**Individual Activity Eligibility and Planning Template**

**Name of Applicant/Organization**: **Click here to enter text.**

Full Address (or Web Address): Click here to enter text.

Identify Organization Type:

Constituent Member Associations of ANA  College or University

Healthcare Facility  Health - Related Organization

Multidisciplinary Educational Group  Professional Nursing Education Group

Specialty Nursing Organization  Other: Describe - Click here to enter text.

The **Nurse Planner** is required to have a minimum of a baccalaureate degree in nursing (or international equivalent) and an active, unrestricted registered nurse license. **AND** be actively involved in planning, implementing, and evaluating this nursing continuing professional development activity.

Please fill in the information for the **NURSE PLANNER** involved/responsible for this educational activity:

|  |  |
| --- | --- |
| **Nurse Planner** | |
| Name & Credentials  *(Include* ***highest*** *nursing degree)* |  |
| Email Address |  |
| Telephone Number |  |
| RN License Number & State |  |

The above **NURSE PLANNER** is currently licensed registered nurse with baccalaureate degree or higher in nursing is actively involved, as the nurse planner, in the planning, implementing and evaluation process of this continuing education activity.  Yes  No

Please fill in the information for the **PRIMARY CONTACT PERSON** involved with this educational activity:

|  |  |
| --- | --- |
| **Primary Contact Person** (if different than above) | |
| Name & Credentials |  |
| Title/Position |  |
| Email Address |  |
| Telephone Number |  |

**Is this Continuing Education?**

Is this learning activity 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 RNs’ pursuit of their professional career goals?

Yes  No If **no**, the activity is **not** eligible for approval.

**Commercial Interest Status**

**Some applicant types are *automatically* exempt from ANCC’s definition of a commercial interest**, including:

Constituent Member Associations  For-profit and not for profit hospitals

For-profit and not for profit nursing homes  For profit and not for profit rehabilitation centers

Group medical practices  Government organizations

Non-health care related companies  Specialty Nursing Organizations

A single-focused organization devoted to offering continuing nursing education

**An "X" on this line identifies the applicant as exempt from ANCC’s definition of a commercial interest.**

If you checked the box above, then you have completed this questionnaire, proceed to Statement of Understanding

**If you are NOT exempt**

Does the applicant produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients?

Yes **If yes**, the applicant is **not** eligible for approval of Individual Educational Activities

No **If no**, proceed on

**Statement of Understanding**

On behalf of (insert name of applicant), I hereby certify that the information provided on and with this application is true, complete, and correct. I further attest, by my signature that we will comply with all eligibility requirements and approval criteria throughout the entire approval period, and that we will notify Connecticut Nurses’ Association promptly if, for any reason while this application is pending or during any approval period, we will not maintain compliance. I understand that any misstatement of material fact submitted on, with or in furtherance of this application for activity approval shall be sufficient cause for Connecticut Nurses’ Association to deny, suspend or terminate approval of this individual activity and to take other appropriate actions.

An “X” in the box below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information contained.

**Electronic Signature (Required) Date** Click here to enter a date.

**Click here to enter text.**

**Completed By Nurse Planner: Name, Title and Credentials**

***The Nurse Planner is accountable for all information provided on these forms.***

If any question about your organization’s eligibility

**STOP HERE**

**Please contact our Professional Development Specialist at** [**Education@ctnurses.org**](file:///C:/Users/CNA-Membership/SyncedFolder/Documents/Users/6.%202021%20Association%20Work/CNE%20Units/2022%20Templates/IAA%20Template/Education@ctnurses.org)

**Individual Application Form**

*Note: For tips on filling out this application, please refer to* <https://www.ctnurses.org/singular-cne-activity>

**Title of Activity:** Click here to enter text.

**Number of Contact Hours to be awarded:** Click here to enter text.

**Location of Activity (or website location):** Click here to enter text.

**Activity Type:** *All programs received approval for a 2-year period*

Provider-directed, provider-paced: Live (in person course,  conference  or webinar)

* Date of live activity: Click here to enter a date.

