Individual Educational Activity Approval Application

Eligible individuals and organizations can seek approval of individual educational activities to award nursing continuing professional development contact hours. Eligibility requirements must be met by the applicant, and educational design principles outlined in accreditation required criteria must be demonstrated in the application.

This application includes all documents and a checklist of evidence to include, required to be completed by the applicant. See the CNA website www.coloradonurses.org/education for additional resources.

Evaluation of Eligibility*

Is your organization an eligible organization? Y/N

> ***Ineligible organizations are those** whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used on or by patients. Ineligible organizations are ineligible to provide accredited/approved education through the accredited approver of ANCC.*

> ***Eligible organizations** are those whose mission and function are: 1) to provide clinical services directly to patients; 2) to provide education to healthcare professionals.*

If no, STOP, you are ineligible to provide nursing continuing professional development for contact hours. Please contact CNA at programdirector@coloradonurses.org for further clarification.

If yes, continue with Application.

Complete applications should be submitted electronically at least 6 weeks before the activity. Applications submitted < 6 weeks will be considered an expedited review and an increase in fee will be applied.

Contact the Accredited Approver Program Director via email at programdirector@coloradonurses.org with any questions.

Provider Information

Name of Applicant Organization:

Website (if applicable):

Address:

City: **State:** ZIP:

Primary Contact Person:

Name: **Title/Position:**

Email: **Phone Number**

The Nurse Planner* must be a registered nurse who holds a current, unrestricted nursing license AND hold a baccalaureate degree or higher in nursing AND be actively involved in the planning, implementing, and evaluation process of this NCPD education activity.

Nurse Planner Name and License, degree credentials:

State in which licensed as an RN/APRN:

E-mail Address: **Phone :**

* *The Nurse Planner is held accountable for ALL information provided on this application.*

The following section is intended to collect information about the applicant's corporate structure.

Is your organization one of the following? Check the applicable box:

☐ Ambulatory procedure centers

☐ Blood banks

☐ Diagnostic labs that do not sell proprietary products

☐ Electronic health record company

☐ Government or military agency

☐ Group medical practice

☐ Health law firms

☐ Health profession membership organization

☐ Hospital or healthcare delivery system

☐ Infusion center

☐ Insurance or managed care company

☐ Nursing home

☐ Pharmacy that does NOT manufacture proprietary compounds

☐ Publishing or education company

☐ Rehabilitation center

☐ School of medicine/nursing or health science university

☐ Software or game developer

☐ Organization with sole purpose of providing healthcare education

Statement of Understanding:

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

A typed name in the box below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information contained.

Completed By:

Nurse Planner Name: Date

Individual Activity Application

Title of Activity: Click here to enter text.

Total Number of Contact hours:

Start date of Activity:

End date of Activity:

 * For enduring materials, the end date can be no more than 2 years from the start date.

Activity Type:

☐ Provider-directed, provider-paced: Live (in person course, conference or webinar)
- Date of live activity: Click here to enter a date.
- Location of activity:

☐ Provider-directed, learner-paced:

☐ Enduring material web-based (i.e., online courses, e-books)
"Enduring Material" is education provided virtually and open to anyone who accesses the website.

☐ 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):

☐ 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.

Activity Planning and Development

1. The professional practice gap (PPG) can include a change in practice, problem in practice, and/or opportunity for improvement.

Hints:
- 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: Although not required to include the target audience in the PPG statement, it is important to consider the target audience when investigating the problem or opportunity and determining the gap. This helps ensure the gap is specific to the problem or opportunity the education is targeting.

Example: Nurses are not aware of new guidelines from CDC regarding adult immunizations.

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

2. Evidence to validate the professional practice gap

Hints:
Summary to include*:

- 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 the need for this educational activity or intervention?

*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 that 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

Provide a brief summary of the evidence and the data gathered that validate the need for this activity:

3. Educational need that underlies the professional practice gap:

Check all that apply:

☐ Knowledge

☐ Skill

☐ Practice

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

Check all that apply:

☐ Registered Nurse (required)

☐ Pharmacists

☐ Pharmacy Technicians

☐ Physicians

☐ PA

☐ Other (describe) _____

5. Desired learning outcome(s):

Identify the desired learning outcome(s):

6. **Evaluation method(s):**

Provide description of evaluation method:

7. Description of the evidence-based content including the supporting references or resources:

Provide a description/agenda/planning table/narrative response of the evidence-based content in first box and a description/list of resources/references in the 2nd box.

8. Learner engagement strategies

> **Hints:**
> - 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. Lecture/PowerPoint are not learner engagement strategies.**

> **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
> - Virtual strategies may be chat room, audience response, polling, etc.

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

9. Number of contact hours awarded and calculation method.

Include:
- Description of how contact hours were calculated
- Agenda/planning table that identifies time for each section of content

> **Hints:**
> - The number of contact hours for an activity needs to be logical and defensible.
> - Documentation should include the number of contact hours and the calculation method.
> - The rationale for the number of contact hours awarded must be present in the activity file.
> - Provider must keep a record of the number of contact hours earned by each participant (this does not need to be provided in the activity file documentation).
> - **Reminder:** Rounding contact hours: If rounding the 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).

> **Examples:**
> - Contact hours were calculated by clock hours. Total number of minutes in activity minus break time divided by 60 = number of contact hours to be awarded.
> - Enduring material may use Mergener's formula or historical data known about this program, or a pilot study to calculate contact hours.

Description here:

10.Criteria for Awarding Contact Hours:

Check all that apply and complete passing test score *if used*

☐ Attendance for a specified period (e.g., 100% of activity, or miss no more than 10 minutes of activity)
☐ 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: _____

11. Documentation of completion and/or certificate of completion: ATTACHMENT

- Attach a sample certificate or documentation of completion transcript with the activity file.
- A sample certificate must include:
  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
       This nursing continuing professional development activity was approved by Colorado Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
  5. Space for participant name

12.Standards for Integrity and Independence

Individual Activity Applicants (the provider) must provide evidence of operationalizing Standards for Integrity and Independence by completing the following steps when planning individual educational activity that is **clinical** in nature. If the content of the activity is **non-clinical** (e.g., leadership, preceptor training, communications skills) you **do not** need to identify, mitigate, or disclose relevant financial relationships for this activity.

Please refer to ACCME Standards of Integrity and Independence in Accredited Continuing Education
https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce

1) Identify name and credentials of all **individuals** in a position to control/influence the content of the activity (**complete table below**).
2) Obtain information on financial relationships from all individuals in a position to control content. You may use a financial disclosure form (see website), document email communication, or a spreadsheet.
3) The Nurse Planner determines relevant financial relationships with an ineligible company within the past 24 months. The content of the activity is related to the products of an ineligible company with whom the person has a financial relationship. Exclude owners or employees of ineligible companies from participating as planners or faculty.
4) If a relevant financial relationship is determined, the NP will document steps taken to mitigate the undue influence in planning and/or providing the activity.
5) Disclose to learners, prior to the beginning of the activity, the presence or absence of relevant financial relationships with ineligible companies.

A. **Name and Credentials of all individuals in a position to control content (ATTACHMENT)? Disclosure form linked**

> **A planning committee must consist of a minimum of two individuals.**
>
> Clearly identify the **nurse planner** and the **content expert (required for both clinical and non-clinical content).**
>
> Provide credentials, including education and licensure.
>
> Table must include **ALL individuals** in a position to control content, whether on the planning committee or not.

Name of Individual and **CREDENTIALS**	Individual's role in activity *(NP, content expert, additional planner)*	Planning committee member? (Y/N)	Name of ineligible company with a relevant financial relationship **if any** None if none.	Nature of relevant financial relationship **if any.** **None, if none.**	Step(s) taken to mitigate relevant financial relationships **if any.**
Add more rows as needed.					

