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**Contact Hour Request Packet - Reference Checklist**

To allow time for review and corrections, please submit all paperwork to the College of Nursing Outreach Office, within **45 days** of the scheduled educational activity. **This checklist does not need to be submitted with your packet. It is meant as a guide to ensure all required documents are being provided for review.**

**The following completed documents need to be included in your submission packet:**

APU Clinical/Non-Clinical Planning Form

Relevant Financial Interest forms for the nurse planner, all committee members, and presenter(s). OR A statement acknowledging that the program is non-Clinical and therefore, the identification, mitigation, and disclosure of relevant financial relationships was not completed.

Preview of evaluation tool, complete with program objectives

Promotional/Advertising material (brochure/flyer/email)   
\*\*Please refer to the **Disclosure Statements** document for additional information.

CVs/Resumes for all planners and speakers

Disclosure Slide/Disclosure Statements

Program Agenda (If applicable)

Commercial Support Agreement/Joint Provider Agreement (If applicable)

The following statement **must** be included on all promotional materials: “*Penn State Ross and Carol Nese College of Nursing is approved with distinction as a provider of nursing continuing professional development by Pennsylvania State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”*

**POST-EVENT REQUIREMENTS**

Within **two weeks** following the educational activity, the list of items below must be provided in a post-event summary, which will be sent to the College of Nursing Outreach Office.

**Report requirements:**

Name of co-provider, if applicable

Activity Title

Date(s) of the activity

Total number of RNs in attendance

Total number of other learners in attendance

Total number of RNs who signed in and completed the evaluation method

Total number contact hours awarded to RNs

Summary of evaluations (**Do not send individual evaluation forms)**

Whether or not the program went as expected or if changes should be incorporated into future programs to meet objectives

Completed attendance roster, including all RN license numbers, email addresses, and signatures