



NHNA

Activity Application Instructions

Introduction & Application

This application provides information for those seeking approval of continuing nursing education activities, including a description of the application process with appropriate forms and a description of the peer review process. Review the following guidelines and criteria for approval of continuing education activities.

Throughout its history, the American Nurses Association (ANA) has been concerned about the competence of all who are licensed as registered nurses. Changes affecting practice demand constant effort by nurses to maintain competency. Participation in continuing education activities is one way nurses maintain their competence. Ultimately, continuing education in nursing will help maintain and improve the health of the public. In 1991, the American Nurses Credentialing Center (ANCC) Commission on Accreditation (COA) was created to implement the credentialing programs, which include the accreditation and approval of nursing continuing education activities.

Continuing Nursing Education (CNE) provides an educational opportunity for building upon the experiential and educational bases of the professional registered nurse. These activities must be beyond basic knowledge, generalized educational opportunities regardless of the nurse's employer and enhance their professional development or performance. The content of the CNE must be evidence based or based upon the best available evidence presented without promotion or bias.

The New Hampshire Nurses' Association (NHNA) Commission on Continuing Education is accredited as an approver of continuing nursing education by the ANCC. This status allows the commission to approve individual activities as well as approve and monitor organizations that wish to be approved providers.

In 2013, the ANCC, a component of the ANA, revised the Manual for Accreditation as an Approver of Continuing Nursing Education. The NHNA has revised the standards and criteria to reflect the changes articulated by ANCC.

The NHNA Commission on Continuing Education consists of volunteers who are registered nurses with expertise in the field of continuing education in nursing. They meet the qualifications established by the Commission and are elected or appointed by the NHNA membership. Members of the Commission on Continuing Education are available for consultation regarding a question or questions about the application preparation. For any assistance, please contact the NHNA office at (603) 225-3783 or by OFFICE@NHNurses.org

Preparing the Application

1. To be sure you have the most recent version of the activity application, call the NHNA office at (603) 225-3783 or check the website at www.nhnurses.org.
2. Complete the application and all required forms. Note that all educational programs will use the same forms whether it is a traditional classroom format (provider-directed, provider - paced), online courses (provider-directed, learner paced) or independent study (learner-directed, learner-paced). The application contains the guidelines and application for approval of a continuing education in nursing activity. This application is based on the minimum acceptable criteria established for Continuing Education in Nursing by the American Nurses Credentialing Center's Commission on Accreditation.
3. All information must be typed and in the order of the application checklist.
4. **Email an electronic file of the application (preferable) or three (3) paper copies** of the completed application to the NHNA at least forty-five (45) calendar days prior to the activity date or one via e-mail. At the discretion of the Commission, applications received between 21 and 44 calendar days will be accepted for review. Applications received less than 21 calendar days of the date of the continuing education activity will be reviewed only with the consent of the chairperson of the Commission on Continuing Education. Late fees apply.
5. The non-refundable fee must be enclosed with each application and is based on the contact hours and date of receipt. Applications will not be considered for review until the appropriate fee is received and the entire application has been received.
6. Approval must be granted prior to presentation of an educational activity. Retrograde approval is not authorized or possible.

Activities may not be advertised as approved until approval has been granted. If the activity has been (will be) submitted, but approval notification has not been received, the following statement may appear on promotional materials:

"This educational activity (has been/will be) submitted for approval of continuing nursing education hours to the New Hampshire Nurses Association's Commission on Continuing Education, an accredited approver of Continuing Nursing Education, by the American Nurses Credentialing Center's Commission on Accreditation."

Once an activity has been approved, promotional materials and certificates must state:

"This continuing nursing education activity was approved by New Hampshire Nurses' Association Commission on Continuing Education, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation."

Do not include the value of the contact hours in the above statement. It must stand-alone from any other statement. It must be on a separate line from any other information. Any time contact hour are mentioned on a brochure or flyer, the statement must also be included to indicate where the authority to offer contact hours comes from.

7. Use the “**Applicants Checklist**” for submission of materials to ensure that the application is complete. This form is for the applicant’s use only and should not be sent to the Commission with the application.