Provider-directed, learner-paced:

Enduring material web-based (i.e., online courses, e-books)

article

other (describe)

* Start date of enduring material: Click here to enter a date.
* Expiration/end date of enduring material: Click here to enter a date.

Learner-directed, learner-paced: may be live, enduring material, or blended.

* Start date of enduring material (if applicable): Click here to enter a date.
* Expiration/end date of enduring material (if applicable): Click here to enter a date.

Blended activity (activities that involve a “live” component in combination with a provider-directed, learner-paced component)

* Date(s) of prework and/or post-activity work: Click here to enter a date.
* Date of live portion of activity: Click here to enter a date.

**Is there Commercial Support?  Yes  No**

Commercial Support is financial or in-kind contributions given by a commercial interest that are used to pay for all or support part of the costs of a CNE activity.

If yes, list commercial support organizations ***Click here to enter text.***

***Note****: If yes,* *Commercial Support Agreement must be completed and submitted for each organization*

**Is this activity joint provided?  Yes  No**

***Note:*** *If yes,* list joint provider ***Click here to enter text.***

**Is the content of this activity clinical?  Yes  No**

**CLINICAL**- any topic related to patient care or clinical care of a patient

Are there any products being covered that are used on or by patients?

**NON-CLINICAL**- the content is not related to patient care or clinical care of a patient/population.

For example, leadership, preceptor, professional development, and self-care content.

***Note:*** *If yes, you must assess for relevant financial relationships and submit appropriate forms*

1. **Description of the professional practice gap (PPG) (e.g., change in practice, problem in practice, opportunity for improvement):**

Provide a brief description of the problem or opportunity for improvement this activity is designed to address for your learners.

* What is the problem or opportunity that needs to be addressed by this activity?
* *This can be a one sentence response that includes what the specific problem or opportunity is.****TIP*:** It is important to consider the target audience when investigating the problem or opportunity.

**Provide a brief description of the problem or opportunity for improvement this activity is designed to address for your learners:**

**Type text here**

1. **Data/Evidence to validate the professional practice gap:**

*Provide a summary that includes the NP/planning committee’s analysis of the data not just the data sources*.

* How is the evidence (e.g., data, trends in literature) informing you that a professional practice gap exists for the target audience? What data supports this need?
* The evidence statement should include the NP/planning committee’s analysis of the data, not just the data sources.
* Stating that there is a “need” or a “request” for the activity is not an adequate response.

**Examples of types of evidence to support the PPG can be used to validate the need for the activity:**

* Survey data from stakeholders, target audience members, subject matter experts or similar
* Input from stakeholders such as learners, managers, or subject matter experts
* Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement.
* Evaluation data from previous education activities
* Trends in literature
* Direct observation

**Please provide a brief summary of the evidence and the data gathered that validates the need for this activity:**

**Type text here:**

1. **Educational need that underlies the professional practice gap (e.g., knowledge, skill and/or practices):**

*Note:* The underlying educational need should align with the PPG, learning outcome and evaluation method.

***TIP:*** Why do learners need this education?

* + - Is the PPG related to what they do not know (knowledge)?
    - Is the PPG related to what they do not know how to do (skill)?
    - Is the PPG related to what they do not know how apply or implement into practice (practice)?

**Check all that apply:**

Knowledge  Skill  Practice

1. **Identify or describe the target audience (must include the registered nurse):**

Think about who needs this education. The target audience must include registered nurses but may include other members of the health care team.

**Check all that apply:**

Registered Nurse (required)

LPN/LVN

CNA

Social worker(s)

Student Nurse

Other (describe):

1. **Desired learning outcome(s):**
   1. The learning outcome statement needs to be written in measurable terms and should include the outcome and the metric that the outcome is measured by.
   2. The learning outcome must tie to the professional practice gap and the underlying educational need. If the underlying need is knowledge, the outcome should be related to measuring a change in the learner’s knowledge, etc.
   3. *The measurable learning outcome is NOT a list of objectives.*

***TIP:*** *What should the learner(s) know, show, and/or be able to do at the end of the activity?*

What will be measured when the learner completes the activity?

