how long it takes a select group of learners who represent the target audience to complete the activity and evaluate it. The average of those times is then used to determine the number of contact hours to be awarded to learners. Please note that those who participate in the pilot study may earn contact hours for their participation, once the number of hours to be awarded has been determined. Other methods of determining contact hours for enduring material include use of evidence-based formulas related to word count and difficulty of material (the Mergener

WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

14

formula) or historical data in publications. Please contact the AA-PD for additional information if needed.

The unit of measure used in continuing nursing education is the **contact hour**, not the CEU. This is an important distinction, as the two terms do not mean the same thing. Please be sure that all of your marketing pieces, learner materials, and certificates correctly reference the contact hour.

Certificates are awarded to learners when they have successfully completed the learning activity, based on criteria noted above. The certificate is required to include:

- 1) Space for the name of the learner
- 2) Title and date of the educational activity (for a multi-day session, the date should reflect when the learning activity was completed and the certificate awarded)
- 3) Name and address of the provider of the learning activity (web address is acceptable)
- 4) Number of contact hours awarded
- 5) Your Approved Provider statement

d. Acknowledging the Provider of the Activity; Use of Approved Provider Statement

The provider of the activity is the entity awarding contact hours. The name of the provider must be clearly evident to the learner on marketing and educational activity materials. The Approved Provider statement must be visible to learners in two places: on written material received prior to the beginning of the educational activity and on the certificate. The provider statement must read as follows: (Your organization) is approved as a provider of nursing continuing professional development by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

e. Providing disclosures to learners

The learner must be informed of certain things prior to the beginning of the educational activity. Disclosures can be on advertising material, an agenda, the opening page of a syllabus, or introductory PowerPoint slides. A copy of the disclosures must be retained in the activity file. Required disclosures include:

- 1) Requirements for successful completion
- 2) If a clinical topic and no relevant financial relationships state: No one with the ability to control content of this activity has a relevant financial relationship with an ineligible company. If a relevant financial relationship has been found, include the following:
 - a. The name(s) of the individual(s) with relevant financial relationships
 - b. The name(s) of the ineligible companies with which they have/had relationships.
 - c. The nature of the relationships.

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WNA CEAP Instructions and Process Steps for Approved
Providers and Applicants for Approved Provider

15

- d. A statement that all relevant financial relationships have been mitigated.

Example: Sally Jones is on the speakers' bureau for Eli Lilly. This financial relationship has been mitigated. (See mitigation worksheet for further examples.)

- 3) If applicable, name(s) of organization(s) providing commercial support
- 4) If applicable, expiration date for enduring materials
- 5) If applicable, name(s) of organization(s) jointly providing the activity in conjunction with the stated provider

Content Integrity/ Specific Issues **Information regarding standards 2 -4 are updated.**

ANCC has adopted the ACCME Standards for Integrity and Independence in Accredited Continuing Education. While the education you provide is not itself accredited, these standards apply to your activity planning and your ability to award contact hours because of an ANCC accredited approver.

The complete standards can be found at: https://accme.org/sites/default/files/2021-06/884_20210624_New%20Standards%20Standalone%20Package.pdf

This section adapts the standards in language applicable to being an Approved Provider of an accredited approver for Standards 2-5. The activity file requirements already adhere to Standard 1: Ensure Content is Valid.

- a. Standard 2: Prevent Commercial Bias and Marketing
 - i. Ensure that all decisions related to planning, faculty selection, delivery, and evaluation of the continuing nursing education activity offered are made without any influence or involvement from the owners and employees of an ineligible company.
 - ii. All continuing education activities must be free of marketing or sales of products or services. Speakers/faculty must not actively promote or sell products or services that serve their professional or financial interest during the activity.
 - iii. The Approved Provider must not share name or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.
- b. Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships for clinical topics only
 - i. Collect Information: Collect information from everyone with the ability to control content of the activity regarding their relationships with ineligible companies within the past 24 months. Everyone with the ability to control content must disclose the following:

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WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

16

- a. The name of the ineligible company with which the person has a financial relationship.
- b. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.
- ii. Exclude owners or employees of ineligible companies: Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in continuing education activities. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:
 - a. When the content of the activity is not related to the business lines or products of their employer/company.
 - b. When the content of the accredited activity is limited to basic science research, such as preclinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
 - c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
- iii. Identify relevant financial relationships: Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
- iv. Mitigate relevant financial relationships: Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
 - a. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
 - b. Document the steps taken to mitigate relevant financial relationships.
- v. Disclose all relevant financial relationships to learners: Disclosure to learners must include.
 - a. The names of the individuals with relevant financial relationships.
 - b. The names of the ineligible companies with which they have relationships.

WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

17

- c. The nature of the relationships.
- d. A statement that all relevant financial relationships have been mitigated.

Identify ineligible companies by their name only. Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages. Disclose absence of relevant financial relationships. Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies. Learners must receive disclosure information prior to the activity.

c. Standard 4: Manage Commercial Support Appropriately

Approved Providers that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.