Submitting the Application

Submit the completed **Application for Continuing Education Activity Approval**. Other forms mentioned are available on the NHNA website CCE page at this link: <http://www.nhnurses.org/Main-Menu-Category/Commissions/Commission-on-CE.aspx>

Completing the Application (Only typed forms are accepted)

1. **PROGRAM TITLE:** Enter the Title of the Program
2. **DATE:** List the date of the continuing education program
3. **LOCATION:** List the location of the continuing education program if applicable.
4. **ACTIVITY TYPE:** Identify if the program will be provider – directed, provider paced (live program either in person or via webinar) or provider – directed, learner- paced (on line modules). Start and end date of enduring material must be indicated. The time limit is 3 years.
5. **SPONSORING ORGANIZATION:** Enter the name and address of the organization sponsoring the program.
6. **CO-PROVIDED ACTIVITY:** Identify whether the education is co-provided with another group or individual. If it is co-provided, a written organizational agreement must be included with the application. This agreement should address how responsibility was assigned for the following:
 - a. Administration of the budget for the activity
 - b. Determination of objectives and content.
 - c. Selection of faculty/presenters
 - d. Awarding of contact hours
 - e. Record Keeping for Offering
 - f. Evaluation

The co-providership agreement must be included with your application. (See forms on Website for sample.) Note that it is possible to have financial sponsorship of an activity without having that financial sponsor be a provider. Commercially supplied funds for an educational activity that are given in the form of an educational grant or in-kind assistance must be acknowledged in the brochures and/or printed material for the continuing education activity. Financial sponsors do not participate in the planning, developing and implanting of the activity. Exceptions are made for nonprofit or government organizations or non-healthcare related companies.

7. **CONTACT PERSON/ NURSE PLANNER:** It is *strongly preferred* that the nurse planner is the contact person for the application. 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 the continuing education activity. If the nurse planner is not the contact person, the reviewers will contact the nurse planner to review their role on the planning committee. Provide the name, phone number (both work and home) and e-mail address of the Nurse Planner. If another person is the more available contact person and responsible for the application, provide the same contact information for that person as well. The nurse planner does not need to be the head of the planning group.
8. **CONTACT HOURS:** Identify the number of contact hours to be awarded with supporting documentation for the number. A Contact Hour is a unit of measurement that describes 60 minutes of an approved, organized learning experience, either provider-directed, provider paced or provider directed, learner-directed. (Question and answer sessions and participant evaluation time should be included in contact hour calculation). Approval for contact hours must occur before the educational activity occurs.

The Activity Documentation Form serves as supporting evidence for the number of contact hours. For a multi-session activity, also include the agenda, clearly identifying non-educational events such as welcoming remarks, breaks, lunch, and viewing vendor displays. Time spent for evaluation of activities may be counted in the total contact hours.

If enduring material is the method of delivery you must indicate how the contact hour calculation was determined and kept on file with the program. Do not send this information unless it is asked for.

Learners must be informed either in advance or at the start of an activity of the required successful completion criteria. **It is strongly suggested they be made aware in written form** on the marketing materials and course agenda or handouts. A copy of how this is done needs to be submitted with the application.

9. **TARGET AUDIENCE:** Indicate the audience for which this program has been developed. To satisfy the definition of continuing education for nursing, the primary target audience must include RNs.
10. **NEEDS ASSESSMENT:** Indicate how it was determined that there was a need for this education program, and how the content of this program was developed to meet that need.
11. **SUPPORTING EVIDENCE:** Indicate the source of your supporting evidence for the needs assessment data. Must be available upon request.
12. **GAP:** Identify the appropriate gap for the intended target audience.
13. **OVERALL PURPOSE:** Provide a concise description of what the RN will gain from attending this program and how it will enhance their practice.