**Identify the desired learning outcome(s):**

**Type text here:**

1. **Description of evaluation method:**Explain how you will collect evidence to show change in knowledge, skills and/or practices of target audience at the end of the activity.

***TIP:*** The evaluation method chosen should align with the educational need(s) identified and the expected learning outcome(s) identified.

***TIP:*** An evaluation form is not required. The description of the evaluation method should discuss how the evaluation data is obtained and analyzed and should clearly describe the data being collected.   
For example, do not simply state that an evaluation form will be completed, go into detail on what types of questions are being asked on the evaluation form.

**Examples of Short-term evaluation options:**

* Self-report of increased learner knowledge
* Active participation in learning activity
* Post-test (knowledge)
* Return demonstration (e.g., skill when simulated, practice when observed in practice)
* Case study analysis
* Role-play

**Examples of Long-term evaluation options:**

* Self-reported change in practice over a period of time
* Change in quality outcome measure (e.g., recruitment and retention data, patient safety data)
* Observation of performance (at a predetermined point in time after post activity)

**Describe the chosen evaluation method(s):**

**Type text here:**

1. **Description of evidence-based content with supporting references or resources:**

* **REMEMBER:** This criterion has two parts: A. The description of the evidence-based content and B. supporting references.

1. Description of evidence-based content can be presented in various formats, such as

an educational planning table, an outline format, an abstract, an itemized agenda, or a narrative response.

***TIP:*** For a conference, an abstract can include a description of how the overall content

facilitates learner achievement of the expected outcome for the conference. Detailed

information about sessions, and individual session outcomes, are not required.

**7A. Description of the evidence-based content**

**Type text here or complete table below:**

|  |  |
| --- | --- |
| **CONTENT OUTLINE (Topics)** | **TIME FRAME** |
|  |  |
|  |  |
|  |  |
|  |  |

1. The supporting resources should include the best available evidence that appropriately supports the outcome of the educational activity.

***The majority of the references and resources should be developed and/or published within the last 5-7 years.***

***TIP****: R*eferences should include adequate detail to ensure the information referenced can be located (i.e. page number, standard number, date).

Examples of Supporting evidence-based references or resources:

* Information available from organization/web site (organization/web site as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health)
* Information available through peer-reviewed journal/resource (reference(s)
* Expert resource (individual, organization, educational institution) (book, article, web site)
* Textbook reference

**7B. The supporting references or resources:**

**Type text here:**

**8. Learner engagement strategies:**

* Learner engagement strategies must be congruent with activity format and the underlying educational needs identified above (knowledge, skill, and/or practice).
* The learner engagement strategies can be provided in an educational activity table, a list, or

in a narrative format.

* Learner engagement strategies should be developed by the Nurse Planner and planning committee, in

collaboration with the speaker(s).

* Strategies should be realistic for the activity type.

**Note: This section is about learner engagement, not teaching methods.**

**Examples of learner engagement strategies:**

* Integrating opportunities for dialogue or question/answer
* Including time for self-check or reflection or discussion groups
* Analyzing case studies or peer review
* Providing opportunities for problem-based learning

**Describe how the learner will be actively engaged in the educational experience:**

**Type text here:**

1. **Number of contact hours awarded and calculation method:**
   1. The number of contact hours for an activity needs to be logical and defensible.
   2. Documentation should include the number of contact hours and the calculation method.
   3. The rationale for the number of contact hours awarded must be present in the activity file.
   4. The provider must keep a record of the number of contact hours earned by each participant.
   5. **Reminder:** If simultaneous sessions or breakout sessions are offered, each session is counted and reviewed individually. The cost is based on the total hours of reviewed content. ***For example,*** if participants receive two hours of continuing nursing education credits, by way of a 1-hour keynote presentation followed by a choice to attend one of three - 1 hour breakout sessions, the total number of reviewed contact, the Keynote + breakout 1 + breakout 2+ breakout 3 are counted for a total of 4 hours of content to be reviewed.
   6. **Reminder:** Rounding contact hours: the provider *may* round up or down to the nearest 1/4 (0.25) hour (i.e., if the calculation is 1.19 contact hours, it may be rounded up to 1.25 contact hours).

