

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activity Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Hours (ABN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Valid Through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Hours (ANCC): \_\_\_\_\_\_\_\_\_\_\_\_

File reviewed/audited by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name & credentials)

**FOR OFFICE USE ONLY**

**CHILDREN’S OF ALABAMA**

**INDIVIDUAL EDUCATIONAL ACTIVITY APPLICATION**

***Always*** download a new application to ensure you have the current version and requirements.

**Do not use saved file copies of this application as items may change to maintain ANCC compliance.**

**Directions:** Only typed, electronic applications will be accepted. **Please complete all questions on the application and include all required attachments.** Application must be submitted as a **Word® file.**

**General information**

*Children’s of Alabama (COA) is an Approved Provider of continuing nursing education by the Alabama Board of Nursing (ABN): ABNP0113, Expiration Date: 03/31/2025.*

*Children’s of Alabama is approved as a provider of nursing continuing professional development by the Northeast Multistate Division Education Unit, an accredited Approver of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation. Provider Number: 5-173, Expiration Date: 09/14/2025*

*Applications are accepted for programs / activities coordinated by Children’s of Alabama employees, provided to Children’s of Alabama employees or for programs / activities available for Children’s of Alabama employees to attend.*

*Application must contain all information before review and approval may be granted. All criteria listed below must be documented* demonstrating adherence to the following criteria requested in narrative and/or checklist format *for each activity provided. Should you need assistance contact* *[nursingcontinuingeducation@childrensal.org](mailto:nursingcontinuingeducation@childrensal.org), Ann Bentley, BSN, RN, NPD-BC, CPN (*[*ann.bentley@childrensal.org*](mailto:ann.bentley@childrensal.org)*) at 205-638-6941, or Jennifer Childress, Ph.D., RN, CPEN (*[*jennifer.childress@childrensal.org*](mailto:jennifer.childress@childrensal.org)*) at 205-638-7738.*

*See the following policies in Lucidoc for additional information:*

* *Nursing Continuing Education*
* *Nursing Continuing Education – Application*

**Applicant & Activity Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity Title:**  **≤ 77 Characters** | | |  | | | | | | | | | | |
| **ACTIVITY DESCRIPTION:** | | | | | | | | | | | | | |
| **Unit/Area** | |  | | | | | | | | | | | |
| **Activity Nurse Planner (ANP) Name:** | | | | | | |  | | | | | | |
| **ANP Degree Credentials:** | | | | |  | | | | | | | | |
| ***NOTE: ANCC requires the ANP to hold a BSN or higher nursing degree (MSN, DNP), please include your nursing degree when documenting your credentials (e.g. BSN, MPH, RN or PhD, BSN, MBA, RN, NEA-BC)*** | | | | | | | | | | | | | |
| **ANP License #:** | | | |  | | | | | | **State(s) in which licensed as a RN:** | | |  |
| **Number of Contact Hours Submitted for Approval:** | | | | | | | | | **ABN:** | | | **ANCC:** | |
| **ABN PHARM:** | | | **ANCC PHARM:** | |
| **Phone:** |  | | | | | | | **Preferred Email:** | | |  | | |
| **Person Submitting Application**: | | | | | | *If same as Nurse Planner indicate “Same as above”* | | | | | | | |
| **Phone:** |  | | | | | | | **Preferred Email:** | | |  | | |

**Activity Format:**

**Will this activity be offered Multiple Times i.e., Repeated?**  Yes  No

**NOTE:** To request contact hours for recorded version of live presentation use the **Enduring Learning Activity Planning Addendum** attachment. The enduring program(s) will be given a different approval number and the word “Video” will be added at the end on the title. Complete a separate addendum attachment for each program being recorded.

|  |  |
| --- | --- |
| **Activity Type:** | |
| **Live**: | In-person, live activity  Live, virtual activity/webinar/webcast  Hybrid (live & livestream) course  Live meeting series/journal club  Tele-/Audio-conference  Other – (Describe):  **Date(s), & Time(s)**  **Location(s):  Zoom/Virtual Room**  Minimum number of learners:  Maximum number of learners: |
| **Enduring**: | On-Demand/Internet/Computer-based activity *(excluding live webinars/webcasts)*  Journal/Article in publication  Printed/Online case study review  CD/DVD  Printed/Recorded/Online self-study modules  Other – (Describe):  **Start date of enduring material:**  **Expiration/end date of enduring material:** |
| **Blended:** | Journal Club (required reading of article prior to live event)  Combination of learning formats *(face-to-face and web-based/online instruction)*  Flipped classroom  Other – (Describe):  **Start date of enduring material:**  **Expiration/end date of enduring material:**  **Date(s), Time(s)and**  **Location of live portion:** Zoom/Virtual Room  **Minimum number of learners:**  **Maximum number of learners:** |

**PROGRAM WITH MULTIPLE SESSIONS**

**WILL INDIVIDUAL SESSIONS NEED TO BE ASSIGNED INDIVIDUAL Approval NUMBERS?**  Yes  No **Note:** If No, do not complete table below.