14. **PLANNING COMMITTEE:** Each educational activity must be planned collaboratively by at least one Nurse Planner and one other planner. Each planning committee must have a minimum of
the nurse planner and the other planner needs to have expertise in the appropriate subject matter expertise for the educational activity being offered. The nurse planner must be a registered nurse who holds a baccalaureate degree or higher in nursing, and has been oriented to the ANCC accreditation criterion for educational design, and who has been directly involved in planning the educational activity. Include the names and credentials of the members of the planning committee, being sure to clearly identify the roles they are filling. A planner may represent more than one role. Each planner must complete a “Biographical Data and Conflict of Interest Form”. Add more lines to this chart if necessary. Please note if you have an administrative assistant assisting with the paperwork that person must also submit a Bio Data and Conflict of Interest Form.
15. **PRESENTERS:** List all presenters and their credentials. Submit a “Biographical Data and Conflict of Interest Form” for each presenter.
16. **PRESENTER QUALIFICATIONS:** Identify how the presenter qualifications were identified by the planning committee.
17. **DISCLOSURES AND COMMERCIAL PRODUCT ENDORSEMENT:** Describe the process taken by the nurse planner to lessen the effects of real or potential conflicts of interest or influence from commercial support or sponsors.
18. **PLANS FOR DISCLOSURE TO AUDIENCE:** Whether there are any identified potential conflicts of interest or not, learners must be informed in advance or at the beginning of the activity whether presenters have disclosed any potential conflicts of interest. A printed statement regarding disclosures is preferred and may be in the form of a handout with the statement, a beginning slide of a PowerPoint, a sign at the registration desk, etc. If a verbal disclosure is planned, then a learner must document what is said and sign the statement as a witness of the disclosure, and this must be forwarded to NHNA to be added to the activity file. Providers of Continuing Nursing Education should not be endorsing commercial products. Education must be kept separate from promotional activities. If commercial products will be mentioned or displayed at this CE activity, please describe how learners will be informed that no endorsement is being made.
19. **ACTIVITY DOCUMENTATION FORM(S):** Complete the five-column activity documentation form. Adult learning principles should be utilized in planning. Objectives must be measurable and achievable within timeframe allotted for successful completion of the activity. A teaching strategy of lecture without any discussion or question/answer period is not acceptable. If the education is a provider-directed, learner paced study, list the teaching-learning resources in place of teaching strategies. If you are new to writing measurable learning objectives, there are two documents on our website which you may find helpful. The first, “How to Write Learning Objectives”, was shared with us by colleagues at the Maine Nurses Association. The second is a document that reviews Bloom’s taxonomy.

20. **BROCHURE/MARKETING MATERIALS:** Please include a copy. The correct statement for contact hours is located on page 2 item 6 of this document.
21. **EVALUATION:** Describe the method to be used to evaluate this activity by attaching a sample evaluation form. The minimal elements that must be included are found in the sample evaluation form on the resource list.
22. **VERIFICATION PARTICIPATION/SUCCESSFUL COMPLETION:** Identify criteria for verifying participation and successful completion of activity. **The contact hour validation form/** certificate must be submitted: A sample form is available on NHNA CCE website. You may create your own form but it must contain the following information:
- a. Name of learner
 - b. Name and address of provider of activity
 - c. Title of activity
 - d. Location of activity
 - e. Date of activity
 - f. Assigned activity number
 - g. Number of contact hours awarded
 - h. Signature of provider- (Optional)
 - i. Correct approval statement.(page 2 item 6)
23. **COMMERCIAL SUPPORT AGREEMENT:** Please include copies of the signed agreements if applicable.
24. **RECORDKEEPING:** Read statement and sign.
25. **ELECTRONIC SIGNATURES:** Electronic signatures are acceptable per ANCC criteria. However, if an original signature is not used, keep documentation supporting the source of the information (i.e. an email showing the attachment from the sender who signed it electronically).

Fee Calculation

The application fee is based on the number of contact hours and the number of calendar days until the activity is scheduled to be held. To determine the number of contact hours to award add up the total time allotted for the actual presentation (not including breaks/lunch) and divide by **60 (minutes)**. *Each contact hour is 60 minutes of actual presentation time.* To determine the correct fee see the chart below.

Number of Contact Hours Requested	Fee	Late Fees**	Fee
0.5 – 3.0 contact hours	\$125.00	45 days prior to presentation	Add \$100.00
3.1 – 6.0 contact hours	\$175.00	21 days prior to presentation	Add \$250.00
6.1 – 9.0 contact hours	\$225.00		
9.1 - 12 contact hours	\$275.00		
12.1 – 15.0 contact hours	\$400.00		
15.1 – 18.0 contact hours	\$450.00		
18.1 – 21 contact hours	\$500.00		
21.1+ contact hours	\$550.00		

Applications received less than 45 days before the date of the course will be subject to a late fee of \$100.00.

