



1.0 Continuing Nursing Education Application

(Activity Code -ENA office use:)

January 2014, version 4

ENA is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

1.1 Description of Educational Event:

Application category

ENA Chapter or State Council

Non-ENA Applicant

Name of group:

Name group:

Address:

Address:

City/State/Zip:

City/State/Zip:

Phone:

Phone:

Is this organization a **commercial entity** as defined by ANCC and/ or ENA? Yes No

If yes, please **STOP!** Commercial interest organizations are not allowed to provide CNE activities.

Is this organization compliant with all applicable federal, state and local laws and regulations that affect the organization's ability to meet ENA's Approver Unit CNE policies? Yes No

Title of Activity:

Type of Activity

Live-location and date:

Enduring- release date:

Subsequent review dates:

Number of contact hours calculated:

Designation contact hours: Clinical Pediatrics Trauma Pharmacology

History: Has this activity been denied contact hours by any organization in the past 2 years? Yes No

If yes, name of organization, year and reason for denial:

Has any portion of this activity been reviewed by ENA's Approver Unit in the past year? Yes No

If yes, please provide the title and activity code:

1.2 Activity Coordinator: (Biographical Data/Conflict of Interest/Disclosure form required)

Name:

Position:

Address:

City, State, Zip:

Email address:

Phone #1:

Phone #2:

1.3 Planning Committee: (Biographical Data / Conflict of Interest / Disclosure form required).

Planning committee must consist of a **Nurse Planner and Content Expert**. Roles of the planning committee: **Nurse Planner**-ANCC CNE criteria and **Content Expert** are mandatory. At least two (2) individuals must be members of the planning committee. Content reviewer and target audience representative members are optional.

Important Note: The nurse planner must be a currently licensed RN with a baccalaureate degree or higher or international equivalent in nursing who is actively involved in all aspects of planning, implementation and evaluation of the CNE activity. The Nurse Planner is responsible for ensuring that appropriate educational design principles are used and processes are consistent with the requirements of the ANCC Accreditation Program. The Nurse Planner must attest to current RN licensure, which will be validated, along with minimum education requirements and experience with ANCC/ENA continuing education criteria.

Name/credentials of Nurse Planner:

Other planning committee members:

Name:

Credentials:

Content Expert

Content Reviewer

Target Audience

Name:

Credentials:

Content Expert

Content Reviewer

Target Audience

Name:

Credentials:

Content Expert

Content Reviewer

Target Audience

Please add additional planning committee members on a separate sheet.

1.4 Faculty, Presenters, Speakers, Authors information

Name:

Credentials:

Expertise:

Name:

Credentials:

Expertise:

Name:

Credentials:

Expertise:

Name:

Credentials:

Expertise:

Please add additional faculty/presenters/content experts/author information on a separate sheet.

1.5 Assessment and Resolution Conflict of Interest

Have any conflicts of interest been identified for any planner, presenter, faculty, content reviewer, content experts or any other individuals involved with this activity? Yes No

If conflicts of interest are present, describe the method used for successful resolution of the identified conflicts, bias or prejudice in this activity.

1.6 Assessment of Activity

Describe the purpose of this educational activity:

Description of target audience (*please check all that apply*)

Emergency RN LPN APN EMT/EMT-P MD Other:

Method(s) of needs assessment (*please check all that apply*):

ENA national needs assessment Program evaluations Clinical guidelines
Q/A Regulatory requirements Policy/Standards Other:

Note: The Approver Unit reserves the right to request needs assessment data.

Please describe findings from the needs assessment resulted in development of this educational activity:

Please describe evidence of gap in knowledge, skill or practice for the target audience:

Please describe how this educational activity will address identified gap(s):

Explain how will you identify, assess, measure and evaluate quality outcomes measures that this activity was designed to achieve?

1.7 Nursing Professional Development:

The expected outcome of the continuing nursing education activity is to enhance nursing practice at the point of care. Please check the specific nursing professional development indicators intended to be achieved by this activity.

- | | |
|---|---|
| <input type="checkbox"/> Improvement in professional practice behaviors | <input type="checkbox"/> Delivery of high-quality care based on best available practice |
| <input type="checkbox"/> Improvement in leadership skills | <input type="checkbox"/> Improvement in nursing practice |
| <input type="checkbox"/> Enhance critical thinking abilities | <input type="checkbox"/> Improvement in patient outcomes |
| <input type="checkbox"/> Refined clinical competency | <input type="checkbox"/> Improvement in nursing care delivery |
| <input type="checkbox"/> Other: | |

1.8 Educational Design

Format: Use the 5-column Education Module (2.0) to document educational content.