Examples for when individual sessions will need individual approval numbers/contact hours:

* Learners are not required to attend every program.
* Speaker of an event is attending sessions where they are not the speaker. (Speakers are not eligible for contact hours for their own session but can receive contact hours for other sessions attended.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity Title**  **(no more than 77 characters)** | **Description of Activity** | **Contact Hour Request** | | | |
| **Pharmacy** | | | |
| **ABN** | **ANCC** | **ABN** | **ANCC** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Logistic Information**

|  |  |  |
| --- | --- | --- |
| **Answer All Questions** | **Yes** | **No** |
| **Will this activity be recorded to be viewed later for contact hours?**  (If so, use the **Enduring Activity Addendum for Recorded Live Programs** to request contact hours for the recorded version of a Live presentation.)  Contact [isthelp@childrensal.org](mailto:isthelp@childrensal.org) to assist with recording, if needed. |  |  |
| **Will participants register for this event in Children’s University?** |  |  |
| **Is program open to non-COA employees?** |  |  |
| **Will the ABN license scanner be needed?** (only needed when expecting increased number of non-COA employees  If yes, who & when will scanner be picked up from Nursing Education: |  |  |
| **Will CE certificate be needed?** Contact hours are automatically uploaded to the ABN. ALL nurses with an out of state license or respiratory therapy will automatically be emailed a certificate.  The learner may request a certificate by either:  1. contacting [*nursingcontinuingeducation@childrensal.org*](mailto:nursingcontinuingeducation@childrensal.org)*, Ann Bentley, BSN, RN, NPD-BC, CPN (*[*ann.bentley@childrensal.org*](mailto:ann.bentley@childrensal.org)*) at 205-638-6941,*  *2. a list of learners needing a certificate can be submitted with attendance sheet and nursing education will email learner a certificate, or*  *3. Check yes, the ANP will be given a PDF copy of the certificate to distribute at the learning event* |  |  |

**Eligibility verification**

* **The Nurse Planner listed above for this Continuing Education Activity**

Holds a currently unencumbered registered nurse license with baccalaureate degree or higher in nursing and is **actively** involved, as the Nurse Planner, in the planning, implementing and evaluation process of this continuing education activity, as well as the application process. The **Nurse Planner** *(listed above)* must be available to the Primary Nurse Planner of **Children’s of Alabama** to answer questions pertaining to the activity and information provided in this application.

By checking the box below, the Nurse Planner acknowledges responsibility for this educational activity:

**YES, I take responsibility for this educational activity.**

* **Does the individual serving as Nurse Planner meet** **all** of the following requirements?
  1. Holds a current, unencumbered nursing license
  2. Holds a baccalaureate degree or higher in nursing
  3. Is **NOT** an employee or representative of an Ineligible company
  4. Has **NO** relevant financial relationship with an ineligible company with respect to the content of the activity
  5. Is in compliance with all applicable federal, state, and local laws and regulations that affect the organization’s ability to meet the ANCC/Northeast MSD accreditation criteria

**Yes,** Nurse Planner meets all above requirements.

**No** **(If no, the applicant is not eligible to continue)**

* **Is Your Organization An ‘Ineligible company’?**

*An ‘Ineligible company’, as defined by ANCC, is any entity producing, marketing, reselling, 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, resells, or distributes healthcare goods or services consumed by or used on patients.*

*Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are* ***not*** *considered Ineligible companies.*

**Does your organization produce, market, re-sell, or distribute health care products or services consumed by, or used on patients?**

**NO**, your organization **is eligible** to apply for approval. **Please identify below which type of organization you represent.**

**YES**, However, my organization is one of the **exempt** organizations listed below. **Please identify below which type of organization you represent**

**Identify Applicant’s Organization Type-*please select one***:

Constituent Member Association of ANA or Specialty Nursing Organization

College or University

Hospital, nursing home or rehabilitation center; for-profit or nonprofit

Non-profit organization or professional association

Government organization

Blood bank

Diagnostic laboratory

Federal Nursing Service

Group medical practice

Health insurance providers

Liability insurance providers

Non-healthcare related company

Provider of clinical services or clinical education

National nurse’s organizations based outside the United States

Healthcare information Technology Company

A single-focused organization \*devoted only to providing continuing nursing education

Note: For Children’s of Alabama – Proceed to Statement of Understanding By Authorized Representative.