Applications received less than 21 days before the date of the course will be subject to a late fee of \$250.00.

Applications for activities scheduled in less than 21 days are reviewed at the discretion of the chairperson of the Commission and the higher application rate applies.

Applications must be complete on NHNA forms to be considered complete. In complete applications will be returned in order for proper documentation to occur. Please note that this may lead to late fees.

Checks should be made out to NH Nurses' Association – or simply NHNA – and mailed to: 25 Hall St. Unit 1E, Concord, NH 03301 If you wish to pay by credit card, contact our office.

Payment must be received before reviewers can be assigned to your application.

Review Process

1. When the application is received in the NHNA office, the Administrative Assistant will log the application, file one copy, and select two Commission members to independently review the application, with one assigned as team leader.
2. If the review team finds problems with the application, the team leader will contact the Nurse Planner to discuss the concerns and, if appropriate, request additional information or clarification. The reviewers may set deadlines for receiving additional documentation in order to finalize the application. Processing of the application will be delayed if the contact person is not available to provide the necessary information or clarification.
3. Following the review, the continuing education activity may be granted an approval status as follows:
 - A. **Approved:** All criteria were met.
 - B. **Not Approved:** The activity is not appropriate to the purpose and functions of nursing continuing education or the application fails to meet criteria for approval. This decision may be appealed in writing to the NHNA CCE within 30 days of notification.
4. Activities are approved for two years. An activity may be repeated as many times as the applicant desires during this period. Once the approval period has expired, a new application must be submitted if approval is again desired.
5. The applicant will be sent written notification of the results of the review, the number of contact hours awarded, and an assigned activity number.
6. An application may be withdrawn at any time without prejudice to any future applications before final action has been taken. The application fee is not refundable.
7. One copy of the application, correspondence, the review results, notification of approval status, and evaluation summary will be kept on file at the NHNA for the approval period.
8. Commission members may reserve the right to attend selected activities with advance notice to the provider in order to validate the review process.

Applicant Responsibilities

1. Inform learners of disclosures and of requirements for successful completion of the activity.
2. Distribute and collect evaluation forms from each participant.
3. Distribute the Contact Hour Validation Form to participants who satisfactorily complete the requirements for the activity. Participants **must** attend entire activity to receive contact hours.
4. Providers must submit an **Activity Evaluation Summary** within thirty (30) days of the completion of the activity. The Activity Evaluation Summary should include the quantitative results of the evaluation, as well as a summary from the planners' overall perspective on the education program, and how any changes will be incorporated into the activity if the activity will be repeated. If this activity is to be repeated, every time it is offered a new **Activity Evaluation Summary** must be sent to NHNA CCE.
5. Applicants are asked to submit an **Evaluation of Activity Approval Process** (QA tool) as soon as their activity is approved. This form will be sent to applicants with notification of activity approval. This feedback is important to NHNA CCE's quality assurance process.
6. Maintain records for six years.

Applicant's Checklist

1. Completed (typed) application form

2. Co-Providership written agreement included (if applicable)

3. Biographical Data and Conflict of Interest Forms are included for:

a. The Nurse Planner

b. Each member of the planning committee (must include at least two members and must represent relative content expert and the target audience)

c. Each presenter/content specialist

d. Administrative Assistants (if applicable)

4. Activity Documentation Form(s) (One for each presentation within the activity, if it is a multi-session activity.) **Note:** Do not send copy of slide presentations/handouts.

5. Brochure/marketing materials

6. Sample evaluation form

7. Sample contact hour validation form/ certificate

8. Commercial Support Agreement (if applicable)

9. Signed Record keeping system statement

10. Appropriate application fee

11. The application file is emailed (preferred) or three copies of the complete application have been enclosed.



**New Hampshire Nurses' Association
Commission on Continuing Education
Application for Continuing Education Activity Approval**

*** (ONLY TYPED FORMS ARE ACCEPTED.....DO NOT HANDWRITE)

1. **Program Title:** _____ **Date:** _____

2. **Location of Activity:** (if applicable)

3. **Activity Type:**

Provider Directed, Provider Paced (i.e. in person or webinar) program may be offered for 3 years