Objectives: Use the suggested Bloom's Taxonomy chart to develop objectives. No more than 3 objectives per 60 minutes of content will be accepted! Higher level verbs for learner objectives are recommended to facilitate critical thinking from learners.

Content: Must be descriptive of the objective. Content serves as the "path or steps" required to deliver learners' objectives. Content may be documented as bulleted points or in outline form. Content cannot be re-written as an objective. Content must be supported with documentation evidenced-based professional citations / references.

Time Frame: This is the amount of time needed to deliver the content. Time frame must be written in minutes.

Speaker: The name/credential of person(s) presenting the content.

Teaching Strategies: These are methods selected to deliver content. Content must be presented within an active and interactive learning environment. Learner feedback as discussion, Q&A, and/or return demonstration **MUST** be documented. Teaching strategies with only "Lecture" or "PowerPoint" will **NOT** be approved.

Additional Details for Educational Content:

Designations: Designations for content are limited to clinical, pediatrics, trauma and pharmacology. Nurse planners and/or faculty should request appropriate designations. Be advised that the Nurse Peer Reviewers / Nurse Peer Reviewer Leader will make final determination of requested designations. Nurse Planners are advised to review definitions of designations. Not all content will be appropriate for a designation, but contact hours will be provided.

Citations: Professional references/citation must document content with best available evidence, evidence based practice, literature/peer reviewed journals, clinical guidelines, best practices and /or content experts/ expert opinions. Citations may be documented in the teaching strategies, bottom of Educational Module or on a separate page. Each session must have documented citation(s) within the past six (6) years. The Approver Unit recommends APA format, but any other professional format is acceptable.

1.9 Calculation of Contact Hours

Contact hours must be defensible. 60 minutes of educational content = 1 contact hour. The minimum time frame / contact hours are 30 minutes for 0.5 contact hour. Introduction, welcome, break periods and lunch are **NOT** to be included in time frame.

Time **MUST** be deducted for speaker changes and room changes! Adult learners must receive a break period when time frame exceeds 180 minutes. Nurse planners are advised to review the sample contact hour matrix template in order to develop appropriate agendas.

In the event that does not deduct time needed for changes in speakers or room change, Nurse Peer Reviewers and or Nurse Peer Review Leader will deduct appropriate time from the educational activity to account for this downtime.

Agenda: An agenda must be included and provided to learners! Time frames on the agenda **MUST** match the time frames on the Educational Modules.

1.10 Commercial Support / Sponsorship

Was commercial support / sponsorship received for this activity? No Yes

Commercial support: \$ _____ (complete and submit the Commercial Support agreement)

Sponsorship: Monetary value: \$ _____ (complete and submit the Sponsorship agreement)

Note: Commercial supporters and sponsors are NOT permitted to serve as activity planners! Representatives of commercial entities are NOT permitted to serve as speakers unless the topic unrelated to the product. Please note that this situation must be documented and disclosed as a potential conflict of interest!

1.11 Content Integrity

In the event of commercial support / sponsorship of this educational event, the nurse planner must ensure that content integrity is preserved in each of the following approaches:

- Review slides, handouts or other materials for violations, prior to the event.
- Removal of planners and/or faculty who refuse to submit COI/Disclosure.
- Ensure that the written disclosure template handout is fully documented and provided to learners along with verbal notification, prior to event.
- Notify speakers of content integrity standards prior to the educational events.
- Assess learner evaluations for feedback of bias, favoritism, partiality, and/or influence.
- Other:

Note: Nurse Planners are required to read ANCC/ENA Content Integrity Standards document which is posted on the CNE website.

1.12 Rationale and Requirements for Successful Completion

Rationale: To ensure that learners are informed, prior to the start of the activity, of all requirements needed to receive a certificate of completion.

Mandatory Requirements for Successful Completion:

- Learners will be required to achieve the following in order to successfully complete this educational activity:
- Registration / sign in / documented attendance
- Attendance at full session with no more than 10 minutes missed in a 60 minute time frame.
- Amount of course / sessions required for attendance. Note that no less than 30 minutes will be permitted.
- Completion and submission of evaluation form.
- Additional:

Optional, when included as appropriate or as a teaching-learning strategy:

Successful passing of post-test with minimum score of:

Successful return demonstration of skills.