B. **Identification of financial relationships with ineligible companies for all individuals in a position to control content.**
   a. *Ineligible companies* are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
   b. **Exclude owners or employees** of ineligible companies from participating as planners or faculty
   c. Provide evidence that financial relationship data has been collected and analyzed.
   d. This may be in the table above, on a separate spreadsheet, or other document e.g., email documentation.
   e. **Attach** collected data or evidence of the data collection process to the file as applicable. See website for financial disclosure form. Attach link to Financial Disclosure form here.

C. **The Nurse Planner determines relevant financial relationship(s).**
   a. Financial relationships are **relevant** if the following are met for the prospective person in control of content:
      i. Financial relationship, in **any** amount, exists between the person in control of content and an ineligible company during the past **24 months**
      ii. Content of the education is **related to the products** of an ineligible company with whom the person has a financial relationship.

D. **If a relevant financial relationship is identified, the Nurse Planner must describe steps taken to mitigate the undue influence in planning and/or providing the activity.** Attach link to Mitigation Worksheet here.
   a. Mitigation strategies for **planners** might include:
      i. Divest the financial relationship
      ii. Recusal from controlling aspects of planning content with which there is a financial relationship
      iii. Peer review of planning decisions by persons without relevant financial relationships
   b. Mitigation strategies for **faculty and others** might include:
      i. Divest the financial relationship
      ii. Peer review of planning decisions by persons without relevant financial relationships
      iii. Attest clinical recommendations are evidence-based and free of commercial bias (adequate references and resources must be included).

13. Commercial Support Agreement: (ATTACHMENT)
   Is this activity receiving commercial support?

- ☐ No
- ☐ Yes* -- Include a signed commercial support agreement with application
- Name of commercial supporter:
- Amount of money received OR type of in-kind contribution provided:

   If commercial support is being given to a jointly provided activity, the primary provider organization (applicant) must manage all funds received.

> **Commercial Support Information:**
> - **Definition:** financial or in-kind support from ineligible companies
> - Activities that choose to accept commercial support 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.

14. Required Disclosures to Learners (ATTACHMENT)

- Please provide a slide, screen shot or other evidence showing what learners will receive and when they will receive this information.

- **Disclosures will include the following**:

a. **Activity approval statement** consistent with the approval statement on the sample certificate or document of completion, *"this nursing continuing professional development activity was approved by Colorado Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation".*

b. **Criteria for awarding contact hours** consistent with the criteria documented in the planning process.

c. **Presence or absence of relevant financial relationships for all individuals in a position to control content, including mitigation (if applicable):**
   - o 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 for this activity have relevant financial relationship(s) to disclose with ineligible companies.

d. **Commercial Support from ineligible organization/companies (if applicable):**

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

e. **Expiration date for enduring activities or materials (if applicable):**
- o If the activity is enduring, the expiration date must be provided to learners.

f. **Joint providership (if applicable):**
- o **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.

Hints:
- 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 activity 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.**

You have completed the individual activity application. Please submit _____

Submitting the Application 1. Submit the application and all attachments electronically to Individual Education Activity Online Application Form. Failure to submit a complete application will delay the review process and may result in the activity not being approved. 2. Send the application fee with the online form. See the fee structure on CNA website www.coloradonurses.org. An approval decision will not be rendered until the application fee is paid in full. 3. Timing: It is highly recommended that the application be submitted at least 8 weeks prior to the planned activity (or release of enduring material). This allows adequate time for peer review and submission of clarifying materials, if required. A late fee will be charged for activities submitted with < 6 weeks of a learning activity, and there is no guarantee that the activity will be approved prior to the scheduled activity. CNA has the right to refuse late applications if there is not time for thorough review and an opportunity for response by the applicant prior to the beginning of the scheduled activity. (You may choose to delay the start of the activity if you wish to submit the application.) Post Activity Reporting Please submit a summary evaluation of your learning activity after the completion of your activity within 30 days of the learning event to include: Total number of learners participating in the activity. Total number of RN learners who participated in the activity. Amount of commercial support money received and by whom. Intent to repeat (when and where), change, or the key learning from this activity