**TIP: 501c applications are not automatically exempt**. The ANCC Accreditation Program requires 501c applicants to be screened for eligibility.

\**If you checked ‘YES’* ***and your organization******is not*** *one of the types listed above,* ***proceed to determine your eligibility to apply.***

* Your organization indicated it meets the definition of an **ineligible company** and is therefore not an exempt organization from the list above. The following questions must be answered to assess the organization’s eligibility to offer continuing nursing education.
  1. Does the applicant produce, market, re-sell, or distribute health care goods or services consumed by, or used on patients and **not** an exempt organization?

☐ **YES**, **STOP** your organization is not eligible to apply for approval

☐ **NO**, continue to next question

* 1. Is the applicant owned or controlled by a multi-focused organization (MFO) that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients?

☐**YES**, **continue to next question**

☐**NO,** this section of the eligibility is complete. **Continue to the next question.**

* 1. Is the application a separate and distinct entity from the MFO?

**YES**, **continue to Statement of Understanding**

**NO, STOP** your organization is not a separate and distinct entity from the MFO; therefore, you are

**not eligible** to apply for approval.

**Statement of understanding by authorized representative**

* On behalf of Children’s of Alabama, I hereby attest that the information provided in this application is true, complete, and correct. I further attest, by my signature below that the organization will comply with all eligibility requirements and approval criteria throughout the approval period and will notify the **Northeast Multistate Division Education Unit** promptly, if, for any reason, while this application is pending, or during any approval period, it does not maintain compliance.

I understand that any misstatement of material fact submitted on, with or in furtherance of this application for activity approval shall be sufficient cause for the **Northeast Multistate Division Education Unit** to deny, suspend or terminate approval of this activity and to take other appropriate action against the Applicant.

**Electronic Signature (Required)**  **Date**: Click here to enter a date.

**Name and Credentials of duly authorized representative of the Activity Nurse Planner**

**Jointly Provided Activities**

* When an activity is jointly provided, the **applicant organization** is referred to as the **‘Provider’** of the educational activity. The other organization(s) involved are referred to as the joint provider(s).

***Providers*** *are responsible for the following elements, when the activity is jointly provided: a) determining learning outcome(s) and content; b) selecting planners, presenters/faculty/authors, and content reviewers; c) awarding contact hours; d) developing evaluation methods; e) managing commercial support; f) recordkeeping procedures; and g) ensuring the provider’s name is prominently displayed on all marketing materials and certificates.*

**Is this educational activity jointly provided (collaboratively provided with another organization)?**

**No.** This activity is **not** jointly provided.

**Yes.** This activity is jointly provided with:      **Organization(s) Name(s)**

Submit a copy of the **Joint Provider Agreement*.*** *When educational activities are jointly provided, a joint provider agreement must be developed. The joint provider agreement must*:

* *identify each organization involved in the planning of the activity*
* *outline the responsibilities of each organization*
* *be signed by representatives legally authorized to enter into agreements on behalf of each organization involved in the activity, including the date the agreement was signed.*

[**Joint Provider Agreement**](https://s3.amazonaws.com/nursing-network/production/files/110633/original/Joint_Provider_Agreement_v5.2022.docx?1653589827) **attached in Appendix section**

**Commercial Support**

* The applicant organization must adhere to the ANCC Standards for Integrity and Independence in Accredited CE for Industry Support in Continuing Nursing Educational Activities at all times. To evaluate commercial support, view the Commercial Support Decision Tree. The applicant must have a written, signed commercial support agreement, outlining the terms of acceptance for all outside support received. If a signed commercial support agreement is not available at the time of application, applicants must provide a sample copy of the agreement that will be used.

Copies of signed agreements *not available at the time of application must* be submitted at least one (1) business day prior to the activity start date. Approval will not be issued until signed commercial support agreements are received.

**Will the educational activity receive commercial support?**

**No.** This activity has **not** received any commercial support

**Yes.** This activity has received commercial support:

Total amount of commercial support received:

Organization(s) Name(s):

**Commercial Support Agreement attached** **in Appendix section**

**Exhibitors/Vendors**

* Support from Exhibitors/Vendors is **NOT** considered sponsorship or commercial support; however, precautions must be taken to ensure content integrity.

