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

**Date Form Completed:** Click here to enter a date.

**Contact Hours** *(Number of contact hours and method of calculation)*: Click or tap here to enter text.

**>>Total Minutes:** Click or tap here to enter text. **divided by 60 =** Click or tap here to enter text. **contact hour(s).**

**Activity Type:**

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

* Date of live activity: Click here to enter a date.
* Location of activity: Click or tap here to enter text.

Provider-directed, learner-paced: Enduring material

* 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: Enduring material

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

Blended activity

* Date(s) of pre-work or post-activity work: Click or tap here to enter text.
* Date of live portion of activity: Click or tap here to enter text.

**Activity Type, Part II:**

**Course**: *live educational activity where the learner participates in person*

**Regularly Scheduled Series (RSS)**: *course that is planned as a series with multiple, ongoing sessions*

**Internet Live Course**: *online course available via the Internet at a certain time on a certain date and is only available in real-time*

**Journal Based CNE**: *includes the reading of an article (or adapted formats for special needs)*

**Other**: *Manuscript Review, Test writing item, Committee Learning, Performance Improvement, Internet searching and learning*

**Total Number of Nurses (RNs only) expected to attend:** Click or tap here to enter text.

**Nurse Planner contact information for this activity**

Name and credentials: Click here to enter text.

Email Address: Click here to enter text.

The **Nurse Planner** must be a registered nurse who holds a current, unencumbered nursing license (or international equivalent) **AND** hold a baccalaureate degree or higher in nursing (or international equivalent) **AND** be actively involved in planning, implementing and evaluating this continuing education activity.

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

**Describe the current state:**

Click or tap here to enter text.

**Describe the desired state:**

Click or tap here to enter text.

**Identified gap:**

Click or tap here to enter text.

1. **Evidence to validate the professional practice gap (check all methods/types of data that apply)**

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, law and health care

Direct observation

Other—Describe: Click or tap here to enter text.

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

Click or tap here to enter text.

1. **Educational need that underlies the professional practice gap**

*(e.g. knowledge, skill and/or practices)*

Gap in Knowledge

Gap in Skills

Gap in Practice

Other: Click or tap here to enter text.

1. **Description of the target audience.**

*(You can select more than one target audience)*

1. Choose an item.
2. Choose an item.
3. Choose an item.
4. Choose an item.
5. **Desired learning outcome(s)***(What will the outcome be as a result of participation in this activity?)*

Click or tap here to enter text.

1. **Outcome Measure(s)**

*(A quantitative statement as to how the outcome will be measured)*

Click or tap here to enter text.

1. **Content of activity - Content for this educational activity was chosen from:**

Information available from the following organization/web site (organization/web site must use current available evidence within past 5 - 7 years 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).*

**Please identify specific reference articles, book, web links, or other information rather than a general title** (example: www.cdc.gov/immunization).

Click or tap here to enter text.

Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years):

Click or tap here to enter text.

Clinical guidelines (example - www.guidelines.gov):

Click or tap here to enter text.

Expert resource (individual, organization, educational institution) (book, article, web site):

Click or tap here to enter text.

Textbook reference:

Click or tap here to enter text.

Other:

Click or tap here to enter text.

1. **Learner engagement strategies**

*See Educational Planning Table* OR choose from the list below. You may choose more than one.

Integrating opportunities for dialogue or question/answer

Including time for self-check or reflection

Analyzing case studies

Providing opportunities for problem-based learning

Other: Click or tap here to enter text.

**Educational Planning Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTENT**  **(Topics)**  *Provide an outline of the content* | **TIME**  *Approximate time required for content delivery and/or participation in the activity* | **PRESENTER/ AUTHOR**  *List the Author* | **LEARNER ENGAGEMENT STRATEGIES**  *List the learner engagement strategies to be used by Faculty, Presenters, Authors (note: PowerPoint and lecture by themselves are not learner engagement strategies)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Criteria for Awarding Contact Hours**

Criteria for awarding contact hours for live and enduring material activities include:

*(Check all that apply)*

Attendance for a specified period of time (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

Completion/submission of evaluation form

Successful completion of a post-test (e.g., attendee must score Click or tap here to enter text. % or higher)

Successful completion of a return demonstration

Other – Describe: Click or tap here to enter text.

1. **Evaluation Options**

**Short-term evaluation options:**

Intent to change practice

Active participation in learning activity

Post-test

Return demonstration

Case study analysis

Role-play

Other – Describe: Click or tap here to enter text.

**Long-term evaluation options:**

**Note*:****Only select long-term evaluation options if you plan on checking in with all attendees after a designated period of time to determine if there was a change in practice, quality outcome measure, ROI, or observation of performance. In this case, certificates will not be issued until a summary is provided regarding the long-term evaluation.*

Self-reported change in practice

Change in quality outcome measure

Return on Investment (ROI)

Observation of performance

Other – Describe: Click or tap here to enter text.

