**Penn State College of Nursing**

**APPROVED PROVIDER PLANNING TEMPLATE  
 2015 CRITERIA – Revised January 2020**

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

**Activity Type** (be sure to include **date of live activity** or **start date of enduring material**):

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

* **Date of live activity:** Click here to enter a date.

☐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.

☐Blended activity

* **Date(s) of enduring materials (e.g. prework):** Click here to enter a date.
* **Date of live portion of activity:** Click here to enter a date.

**Number of Contact Hours Awarded:** Click or tap here to enter text.

Nurse Planner Name/Email contact information for this activity.

**Name and Credentials:** Click here to enter text.

**Email Contact:** Click or tap here to enter text.

1. **Qualifying Planners.**

Planning committees must consist at a minimum of a Nurse Planner and at least one other person. Two roles must be named for every planning committee – nurse planner and content expert. The Nurse Planner is knowledgeable of the NCPD process and is responsible for adherence to the ANCC criteria. The content expert needs have appropriate subject matter expertise for the educational activity being offered.

Complete the table below for each person on the planning committee. Also include information on the Content Reviewer, if an external reviewer was utilized – but they cannot be part of the planning committee.

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 complete the Attestation statement with 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.” Therefore, Conflict of Interest forms are not being submitted.  
  
Nurse Planner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**NOTE:** All activities planned must still include a disclosure statement to the learners with regards to the absence of COI for any planner/presenter

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of individual and credentials** | **Individual’s role in activity** | **Planning committee member? (Yes/No)** | **Name of commercial interest** | **Nature of relationship** |
|  | *Nurse Planner* | *Yes* |  |  |
|  | *Content Expert* | *Yes* |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Description of the professional practice gap (e.g. change in practice, problem in practice, opportunity for improvement)**
2. Describe the learner’s current state. What is the problem in practice?

Click or tap here to enter text.

1. Describe the desired state. What do nurses need to know, know how to do, or do differently?

Click or tap here to enter text.

1. What is the identified gap – knowledge, skill, or practice?

Click or tap here to enter text.

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

C.1.  
☐ 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.

C.2. Please provide a brief summary of data gathered that validates the need for this activity. Why does the problem exist?

Click or tap here to enter text.

1. **Description of the target audience. (You can select more than one target audience).**
2. Choose an item.
3. Choose an item.
4. Choose an item.
5. Choose an item.
6. **Learner outcome:** 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.

*Examples: 90% of participants will pass a post-test demonstrating knowledge of medication safety with a score of 80% or higher; or, 80% of participants will self-assess a gain in knowledge related to identification of suicide risk factors in young adults. Note: Objectives are not outcomes.*

Click or tap here to enter text.

1. **This NCPD activity is designed to impact (check all that apply):**

☐ Nursing Professional Development ☐ Patient Outcomes

1. **Content of activity:**

G.1. Provide an abstract describing the content that will be presented for a faculty-directed activity:

Click or tap here to enter text.

G.2. Provide an abstract describing the content that will be presented for an independent study:

Click or tap here to enter text.

1. **Calculation of Contact Hours**

A contact hour is a 60-minute hour. The number of contact hours awarded may be rounded (UP or DOWN) to the nearest half hour. Evaluation time ***can*** be included in the calculation of contact hours.   
  
*Note: Applicant must identify all pharmocotherapeutic minutes or contact hours if the activity is for APRN’s and the content relates to pharmacotherapeutics.*

H.1. Provider-Directed Activities:

If the activity is two hours or less, insert the amount of time for each applicable section:

Click or tap here to enter text. Content

Click or tap here to enter text. Pharmacotherapeutic content/time (if applicable)

Click or tap here to enter text. Testing/Return Demonstrations

Click or tap here to enter text. Evaluation

H.2. ☐ Agenda attached if activity/event is longer than 2 hours.

H.3. Independent Studies (enduring materials)

What was the method used to calculate the contact hours?

☐ Pilot Study

☐ Historical Data

☐ Mergener Formula

☐ Other – Describe: Click here to enter text.

H.4.Enduring Educational Activities

Show evidence of how contact hours calculated (show the math):  
 Click here to enter text.

1. **List References:**

Include title, dates of publication, author(s), date downloaded from website, etc. References should be within the past 5-7 years unless reference is a classic that is still relevant. Web resources need to have direct link to described content and retrieval date must be indicated.  
  
Click or tap here to enter text.

1. **Learner engagement strategies** to be used in this activity**:**

☐ 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.

1. **Criteria for Successful Completion**

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

(Check all that apply)

☐ Attendance of 100% of activity  
☐ Attendance of Click or tap here to enter text.% 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. **Description of Evidence Method:** How will you show learner’s 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 the post-test.)

L.1. Attach tool(s) that will be used to evaluate whether or not the planned learner outcome was met.

☐ Evaluation tool

☐ Post-test

☐ Return demonstration

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

L.2. Short-term evaluation options include but are not limited to**:** (Check all that apply)

☐ 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.

L.3. Long-term evaluation options: (Check only if applicable)

☐ 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.

1. **Commercial Support  
   *A commercial support interest*** *is defined by ANCC as any entity either producing, marketing, re-selling, 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, re-sells or distributes healthcare goods or services used by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies.*

* Commercial support is financial or in-kind contributions given by a commercial interest organization that are used to pay for all or part of the costs of a NCPD activity.
* A provider of commercial support may **not** be on an education planning committee, be a joint provider of the activity, or the provider of an activity.
* If commercial support is provided for a NCPD activity, an employee from the organization providing commercial support may **not** be a speaker/presenter at the NCPD activity.

Note: You are not required to have a commercial support agreement for any commercial interest organizations who are ***only*** exhibiting at a NCPD event.

**Is this activity receiving any form of commercial support?**

☐ No

☐ Yes

If yes, name of Commercial Interest Organization(s): Click here to enter text.

☐ A signed commercial support agreement is attached

1. **Is this activity being joint provided by another organization(s)?**

☐ No

☐ Yes

Name of Organization(s) serving as joint providers for this CNE activity: Click here to enter text.

☐ As the provider of the activity, we will maintain responsibility for the adherence to criteria for this activity.

☐ As the provider of the activity, our name will be prominently listed in the advertising for this activity.

1. **Certificate of Completion:** Certificates will be issued by Penn State College of Nursing.

**P. Required Disclosures to Learners**

Learners must be apprised of the following disclosures prior to the beginning of the planned activity session.

* Criteria for completion to earn contact hours
* Presence/absence of any conflict of interest for any planner or speaker
* The provider approval statement this program was awarded
* Resolution of conflict of interest (if applicable)
* Expiration date of enduring material (if applicable)
* Presence of a joint provider (if applicable)
* Presence of commercial support (if applicable)

**REQUIRED ATTACHMENTS**

**Please maintain files with evidence of the following:**

|  |  |
| --- | --- |
| **Attachment 1** | Conflict of interest evaluation for all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable |
| **Attachment 2** | Certificate of Completion |
| **Attachment 3** | Evidence of required information provided to learners prior to start of the educational activity:   * 1. Approval statement of provider awarding contact hours   2. Completion criteria for earning 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)   4. Commercial support (if applicable)   5. Expiration date (enduring materials only)   6. Joint Providing (if applicable) |
| **Attachment 4** | Evaluation Tool(s) used for this activity |
| **Attachment 5** | Agenda (if content greater than 2 hours in length) |
| **Attachment 6** | Commercial Support Agreement with signature and date (if applicable) |

**Completed by:** Click or tap here to enter text.

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