**Will there be exhibitors and/or vendors at the educational activity?**

**No**. There will be no exhibitors and/or vendors at the activity.

**Yes**. The activity will have exhibitors and/or vendors.

Identify strategies/precautions that have been/will be taken to prevent bias/ensure content integrity with the presence of exhibitors/vendors. See the **ANCC’s Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities** for examples of other methods to maintain content integrity.

***TIP****: Exhibitor/Vendor display fees are not considered commercial support; however, precautions must be taken to ensure content integrity.*

Exhibiting, promoting, or selling products will not take place during scheduled educational time

Exhibit area will be physically separated from area where educational content will be delivered

Marketing/advertising will not be included within educational content (slides, handouts, etc.)

‘Giveaways’ will be kept separate from educational materials/delivery

Learner contact information will not be shared without written permission from the learner

An Ineligible company will not be allowed to influence the audience during the educational activity for any reason

Other – (Describe):

**Education Needs Identification and Assessment of Learner Needs**

**Resource: A Guide to Performing a Needs Assessment and a Gap Analysis**

* **Educational need that underlies the professional practice gap** (e.g., knowledge, skill and/or practices)

Gap in knowledge (does not know)

Gap in skills**\*** (does not know how)

Gap in practice**\*** (does not show/do in practice)

Other- Describe:

**\*NOTE:** Skill must be demonstrated during the learning activity, a simulation setting, or at the point of care. Practice is evaluated by observation at the point of care, the participant’s self-report to change practice on the evaluation form, or long-term quality outcomes. **If there is no ability to effectively measure ‘skill’ or ‘practice’, check only ‘knowledge’ as the educational need.**

**ADDRESSING THE PRACTICE GAP**

**Use your Needs Assessment to look at:**

|  |  |  |
| --- | --- | --- |
| *Knowledge:*  Learner has knowledge about the topic subject | *Skill:* Learner is able to apply or demonstrate knowledge and skills in a simulated setting | *Practice:* Learner translates knowledge and skills into clinical practice |
| GAP = Does not know | **GAP = Does not know how** | **GAP = Does not do in practice** |

**GAP ANALYSIS EXAMPLE**

|  |  |  |  |
| --- | --- | --- | --- |
| Current State  (happening *now*) | Desired State  (*should* be happening) | Identified Gap  (*difference* b/n  current and desired) | Gap in Knowledge,  Skills or Practice? |
| Oncology Nursing is a continuously evolving field of practice, and nurses report they are challenged to keep up with new and innovative therapies current trends in oncology and influences on care. | Oncology nurses need the knowledge, skills, and ability to apply new information to provide care for patients in the oncology setting. | Oncology nurses lack the knowledge and skills needed to care for patients in various oncology settings. | 1. Knowledge 2. Skills   **Outcomes:** The participant will be able to:   1. Identify strategies needed to manage the care challenges facing the oncology patients they serve. (Note: A post-test will be used to demonstrate *Knowledge*) 2. Demonstrate increased knowledge to care for diverse patient populations experiencing oncology, and related disorders. (Note: Breakout sessions to discuss case studies will be used to demonstrate *Skill*). |

* **Description of the professional practice gap: (e.g., change in practice, problem in practice, opportunity for improvement)**

**Describe the Current State: (Currently happening)**

|  |
| --- |
|  |

**Describe the Desired State: (Should be happening)**

|  |
| --- |
|  |

**Identified Gap: (Difference between the Current & Desired States. Why is this not happening?)**

|  |
| --- |
|  |

* **Evidence used to validate the professional practice gap(s) for this activity: (check all that apply)**

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/or health care

Trends in practice, treatment modalities and/or technology

Direct observation

Other—Describe:

**Please provide a brief summary of data gathered that supports/validates the need for this activity:**

|  |
| --- |
|  |

**Education Design Process – Answer these questions as you plan your program\*\***

\*\*Dickerson, P. (2018). *Differentiating outcomes and objectives.* Handouts, Sigma Nursing Repository. <https://sigma.nursingrepository.org/>

* **Identify the target audience for the education activity. (Check all that apply)**

Registered Nurses - RNs

Advanced Practice Registered Nurses - APRNs

RNs in Specialty Areas (Identify Specialty):

Licensed Practical Nurses - LPN

Interprofessional e.g., Pharmacists, social workers, Physicians - (Describe):

Other-Describe:

* **Desired learning outcome(s): *(What will the outcome be as a result of participation in this activity?)*** *Outcomes are measured to determine the impact of educational activities on patient care and professional development of the learner. There is no specific list of outcome statements because they are based on the identified gap for the program being developed. Consider that a* ***1- contact hour program should have 1 overarching outcome*** *that will demonstrate what the participant has gained in knowledge, skill, or practice as a result of participating in the program.*