**ATTACHMENTS**Please provide evidence of the following:

|  |  |
| --- | --- |
| **Attachment 1** | Names, credentials, role and conflict of interest documentation (with resolution if applicable) for all individuals in a position to control content of the activity. Must identify the individuals who fill the roles of content expert(s), content reviewer(s), and Nurse Planner. (See **Page 8)** |
| **Attachment 2** | Evidence of required disclosures provided to learners prior to the beginning of the activity:   * 1. Approved provider statement   2. Criteria for successful completion in order to receive contact hours   3. Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers). If COI is present, disclosure must include name of person, type of relationship, and name of commercial entity.   4. Commercial support (if applicable)   5. Expiration date (enduring materials only)   6. Name(s) Joint Provider(s) (if applicable)   **NOTE**: (Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the name of the Approved Provider awarding contact hours and responsible for adherence to ANCC criteria) |
| **Attachment 3** | Commercial Support Agreement with signature and date (if applicable) |

**CONFLICT OF INTEREST**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest\**, the products or services of which are **pertinent to the content** of the educational activity. Relationships of the individual and spouse/partner (for the past 12 months) with any commercial interest may be considered relevant and must be reported, evaluated, and resolved.

***A Commercial Interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

**Procedures used to resolve conflict of interest or potential bias if applicable for this activity:**

|  |  |
| --- | --- |
| **1** | Not applicable since no conflict of interest |
| **2** | Removed individual, with conflict of interest, from participating in all parts of the educational activity |
| **3** | Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity |
| **4** | Not awarding contact hours for a portion or all of the educational activity |
| **5** | Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation |
| **6** | Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity |
| **7** | Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation |
| **8** | Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity |

**Attachment 1**

**Individuals in a Position to Control Content**

Complete the table below for each person (add rows as needed) in a position to control content of the educational activity and include name, credentials, educational degree(s), role on the planning committee, and expertise that substantiates their role. Also include conflict of interest documentation (with resolution if applicable). There must be one Nurse Planner and one other planner to plan each educational activity. The Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the ANCC/PSNA criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered (Content Expert). **The individuals who fill the roles of Nurse Planner and Content Expert must be identified.** Content Reviewers must also be identified (if applicable).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of individual and credentials** | **Individual’s role in activity** | **Planning committee member? (Yes/No)** | **Name of commercial interest** | **Nature of relationship** | **Resolution** *(Select the appropriate number(s) from the table below)* |
| *Example: Jane Smith, RN-BC* | *Nurse Planner* | *Yes* | *None* | *---* | *1* |
| *Example: Sue Brown, RNC* | *Content Expert* | *Yes* | *None* | *---* | *1* |
| *Example: John Doe, PhD* | *Presenter* | *No* | *Pfizer* | *Speakers Bureau* | *5* |
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**I attest that I have reviewed COI for all above named individuals and have verified resolution of conflicts as noted.**

**Nurse Planner:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Attachment 2**

**Disclosure Statements**

Please complete the sections that are applicable for your program. You may copy and paste the example text.

**These disclosure statements MUST be included on all program advertising and read to attendees prior to the start of the program**. *Additional information regarding the formatting of these statements will be provided with the program approval/invoice.*

1. **Approved Provider Statement**

*Penn State College of Nursing is approved as a provider of nursing continuing professional development by the Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.* ***^This statement must be included/read in its entirety. No changes are acceptable****.*

1. **Criteria for successful completion in order to receive contact hours  
   Ex:** *Participants with a valid RN license who attend the entire session will be awarded up to 0.0 contact hours of continuing nursing education; partial contact hours are not awarded.*

Click or tap here to enter text.

1. **Presence or absence of conflicts of interest for all individuals in a position to control content**   
   *(e.g. the Planning Committee, presenters, faculty, authors, and content reviewers)*

*>> If COI is present, disclosure must include name of person, type of relationship, and name of commercial entity.*   
**Ex:** *Presenters, organizers, and content specialists have indicated no conflict of interest –* ***OR*** *– The instructor/presenter has indicated a conflict of interest for this program due to being the author of a reference book and receiving subsequent royalties from sales. The instructor may reference his own publishings in support of his educational presentation and not for solicitation.*

Click or tap here to enter text.

1. **Sponsorships/Grants** (if applicable)  
   **Ex:** *We thank the following sponsor(s) for our program: …*

Click or tap here to enter text.

1. **Commercial Support** (if applicable)

Click or tap here to enter text.

1. **Expiration Date** (enduring materials only)  
   **Ex:** *This program expires on MM/DD/YY.*

Click or tap here to enter text.

1. **Name(s) Joint Provider(s)** (if applicable)  
   *Ex: This program is being jointly provided by \_\_\_\_ and \_\_\_\_.*

Click or tap here to enter text.