



## What is reported in the Nursing Activity Reporting System (NARS)?

*These are the fields that data will be entered to upload into the NARS system. An Excel template is provided for the data entry. Template only contains the fields pertinent to nursing and each field entry type (text, number, etc.)*

**ANCC Activity ID:** Leave this field blank.

**Provider Activity ID:** Provide a designated, individual activity ID for each activity file. Number, letter, or combination must be specific to this event, and cannot be duplicated within this reporting year. If event is offered multiple times for multiple audiences, each event must have a separate Provider ID.

**Reporting Year:** 2018

**Activity Type:** Drop down menu to click activity type.

**Activity Title:** Type in name of educational event.

If a Course (C) or Regularly Scheduled Series (RSS): add in

**City, State** (two letter USPS version, i.e. NY), **Country** (three letter code, i.e. USA)

**Activity Start Date:** Enter first date activity is offered (MM/DD/YY).

**Activity End Date:** Enter last date activity is offered within this reporting year (MM/DD/YY).

**Providership:** Direct (planned, implemented and evaluated by the Approved Provider Unit) or Joint Provider (only enter activity information if your APU is providing contact hours).

**Joint Provider Name:** If multiple Joint Providers separate with a semicolon.

**Target Audience Nurse:** Yes or No

**Target Audience Pharmacist:** Yes or No

**Target Audience Pharmacy Technicians:** Yes or No

**Target Audience Physicians:** Yes or No

**Target Audience Other:** Enter type of audience member (RT, students, etc.)

**Description of Content** – OPTIONAL May enter outcomes or describe the activity in your own words. This field DOES NOT have to be filled in.

**Commercial Support Received?** Yes or No

**Hours of Instruction:** Total hours of educational instruction (minus meals and breaks); usually will equal number of contact hours. Under certain circumstances, may be different that number of



contact hours.

**Number of AMA PRA Category 1 credits designated:** Leave blank. These hours should be entered by the unit providing CME in the PARS system. Do not want to duplicate data.

**Number of Nursing credits:** The maximum number of nursing credits (contact hours) awarded for the activity. This may or may not equal Hours of Instruction.

**Number of Nurses who completed the activity:** Nurses who COMPLETED the requirements of successful completion.

**Number of other learners who completed the activity:** Total number of other learners who completed the educational activity.

**Commercial Support Source:** Name of company if commercial support was received (if YES was entered in field 20).

**Monetary Amount Received from commercial support:** Actual dollar amount received (no dollar signs or commas).

**In Kind Support Received from Commercial Support?** Yes or No