



## 2022 Criteria Approved Provider Activity File

### Requirements

This is the list of items that Approved Provider Units are required to submit for each activity file included in the AP Application/Self-Study. The Approved Provider is responsible for maintaining activity files in a retrievable file (electronic or hard copy) accessible to authorized personnel for 6 years. This list follows the sequence of planning outline on the CNA activity documentation form

- Title and location of activity
- Type of activity format: Live or Enduring
- Date live activity presented, or for ongoing enduring activities, date first offered and subsequent review dates
- Description of professional practice gap
- Evidence that validates professional practice gap
- Educational need that underlies the professional practice gap
- Description of target audience
- Desired learning outcomes
- Description of evidence-based content with supporting reference or resources
- Learner engagement strategies used
- Criteria for awarding of contact hour
- Description of evaluation method (Evidence that change in knowledge, skills, &/or practices of target audiences was assessed)
- Names and credentials of all individuals in a position to control content (planner's presenters, faculty, authors, &/or content reviewers) must identify who fills the roles of
  - Nurse Planner and content experts
- Demonstration of Relevant Financial Relationship assessment process for all individuals in a position to control content (planners, presenters, faculty, authors, &/or content reviewers)
  - Name of individual
  - Past 24 months
  - Individual providing the information is provided a definition of a commercial interest organization
- Evidence of a mitigation of process, if applicable
- Number of contact hours awarded for activity & method of calculation (Note: Provider must keep a record of the number of contact hours earned by each participant. If the activity is longer than 3 hours, agenda was provided for the entire activity.)
- Documentation of completion &/or certificate must include:

- Title and date of the educational activity
- Name and address of provider of the educational activity (web address acceptable)
- Number of contact hours awarded
- Approved Provider statement
- Participant name
- Commercial Support Agreement with signature and date (if applicable)
  - Name of the Commercial Interest Organization (CIO)
  - Name of the Provider
  - Complete description of all the CS provided, including both financial and in-kind support
  - Statement that the CIO will not participate in planning, developing, implementing or evaluating the educational activity
  - Statement that the CIO will not recruit learners from the education activity for any purpose
  - Description of how the CS must be used by the Provider (unrestricted use &/or restricted use)
  - Signature of a duly authorized representative of the CIO with the authority to enter the binding contracts on behalf of the CIO
  - Signature of a duly authorized representative of the Provider with the authority to enter the binding contracts on behalf of the Provider
  - Date on which the written agreement was signed
- Evidence of required information provided to the learners:
  - Approved Provider statement of provider awarding contact hours
  - Criteria for awarding contact hours
  - Presence or absence of Relevant Financial Relationship for all individuals in a position to control clinical content (planning committee, presenters, faculty, authors, &/or content reviewers)
  - Commercial support (if applicable)
  - Expiration date (enduring material only)
  - Joint Providership (if applicable)
    - Materials associated with this activity (marketing materials, advertising agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to the ANCC criteria
- Summative evaluation