**Number of contact hours to be awarded and identification/description of how contact hours were calculated (include agenda if activity is longer than 3 hours):**

Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours.

**LIVE**: Total Minutes \_\_\_\_divided by 60=\_\_\_\_contact hour(s)

**ENDURING:**

☐ Historical Data ☐ Complexity of Content ☐ Other: Describe Click here to enter text.

Total Minutes \_\_\_\_\_\_\_ divided by 60 = Number of Contact Hours to be awarded: \_\_\_\_\_\_\_\_

1. **Criteria for Awarding Contact Hours:**Determine what the learner must do or achieve to receive contact hours for the activity.
   * + Clearly outline what is expected.
     + The criteria for awarding contact hours should relate to the learning outcome(s) and be enforceable.
     + Criteria identified here must match disclosure provided to learners

***TIP:*** Keep in mind that some options are mutually exclusive – for example, a learner cannot be expected to attend the entire activity and also receive credit commensurate with participation.

**Criteria for Awarding Contact Hours (Check all that apply):**

Attendance for 100% (e.g., 100% of activity, or miss no more than 10 minutes)

Attendance for a specified period of time specify time here \_\_\_\_\_\_\_\_\_

Credit awarded commensurate with participation.

Attendance at 1 or more sessions of a conference or multi-session activity

Completion/submission of evaluation form

Successful completion of a post-test (e.g., attendee must score      % or higher)

Successful completion of a return demonstration

Other – List or Describe: Click here to enter text

**11. Documentation of completion and/or certificate of completion**

The certificate **must include** the following items:

1. Title and date of educational activity

2. Name and address of the provider of the educational activity (a web address is acceptable)

3. Number of contact hours awarded

4. Activity approval statement as issued by the Accredited Approver\*

5. Space for participant name

*\*Sample Language:   
This nursing continuing professional development activity was approved by Connecticut Nurses' Association an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation*.

**Attach a sample certificate here:**

**12. Names and credentials of ALL individuals in a position to control content:**

1. Clearly identify who is the nurse planner and who is the content expert.
2. Provide credentials along with the names of the individuals.

**Note:** A Planning committee must consist of a minimum of two individuals

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\*\* ALL individuals who fill ALL the Roles in a position to control content Planners, Content Experts, Speakers, and Presenters must be identified. \*\*** | | | | |
| **Name of individual and credentials** | **Individual’s role in activity** | **Planning committee member?**  **(Yes/No)** | **Name of commercial interest**  (only required if clinical activity | **Nature of relationship** (only required if clinical activity) |
|  |  |  |  |  |
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**Refer to and review the Standards for Integrity and Independence Individual Applicants.**

**Is the activity clinical in nature (i.e related to patient care or clinical care of a patient)? Yes  No** **If YES, answer 13 - 14.   
 IF NO, skip to 15**

**13. Demonstration of identification of financial relationships** with ineligible companies for all individuals in a position to control content (planners, presenters, faculty, authors, and/or content reviewers) as described in the toolkit.

Attach Relative Financial Relationship Forms for all individuals in a position to control content – this includes the planning team.

**14. Evidence of mitigation of relevant financial relationships?**

* If a relevant financial relationship is identified, see Worksheet for Mitigation and describe steps taken to mitigate the risk of undue influence in planning and/or providing the activity.

|  |  |  |  |
| --- | --- | --- | --- |
| **Document the mitigation strategy(ies) you used for each person with a relevant financial relationship** | | | |
| **Name of Person** | **Roles(s) in Activity** | **Step(s) taken to Mitigate Relevant Financial Relationship** | **Date Implemented** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**15. Commercial Support Agreement:**  **Yes or  N/A**

* **Purpose:** Activities 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.
* Key elements that must be addressed in the activity file:
  + Appropriate management of commercial support, if applicable.
  + Maintenance of the separation of promotion from education, if applicable.
  + Promotion of improvements in health care and NOT proprietary interests of a commercial interest.