1.13 Mandatory Disclosures to Learners

The following disclosures must be provided to learners in written form PRIOR to the start of the educational activity. The ENA Disclosure template must be completed specific to the activity and submitted with this application. Nurse Planners and Activity Coordinators are welcomed to use a PowerPoint slide deck with the required information documented. Verbal only disclosures are NOT permitted.

Criteria for successful completion:

- Purpose and/or objectives of the event/educational session.
 - Documented registration or sign-in on attendance form.
 - Required attendance at full session with no more than 10 minutes missed of a 60-minute time frame.
 - Completion and submission of evaluation form.
 - Pro-rated contact hours, as appropriate.
-
- Successful completion of post-test, with minimum passing score of %, if applicable.
 - Successful return demonstration of competency performance skills, if applicable.

Conflict of Interest

Absence or presence of conflicts of interest for planners, content experts, and reviewers.

Note: Each planner, content expert and reviewer MUST be listed!!!

Absence or presence of conflicts of interest for faculty, speakers, content experts, authors.

Note: Each MUST be listed!!! Faculty/speakers are encouraged to display their own disclosures as they open their presentations.

(In the event of conflicts, the name of the commercial interest and relationship with the commercial entity must be documented)

Presence of Commercial Support:

Presence of Sponsorship:

Non-Endorsement of Products:

Accreditation status does not imply endorsement by the provider of this educational activity, ENA's Approver Unit or ANCC of any commercial products discussed or displayed in conjunction with this educational activity.

Expiration Date of Enduring Material:

1.14 Method(s) Used to Verify Participation of Learners

Planners and Activity Coordinators must indicate how they will verify participants actually attended the educational session (*please check all that applies*).

Room monitor(s) assigned for the duration of the educational session.

Other method, please describe:

1.15 Co-Providership

Will this educational activity be co-provided? No Yes

If yes, who will co-provide this activity?

ENA's Co-Provider agreement must be completed and submitted with this application.

1.16 Marketing / Promotional Brochure

A promotional document must be submitted with this application. Appropriate accreditation language must be selected: When advertising is released prior to approval AND after the application has been submitted:

This activity has been submitted to the Emergency Nurses Association for approval to award contact hours. The Emergency Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

When advertising is to be released AFTER approval is received, then the following statement can be used:

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

1.17 Evaluation (check appropriate option)

Using ENA Learner's Evaluation form Other evaluation form to be used
(Must be submitted with application using ENA's template)

Note: Summative evaluations must be submitted within 30 days of the educational event.

1.18 Certificate of Completion (check appropriate option)

Using ENA's completion certificate Other certificate to be used
(Must be submitted with application using ENA's template)

1.19 Attendance Roster (check appropriate option)

Using ENA's attendance roster Other attendance roster to be used
(Must be submitted with application using ENA's template)

1.20 Signatories and Attestations

Nurse Planner

By signing below, I attest that I meet the following requirements as a nurse planner:

- Current and active RN license in the state of:

- I have a baccalaureate degree or higher in nursing.
- I was actively involved in all aspects of planning, implementation and evaluation of this CNE activity to ensure adherence to ANCC / ENA criteria for CNE.
- I have read the 2013 **ANCC Content Integrity Standards**.
- I have taken actions to preserve the content integrity of this educational session needed to prevent potential bias, favoritism, partiality and or influence; ensure balance in presentation; facilitate evidence-based content or other indicators of integrity.
- I will review participant feedback to evaluate for commercial bias in the presentations.
- I ensured that appropriated educational design principles were used and processes were consistent with the requirements of ANCC's Accreditation criteria for CNE.

Nurse Planner's electronic signature:

Date:

State of RN licensure:

ENA Approver Unit Use Only:

RN licensure verified by:

Date verified:

Approver Unit staff's electronic signature:

Activity Coordinator

By signing below, I attest to the following as the Activity Coordinator:

- My organization comply with all applicable federal, state and local laws and regulations that affect my organization's ability to meet ANCC/ENA's continuing nursing education standards.
- I have read the 2013 **ANCC Content Integrity Standards**.
- I will retain all documents for this educational activity / event for a minimum of six (6) years.
- I will manage timely submission of all required post-program documentation requirements as noncompliance will render my organization ineligible to submit future CNE applications for approval.
- I am aware that noncompliance may result in disciplinary action, up to and including denial for future application approvals.

Activity Coordinator's electronic signature:

Date: