



# Colorado Nurse Association Individual Educational Activity Application

ANCC 2020 criteria; form current as of 01/01/2020  
Adapted from and used with permission from Montana  
Nurses Association

*See Instructions on CNA web site for specific guidance in completing the requested information on this form. Call the CNA office at 720-457-1194 for any assistance needed.*

## Section 1: Eligibility

Applicants interested in submitting an individual educational activity for approval must complete the Eligibility Criteria. Applicants that do not meet Eligibility Criteria will not be allowed to proceed.

If this eligibility information has been completed within the last 6 months check here  and go to Section 6.

Name of Applicant (Organization)

Website

Title of Individual Activity

Date of Individual Activity

Identify Organization Type:

- State Nurses Association affiliated with ANA
- College or University
- Healthcare Facility
- Health - Related Organization: example a health department
- Interprofessional Educational Group
- Professional Nursing Education Group
- Specialty Nursing Organization
- Other: Describe - \_\_\_\_\_

Nurse Planner Name (**Must Have minimum of baccalaureate degree in nursing**)

Credentials

State(s) in which licensed as an RN

Title/Position

Telephone Number

E-mail Address

## Section 2: Commercial Interest

Is your organization one of the following? If yes, check the box that applies and go to section 5.

If no, go to section 3.

- Blood banks,
- State Nurses Association **affiliated with ANA**
- Diagnostic laboratories
- Federal Nursing Services
- 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
- Health insurance providers
- Liability insurance providers
- National Nurses organizations based outside the United States
- Non-health care related companies
- Specialty Nursing Organizations
- A single-focused organization\* devoted to offering continuing nursing education

\* The single-focused organization exists for the single purpose of providing Nursing Continuing Professional Development (NCPD)

**NOTE: 501c applicants are not automatically exempt.** The ANCC Accreditation Program requires 501c applicants to be screened for eligibility.

## Section 3 - Only complete this section if you did not check a box in Section 2

**A Commercial Interest: Any entity either producing, marketing, selling, or distributing healthcare goods or services consumed by or used on patients or entity that is owned or controlled by an entity that produces markets, sells, or distributes healthcare goods or services consumed by or used on patients. Exceptions are made for nonprofit or government organizations and non-healthcare-related companies.**

Does your organization produce, market, 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**, complete the next bulleted question

Is your organization owned or controlled by a multi-focused organization (MFO\*) that produces, markets, sells, or distributes health care goods or services consumed by, or used on, patients?

- Yes **if yes**, complete the next bulleted question
- No If no, this section of the questionnaire is complete, proceed to Section 5.

Is your organization a separate and distinct entity from the MFO\*?

- Yes - **if yes**, continue to section 4

- No - If no, the applicant is not a separate and distinct entity from the MFO\* then the applicant is not eligible for approval of Individual Education Activities.

\* Multi-Focused Organization (MFO) is an organization that exists for more than providing continuing nursing education.

#### Section 4: Commercial Interest Evaluation – Contact CNA for assistance prior to completing

Does your organization's owner have 501-C Non-profit Status?

- Yes  **No** **If no**, complete the next bulleted question

**If yes**, does your organization's owner advocate for a commercial interest (as defined in Section 3)

- Yes **If yes**, or not sure, please describe the relationship with the commercial interest and the type of work done for or on behalf of the commercial interest. \_\_\_\_\_

- No

Is any component of the organization under which you operate an entity that produces, markets, sells, or distributes health care goods or services consumed by, or used on, patients?

- Yes **If yes**, please describe the health care good or service consumed by or used on patients and the role of the entity in producing, marketing, selling or distributing those healthcare goods or services. \_\_\_\_\_

- No If no, this section of the questionnaire is complete, proceed to Section 5.

If **yes**, please complete and submit the ***Individual Activity Eligibility Commercial Interest Addendum*** with this Form.

#### Section 5: Statement of Understanding

On behalf of **(insert name of applicant organization)**, I hereby certify 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 that 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.

*(Eligibility Forms received without a signature incur a delay in processing which will cause a delay in the review of the individual education activity application.)*

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.

**Completed By: Nurse Planner Name**

**Date**

The nurse planner is held accountable for all information provided on this form.

## Section 6: Application

Name of Applicant Organization:

Title of Activity:

Number of Contact Hours:

Activity Type:

\_\_\_ Provider-directed, provider-paced: Live (in person, or webinar)

Date of live activity:

Location of Activity:

Rationale for number of contact hours to be awarded: **Write in response here**

If the activity is less than 2 hours, provide start time: \_\_\_ and end time \_\_\_

\_\_\_ Provider-directed, learner-paced: Enduring material

Start date of enduring material:

Expiration/end date of enduring material:

Rationale for number of contact hours to be awarded: **Write in response here**

\_\_\_ Blended Activity:

Describe material to be completed outside of live activity:

Date of Live portion of activity:

Location of Activity:

Rationale for the number of contact hours awarded for each component of the activity:

Nurse Planner contact information for this activity.

Name and credentials:

Email Address:

Phone Number:

State nurse planner is licensed in:

The **Nurse Planner** must be a currently licensed registered nurse with a baccalaureate degree or higher in nursing, **and** be actively involved in planning, implementing and evaluating this continuing education activity.

**The nurse planner is accountable for all information provided in this application.**

## Individuals in a Position to Control Content of the Activity

Complete the table below for each person involved in planning, implementing, and evaluating the educational activity including the planning committee, faculty, presenters, and/or content reviewers. Include the individual's name, credentials, educational degree(s), role on the planning committee, name of commercial interest and relevant relationship. Planning committees must have a **minimum of a Nurse Planner and one other planner** to plan each educational activity. The Nurse Planner is knowledgeable of the NCPD process and is responsible for adherence to the ANCC criteria. **One planner needs to have appropriate subject matter expertise for the educational activity being offered (Content Expert). There must be only one person designated as the nurse planner for the activity**, although there can be additional nurses who serve on the committee.

### Conflict of Interest

**Submit completed conflict of interest forms for each person involved with the activity. The exception would be if the content of the activity is not related to any products consumed by or used on patients**, such as leadership or critical thinking. In that case, the nurse planner should check the box below, then add signature and date.

I attest to the fact that the content of this activity has no connection with any products consumed by or used on patients, so there is no conflict of interest for anyone with the ability to control the content of this activity.

Nurse Planner Signature:

Date:

Name of Individual/credentials	Individual's role in activity	Planning committee member yes or no	Name of commercial interest relationship if any (see COI form for definition)	Nature of relationship if any (see COI form for definition)
	Nurse Planner			
	Content Expert			
	Planning Committee Member			
	Planning Committee Member			

	Presenter			
	Presenter			

**Education Planning**

- A. **Description of the professional practice gap** (e.g. change in practice, problem in practice, or opportunity for improvement) – Explain **what is happening that creates the need for this activity**. Example: Nurses are not aware of new guidelines from CDC regarding adult immunizations. (Note: this is not the “purpose” of the activity.)
- B. **Evidence to validate the professional practice gap** – Describe **why** this is happening and how you know it could be better (new standards, new guidelines, research, etc.) Briefly describe the evidence you have that supports why the practice gap exists.
- C. **Educational need that underlies the professional practice gap:** (Be sure the information in “A” and “B” supports the level of educational need you identify here – what evidence tells you that there is a need to acquire knowledge or improve skills?) – check the boxes that apply  
 Knowledge  Skill  Practice
- D. **Description of the target audience:** RN                      APRN  
  
 Specific subset of RNs (e.g. ED, Oncology, etc.) – please explain  
  
 Interprofessional (please list relevant professional groups)
- E. **Desired learning outcome(s)** – not objectives. (Provide a **measurable** outcome statement that indicates what the learner will know, do, or be able to apply in practice *at the conclusion of the activity*. For example, “Participants will provide evidence of increased knowledge by stating at least one intended practice change related to care of the patient with CHF” or “100% of participants will demonstrate skill in interpersonal communication through roleplay”.)
- F. **Content of activity:** **a paragraph description or outline** summarizing the overall content for the activity (note: if this is a conference, provide a description of how the sessions overall contribute to meeting the outcome for the conference – do not describe each session.)
- G. **Current supporting references or resources:** List the references or resources (within the past 5-7 years) used in developing the course content

H. **Learner engagement strategies** Describe how the learners will be active participants in the activity. (note: Lecture and PowerPoint are not learner engagement):

I. **Criteria for awarding contact hours for live and enduring material activities include** (must match disclosures given to participants):

**(Check all that apply)**

- 1 Attendance for the entire activity
- 1 Attendance at 1 or more sessions
- 1 Completion/submission of evaluation form
- 1 Successful completion of a post-test (e.g., score must be \_% or higher)
- 1 Successful completion of a return demonstration
- 1 Other - Describe:

J. **Description of evaluation method:** How will you show learner change in knowledge, skills and/or intent to change practice? (Relate this back to the desired learning outcome in "E" above – if you said participants would pass a post-test, then one of your evaluation strategies is a post-test)

K. **This activity is receiving commercial support** No  or Yes . If yes, specify name of commercial entity and amount of money received or in-kind contribution provided (e.g. wound care items for practice. Include a signed commercial support agreement with the application.

L. **This activity is being Jointly Provided** No  or Yes . If yes, please specify the name(s) of the joint provider(s). A member of the joint provider organization(s) must be on the planning committee. Please be sure that marketing material and the certificate are issued in the name of the provider (you), not the joint provider(s) (the other group(s)). A written agreement is not necessary. Please refer to the [Individual Educational Activity Process Manual](#) on the web site or contact CNA if you have questions about jointly providing.

### **NOTES ABOUT ADVERTISING SAMPLE (See Attachment 3 below)**

If advertising is released prior to submission of the application, you may not mention anything about seeking approval or awarding contact hours.

If advertising is to be released after an application has been submitted but prior to approval, the following statement may be used:

***This activity has been submitted to Colorado Nurses Association for approval to award contact hours. The Colorado Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.***

If the advertising is to be released after approval is received, then use the following 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.***

## ATTACHMENTS

Please submit all supporting evidence electronically as attachments along with the application.

<b>Attachment 1</b>	Conflict of interest documentation form for all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable OR an Excel spreadsheet/chart illustrating the name and credentials of all individuals in a position to control content, role in the activity, name of commercial interest, relevant relationship to commercial interest, and resolution (if needed).
<b>Attachment 2</b>	If the activity is longer than 2 hours, attach the agenda for the entire activity
<b>Attachment 3</b>	<b>Marketing/Advertising Material (if applicable) NOT SURE WE STILL NEED THIS</b>
<b>Attachment 4</b>	Disclosures: Evidence of required information provided to learners prior to activity: <ol style="list-style-type: none"><li>1. Approval statement (see above) for awarding contact hours</li><li>2. Criteria for successful completion <b>as stated in item I.</b></li><li>3. Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. members of the Planning Committee, presenters, faculty, authors, and content reviewers)</li><li>4. Names of entities providing Commercial support (if applicable)</li><li>5. Expiration date (enduring materials only)</li><li>6. Joint Providership (if applicable)</li></ol>
<b>Attachment 5</b>	Certificate or documentation of completion (Please see IA Process Manual for Certificate requirements. <b>Reminder: Provider must retain names and credentials of learners for 6 years and number of contact hour awarded to each participant.</b>
<b>Attachment 6</b>	Commercial Support Agreement with signatures and date (if applicable)



## 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](http://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 with in 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.