- i. Decision-making and disbursement: The Approved Provider must make all decisions regarding the receipt and disbursement of the commercial support.
 - a. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
 - b. The Approved Provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
 - c. The Approved Provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners.
 - d. The Approved Provider may use commercial support to defray or eliminate the cost of the education for all learners
- ii. Agreement: The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the Approved Provider. The agreement must be executed prior to the start of the activity.
- iii. Accountability: The Approved Provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by WNA or by the ineligible company that provided the commercial support.
- iv. Disclosure to learners: The Approved Provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages

WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

18

d. Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education.

Standard 5 applies only when there is marketing by ineligible companies or when continuing education activities also have non-contact hour education occurring as well. Approved Providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from non-contact hour education offered in conjunction with continuing education activities.

i. Arrangements to allow ineligible companies to market or exhibit in association with continuing education activities must not:

a. Influence any decisions related to the planning, delivery, and evaluation of the education.

b. Interfere with the presentation of the education.

c. Be a condition of the provision of financial or in-kind support from ineligible companies for the education

ii. The Approved Provider must ensure that learners can easily distinguish between continuing education activities and other activities.

a. Live continuing education activities: Marketing, exhibits, and non-contact hour education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an Approved Provider education activity. Activities that are part of the event but are not provided by the Approved Provider for continuing education must be clearly labeled and communicated as such.

b. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the continuing education activity. Learners must be able to engage with the activity without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.

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

d. Information distributed about continuing education activities that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.

iii. Ineligible companies may not provide access to, or distribute, activities planned, implemented, and evaluated by Approved Providers

e. Joint providership – Joint providership relates to two or more organizations working together to plan, implement, and evaluate continuing nursing education activities. The provider unit's Nurse Planner is actively involved in all phases of the educational design process, and the provider is required to be accountable for adherence to all accreditation

WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

19

program criteria. While a written agreement is not required as part of the activity file, having such an agreement is a good business practice. Marketing materials for the learning activity must prominently indicate the name of the provider, and the provider's name is clear in all educational materials. The certificate is issued in the name of the provider. As noted in the earlier section on disclosures, the learner must be made aware of the names of organizations that have worked together to plan the activity.

interprofessional education – Increasingly, gap analysis and needs assessment data will show that the issue is not a nurse-specific issue, but that the problem in practice is impacted by several professional groups. Interprofessional education is that which is purposefully designed by the team and for the team (not simply inviting members of another professional group to attend an already planned activity). When interprofessional education is planned, sharing of documents and resources is encouraged. For example, a speaker would not need to complete separate financial relationship form for medicine and nursing – one form will suffice. Collaborative planning and implementation of educational activities facilitates members of different professional learning from, with, and about each other to improve the quality of care provided by the team.

- b. **Vendors** – Vendors are people or organizations who pay for exhibit space at learning activities. This is different than commercial support, although a vendor might be an organization that has also provided commercial support. There are no specific accreditation program-related requirements about agreements with vendors, though any time money changes hands, it is good business practice to have written agreements.

From the perspective of education, the Nurse Planner is accountable for assuring that the integrity of the learning experience is not compromised. Vendor tables, therefore, should be separate from the learning activity, and vendor goods or services should not be required to be viewed/used by learners. Promotional materials are to be kept separate from the learning activity.

Part III: Approved Provider Responsibilities

1. Using the Accredited Approver Program Director as a Resource

The Accredited Approver Program Director of the Accredited Approver Unit is the person accountable to the ANCC Accreditation Program to ensure that Approved Providers are adhering to criteria and that the approver unit is appropriately providing information, guidance, and support for Approved Providers. Any time you have questions about provider unit operations, issues that arise with your educational activities, or considerations in relation to completing your provider application, please feel free to contact the AA-PD. From time to time, you will be asked to

WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

20

evaluate the work of the approver unit in providing support to your provider unit. Your feedback will help us continue to strengthen our processes.

2. Recordkeeping

- a. Activity files must be retained for 6 years.
- b. The Approved Provider Activity Planning Template and attachments constitute the activity file.
- c. After the activity, add to your file:
 - i. The summative evaluation data showing the effectiveness of the activity and any Nurse Planner comments about how you plan to use the data from this evaluation
 - ii. List of participant names and number of contact hours awarded to each person
- d. Add activity data to your Nursing Activity Reporting System (NARS) report as directed by WNA. Please contact the office for assistance if needed.

3. Responding to monitoring requests

Accreditation criteria require that accredited approvers monitor the activities of Approved Providers on a regular basis, not just at the time of submission of a new provider application every three years. Monitoring activities could occur at any time and will typically focus on one aspect of your provider unit – submitting a sample marketing brochure, certificate, outcome examples, etc are possible examples to be requested. Participation in monitoring activities is required. Failure to submit material as requested will result in suspension and/or revocation of provider status.

4. Responding to inquiries and/or complaints

Should a situation arise where the WNA approver unit and Accredited Approver Program Director have a concern about your provider unit's operations, you will be asked to provide explanations and/or evidence to address the concern. Examples may include data found on an Approved Provider's web site that is not in adherence to criteria or a complaint from a learner. If you are asked to respond to an inquiry or a complaint, you will be provided with detailed information about the nature of the complaint and what is requested (although confidentiality of complainants will be maintained) and a specific time frame for your response. Failure to provide the required information or address the issue at hand will result in suspension and/or revocation of your provider status.