• DATE (S): _____ PLACE: _____ FEE: _____

Provider-Directed, Learner Paced (i.e. print, CD, Web-based program). Activity may be offered for 3 years

• Start date of enduring material _____ Expiration end date of enduring materials: _____

4. **Names and Address of Organization(s) sponsoring program:**

5. **Person Administratively responsible :**

Name:

Phone:

Email:

6. **Primary Nurse Planner** (RN RESPONSIBLE FOR THIS EDUCATIONAL ACTIVITY): *Note: This RN must have a BSN or higher degree in nursing and be actively involved in planning, implementation, and evaluation of this activity.*

Name: _____ Phone: _____ EMail: _____

(Send biographical data form)

7. **Number of Contact Hours:** _____ (a unit of measurement that describes 60 minutes of approved, organized learning

experiences, either didactic or clinical practice, evaluations can be included: Do not include breaks and introduction / announcements. Do Not Round Number of Contact Hours Up!). No fewer than 0.5 contact hours.

Enduring Material (print, CD, Web-based, etc.) Contact Hour Calculation based on

<input type="checkbox"/> Pilot Study	<input type="checkbox"/> Historical Data
<input type="checkbox"/> Complexity of content and data	<input type="checkbox"/> Other

8. **Target Audience:**

<input type="checkbox"/> All RN	<input type="checkbox"/> Advance Practice Nurses	<input type="checkbox"/> RNs in Specialty Areas (identify):
<input type="checkbox"/> Interprofessional (describe):	<input type="checkbox"/> Other (describe)	

9. **Needs Assessment:** Indicate how the needs assessment was accomplished (check all that apply)

<input type="checkbox"/> Surveying stakeholders, target audience member, subject matter experts
<input type="checkbox"/> Requesting input from stakeholders, such as learners, managers or subject matter experts
<input type="checkbox"/> Reviewing quality studies or performance improvement to identify opportunities

<input type="checkbox"/> Reviewing evaluations of previous educational activities
<input type="checkbox"/> Reviewing trends in the literature, law and health care
<input type="checkbox"/> Other: (describe)

10. Indicate sources of supporting evidence for needs assessment data: (check all that apply) Needs assessment data is attached or available on request.

<input type="checkbox"/> Stakeholder /Expert Surveys	<input type="checkbox"/> Literature Review	<input type="checkbox"/> Outcome Data/Quality Data
<input type="checkbox"/> Request (written, phone, email)	<input type="checkbox"/> Evaluation summaries	<input type="checkbox"/> Other

11. Identify the appropriate gap(s) for the intended target audience that this educational activity will address based on needs assessment data:

- _____ Gap In knowledge (knows)
- _____ Gap in Skills (knows how)
- _____ Gap in Practice (shows/does)
- _____ Other- Describe:

12. The purpose of the Activity is:

13. Planning Committee Members (state credentials i.e. BSN, MSN, APRN of each planner). This committee must have at least a nurse planner and one other planner; the nurse planner must have a BSN or higher degree. One planner must have subject matter expertise for the activity offered. **Attach Biographical Data/Disclosure forms .**

- Nurse Planner - NP.**
- Content Reviewer-R (optional)**
- Content Expert- E**
- Presenter – P (optional)**

Name	Licensing Credentials	Target Audience – TA (optional)
a.		
b.		
c.		
d.		

14. List Presenter(s) / Content Specialist(s) – Presenters will have knowledge and expertise in the content and take an active part in planning their presentation. A Biographical Data/Disclosure Form

Name	Licensing Credentials
a.	
b.	
c.	

15. Planning Committee assures the qualification of Faculty Presenter/Authors are appropriate and adequate by:

<input type="checkbox"/> Review of resume/CV	<input type="checkbox"/> Recommendations by colleagues	<input type="checkbox"/> Review of literature written by faculty / presenter / author
<input type="checkbox"/> Observation of previous presentation	<input type="checkbox"/> Other	

16. Describe process taken by the Nurse Planner to lessen the effects of real or potential conflicts of interest; influence from commercial supporter or sponsors. Evaluating Planners, Presenter/Content Experts, Commercial Interest and Sponsors

Commercial Interest - is defined by the AACN as any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients or any entity that is owned or controlled by an entity that produces, markets, re-sells or distributes health care goods or services consumed by or used on, patients. Exceptions are made for non-profits or governmental organizations and non-health care related companies.