**Note: If applicable, a Commercial Support Agreement must be included with activity applications**

**16 – 21. Six Required Disclosures to Learners *(MUST BE INCLUDED IN THE ACTVITY FILE APPLICATION):***

Evidence of what is required information that must be provided to learners prior to start of the educational activity.

***TIP***: The disclosures should only include the items that are required or applicable for the activity.

*EXAMPLE*: If commercial support was not applicable, DO NOT include on disclosure form.

*Note: For filling out this area, please refer to* [*https://ctnurses.org/Individual-CNE*](https://ctnurses.org/Individual-CNE)

|  |
| --- |
| **Include relevant slide(s), screen shot(s), script(s), or text showing what the learners will receive for disclosures. Insert Screenshot or script/text here:** |

**16. REQUIRED: Approval statement as issued by the accredited approver:**

Verbiage should be consistent with the statement provided by the accredited approver (see number 11) and should match the approval statement on the sample certificate or document of completion.

**17. REQUIRED: Criteria for awarding contact hours:**

Criteria for awarding contact hours should be consistent with the criteria documented in the planning process.

**18. REQUIRED FOR CLINICAL ACTIVITIES ONLY:**

**Presence or absence of relevant financial relationships for all individuals in a position to control content, including mitigation (include mitigation only if applicable):**

If you did not identify relevant financial relationships because the activity was non-clinical, no disclosure should be provided.

* **If relevant financial relationships were identified the disclosure statement must include:** 
  + The names of individuals with relevant financial relationships
  + The names of the ineligible companies with which they have a relationship (Identify ineligible companies by their names only, do not include logos or trade names.)
  + The nature of the financial relationships
  + A statement that all relevant financial relationships have been mitigated. The mitigation steps do not need to be outlined.
  + **Example:** Samantha Turner is on the speakers’ bureau for ABC Pharmaceuticals. The relevant financial relationships have been mitigated. No relevant financial relationships were identified for any other individuals with the ability to control content of the activity.
* **If no financial relationships were identified, the disclosure should inform the learners that no relevant financial relationships with ineligible companies were identified.** 
  + **Example:** Samantha Turner, Jessica Smith, and Eva Grace have no relevant financial relationship(s) with ineligible companies to disclose.
  + **Example:** None of the planners or speakers for this activity have relevant financial relationship(s) to disclose with ineligible companies.

**19. REQUIRED ONLY IF COMMERCIAL SUPPORT  
 Commercial Support from ineligible organization/companies:  Yes or  N/A**

If the educational activity received commercial support, there must be a disclosure to learners of the names of the ineligible companies that gave the support and the nature of the support.

No logos, trade names, or product group messages for the organization can be provided in the disclosure.

**20. REQUIRED ONLY IF ENDURING ACTIVITY  
 Expiration date for enduring activities or materials (if applicable):  Yes or  N/A**

If the activity is enduring, the expiration date must be provided to learners.

**21. REQUIRED ONLY IF JOINT PROVIDED   
 Joint providership (if applicable):**  **Yes or  N/A**

* **If the activity is jointly provided, there should be a statement that demonstrates that two or more groups were involved in the planning and development of the activity.**
* There is not a prescribed statement that must be used for disclosing joint providership.

**Remember:** Joint providership occurs when two or more groups collaborate to develop an educational activity. The individual activity applicant is responsible for ensuring adherence to ANCC educational design criteria. The individual activity applicant name should be clear, and the **approval statement as issued by the accredited approver must be on** the certificate and disclosure, and it should be clear that the approved activity organization is providing the contact hours. If both or more than one organization has activity approval, one organization needs to take responsibility for being the provider of contact hours.

**22. Summative evaluation:**

**Please submit Activity Evaluation Summary Report Two (2) weeks after activity completion**

**The summative evaluation contains two components:**

* + A summary of data highlighting whether the activity was effective in closing or narrowing the gap and achieving the educational activity outcome.
* An analysis of what was learned from the evaluation data and what can be applied to future activities.

**TIPS:**

* The summative evaluation does not simply include the data collected from the evaluations.
* There should be a clear analysis of the data from the NP and planning committee documented.
* There is no prescribed method for providing the summative evaluation information.