5. Adhering to federal, state, and/or local laws or regulations

Your provider unit has agreed as part of the provider application to follow all applicable local, regional, state, and national laws/rules that affect your ability to adhere to accreditation criteria. Evidence of violation of such laws/rules will result in suspension and/or revocation of your provider status. Please note that this includes copyright laws, which can present

WNA CEAP Instructions and Process Steps for Approved Providers and Applicants for Approved Provider

21

challenges for planners and presenters. Please contact WNA if you have questions about this issue.

6. Issues of Nonadherence

The WNA Approver Unit reserves the right to suspend or revoke the status of an Approved Provider in situations where criteria are not followed, complaints are not resolved, laws/rules are not followed, or fees are not paid. Notification of suspension/revocation will occur by certified mail or by email with read verification. If suspension and/or revocation occur, the organization must immediately cease awarding contact hours, representing itself as an Approved Provider, and using the Approved Provider statement. Suspended organizations may apply for reinstatement within 120 days of the suspension date, based on evidence of resolution of the issue(s) in question. Failure to apply for reinstatement within the 120 day limit will result in revocation of Approved Provider status. Organizations whose approver status has been revoked may not apply to WNA for 1 year following the date of revocation. If, after that time, the organization wishes to reapply, it would be considered a new applicant and would be required to meet all new-applicant eligibility criteria. During a period of suspension or revocation, an organization may continue to submit individual activities to WNA for approval but may not operate a provider unit. The organization whose Approved Provider status has been suspended and/or revoked may appeal the decision. Contact the AA-PD for a copy of the appeal process.

References:

American Nurses Credentialing Center. (2015). Primary Accreditation Approver Application Manual. Silver Spring, MD; Author.

American Nurse Credential Center. (2021) Writing to the ANCC NCPD Accreditation Criteria for approved providers: Self-learning guide.

Dickerson, P., ed. (2017). Core Curriculum for Nursing Professional Development, 5th ed. Chicago: Association for Nursing Professional Development.

Graebe, J. (2018). Measuring change as a result of participation in educational activities. *Journal of Continuing Education in Nursing* 49 (1), 4-6.

Harper, M., & Maloney, P. (2022). *Nursing Professional Development Scope and Standards of Practice*, 4th ed. Chicago: Association for Nursing Professional Development.

Moore, D., Green, J., and Gallis, H. (2009). Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. *Journal of Continuing Education in the Health Professions* 29(1), pgs. 1-15.

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WNA CEAP Instructions and Process Steps for Approved
Providers and Applicants for Approved Provider

22

Standards for Integrity and Independence in Accredited Continuing Education (2020) Accreditation Council for Continuing Medical Education. <https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>

Contact Information

Contact the AA-PD at AAPd@wisconsinnurses.org

Contact the Approver Unit Office / Megan at Megan@wisconsinnurses.org

WNA CEAP Instructions and Process Steps for Approved
Providers and Applicants for Approved Provider

Timeline for Submitting Approved Provider Application Documents

MARCH REVIEW CYCLE - APPLICATION DUE MARCH 1 (Unit Expires June 1)		
WNA Office	Sends <i>current</i> Approved Providers the “Intent to Apply” and additional information about the Self-Study application.	October 1
Applicant	PNP contacts the AA-PD to schedule a pre-application informational call by this deadline	November 1
Applicant	Complete and return the Intent to Apply to the WNA Office	November 1
Applicant	Approved Provider application is due via email to the WNA office.	March 1

JUNE REVIEW CYCLE – APPLICATION DUE JUNE 1 (Unit Expires September 1)		
WNA Office	Sends <i>current</i> Approved Providers the “Intent to Apply” and additional information about the Self-Study application.	January 1
Applicant	PNP contacts the AA-PD to schedule a pre-application informational call by this deadline	February 1
Applicant	Complete and return the Intent to Apply to the WNA Office	February 1
Applicant	Approved Provider application is due via email to the WNA office.	June 1

SEPTEMBER REVIEW CYCLE – APPLICATION DUE SEPTEMBER 1 (Unit Expires December 1)		
WNA Office	Sends <i>current</i> Approved Providers the “Intent to Apply” and additional information about the Self-Study application.	April 1
Applicant	PNP contacts the AA-PD to schedule a pre-application informational call by this deadline	May 1
Applicant	Complete and return the Intent to Apply to the WNA Office	May 1
Applicant	Approved Provider application is due via email to the WNA office.	September 1

DECEMBER REVIEW CYCLE – APPLICATION DUE DECEMBER 1 (Unit Expires March 1)		
WNA Office	Sends <i>current</i> Approved Providers the “Intent to Apply” and additional information about the Self-Study application.	July 1
Applicant	PNP contacts the AA-PD to schedule a pre-application informational call by this deadline	August 1
Applicant	Complete and return the Intent to Apply to the WNA Office	August 1
Applicant	Approved Provider application is due via email to the WNA office.	December 1