Commercial Support - is a financial or in-kind contribution given by a commercial interest, which is used to pay all or part of the cost of the CNE activity.

A Sponsor - is identified as an organization that does not meet the definition of a commercial interest. Sponsorship is financial, or in-kind contributions given by an entity that is not commercial interest which is used to pay for all or part of a CNE activity. Not part of the planning, implementation or evaluation process.

Type	Person / Organization	Action Nurse planner has taken to mitigate real or potential bias and/or concerns
<input type="checkbox"/> Conflicts of Interest List:	<input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Discussion <input type="checkbox"/> Policy shared in writing <input type="checkbox"/> Signed statement information will be without bias <input type="checkbox"/> Content Reviewer <input type="checkbox"/> Monitoring Details:
<input type="checkbox"/> Commercial Support Funding or in-Kind Donation: List:	<input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Discussion <input type="checkbox"/> Policy shared in writing <input type="checkbox"/> Signed statement information will be without bias <input type="checkbox"/> Written agreement <input type="checkbox"/> Content Reviewer Details:
<input type="checkbox"/> Sponsorship: Funding or in-Kind Donation: List:	<input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Discussion <input type="checkbox"/> Policy shared in writing <input type="checkbox"/> Written agreement Details:

17. Discuss plan for disclosure to audience:

Learner must receive disclosure prior to the start of an education activity. In live activities, disclosures must be made to the learners prior to initiation of the educational content. For enduring material (print, CD or Web-based activities) disclosure must be visible to the learner prior to the start of the content or on the direction page. Required disclosures may not occur or be located at the end of the educational activity. In addition disclosure for enduring materials should be on all advertisements.

- **You must disclosed both positive and negative findings concerning Commercial Support and Sponsorship**
- **You must also disclose successful completion requirements**

<input type="checkbox"/> Disclosure on Information provided on advertising (Please submit)
<input type="checkbox"/> Disclosure written format (Please submit)
<input type="checkbox"/> Disclosure on PowerPoint Slide (Please submit copy of slide)
<input type="checkbox"/> Disclosure on evaluation which is discussed prior to the content
<input type="checkbox"/> Disclosure given verbally (Disclosure must be written down word for word and then signed by a participant)

18. Educational Objectives: Each objective should have one measurable action verb and should specify what the learner will know or do once the objective has been completed. (Submit Activity Documentation Form)

Content must:

- Be congruent with purpose and reflect the intent of the objective(s)
- Include details beyond a restatement of the objective(s)
- Be numbered consistently with the related objective
- Be evidenced-based or based on best available evidence.

19. Advertising to be used Please submit a copy of your marketing material

<input type="checkbox"/> Flyer/Brochure	<input type="checkbox"/> Memo / Letter	<input type="checkbox"/> Meeting Notice
<input type="checkbox"/> E-mail	<input type="checkbox"/> Website	<input type="checkbox"/> Other

Required language if you mention contact hours in your marketing materials (please note contact hours are on a separate line)

Contact Hours.

This continuing nursing education activity was approved by the New Hampshire Nurses' Association's Commission on Continuing Education, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

20.. Describe criteria for verifying participation and successful completion (check all that apply) for example:

Participation

- Sign in sheet
- Collection of participation verification via computer log
- Other

Successful Completion

- Return of Evaluation
- Pre and/or Post Test (attach copy)
- Return demonstration
- Case Study Analysis
- Role Play
- Long term method: longitudinal study with self-reporting change in practice
- Long term method: Data Collection related to quality outcomes
- Long term method: Observation of performance in practice.
- Other (Please Specify)

21. Attach a sample of your **Contact Hour Validation Form/ Certificate** to be awarded to participants.

22. Include copies of Commercial Support Agreement (if applicable).

23. Record Keeping: Please read and sign below.

I agree to ensure the records of this activity are kept for SIX years in a locked and confidential area accessible only by myself and other authorized individuals. The records for this activity will include: title of activity, complete contact hour application, a sample brochure, a sample certificate, list of names and a unique identifier of participants receiving contact hours, the summary of participant evaluations, co- provider agreement and commercial support agreements (if applicable).

Signature of planner responsible for keeping records:

Print Name