

Dustin Zettle, Education Program Specialist II

Outreach Department

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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