***(For more information on writing Learning Outcomes see Outcomes vs Objectives and Writing Learning Outcomes located on* RedWagon - Nursing Education – Nursing Professional Development – Nursing Contact Hour Application Process.)**

**TIPS:**

* *The desired learning outcome(s) should be documented in 3 places on this form:* ***Section M****, on the required* ***Disclosures to Learners*** *section, and on the* ***Participant Evaluation*** *form.*
* *Outcomes* ***are not*** *a list of objectives:*
  + ***Objectives*** *are the “stepping-stones” to the overall outcome.*
    - *Describe or outline the goals of the presenter in teaching the specific content.*
  + ***Outcomes*** *reflect the “end-game” expectations of the activity.*
    - *Demonstrate learner’s higher-level thinking skills; integrate the overall content of the activity into practice.*
    - *Provide evidence of the change as a result of participating in the activity*
    - *What will the learner know, do, or perform in practice after the identified gap has been closed?*

**Objective(s)**

|  |
| --- |
|  |

**Desired learning outcome(s) *NOTE****: The learning outcome(s) related to this activity must be documented in the space/box provided below*.

|  |
| --- |
| As a result of this activity the learner will: |

**Area of impact (check all that apply):**

Nursing Professional Development  Patient Outcome Other- Describe:

**N.** [**Outcome Measure**](http://nursingnetwork-groupdata.s3.amazonaws.com/ANA/NEMSD/IAA/AR/Quality%20Outcome%20Measures-Individual%20Activity%20Level.pdf)**(s): *(A quantitative statement as to how the outcome will be measured to assess the impact of this educational activity in closing the identified gap):***

**TIP:** *The outcome measure may have a “number” associated with it. (e.g., [\_\_ %] of participants will identify/describe/self-report [1 or 2] resources/strategies…) that would demonstrate the identified gap has been closed and the outcome(s) met.*

* *Focus on participant behavior/response using action verbs that will demonstrate to the nurse planner the established learning outcome has been achieved.*
* *What is the acceptable number (passing score/resources/actions/rating) to indicate the activity was successful?*

**The outcome measurement should provide evidence that the gap has been closed.**

|  |
| --- |
| **% of respondents will strongly agree/agree on the post-course evaluation that they are able to\*:**      *(\*insert identified learning outcome(s) here).*  **%of respondents will identify 1 concept learned they will use to change their practice.**  **%of participants will have a     % increase in score on Post-test compared to Pre-test**  **%of participants will successfully complete Post-test.**  **%of participants will demonstrate (skill):      successfully at the in-person station.**  **Other:** |

**Activity Evaluation**

A clearly defined **method** that includes learner input is used to evaluate the effectiveness of each educational activity and determine whether learning outcomes were met. Results from the activity evaluation are used to guide the development of future activities. The method and content of evaluation should support measurement of the desired learning outcome(s) of the educational activity. Evaluation methods may include both short term (i.e., *pre/posttests, observation of skill demonstration*) and long term (i.e., *longitudinal study of change in practice or impact on patient outcomes*). Sample evaluation format(s) are available on the website. Include a place on the evaluation form for participants to record their achievement of the activity learning outcome and other information you are looking to measure from the identified outcome measure (e.g., 1 strategy or 1 resource, etc.).

1. **Description of evaluation method:** How will change in knowledge, skills, and/or practice be evaluated at the end of this activity? (e.g., there will be a test/quiz, pre/post-test, observation of a skill demonstration, case study analysis, self-report to change practice).

|  |
| --- |
| **Summarize the post-course evaluation(s) including the respondents’:**   1. **Rating of the quality of the program content, speakers and venue/delivery method using a 4-point Likert scale.** 2. **Self-report of concept(s) learned or reinforced during program.**   **Successful demonstration of      at the in-person skills station or on the unit as observed by content expert(s).**  **Post-test activity**  **Quiz during activity**  **Other:** |

**Short-term evaluation options – you must choose at least one***. An evaluation is required.*

**Evaluation – printed or electronic (required) with a place to evaluate the outcome of the program.**

Participant evaluation with self-report intent to change practice

Active participation in learning activity

Post-test – Passing score of [\_\_\_%] or Self-correct to [\_\_\_%]

Return demonstration

Case study analysis

Role-play

Other – Describe:

**Long-term evaluation options – *Optional\****

*\*If long-term evaluation will be conducted, you must describe how the information will be gathered and results analyzed to determine the impact of the CE event over time at specific intervals after the learning activity has been completed.*

Self-reported change in practice

Change in quality outcome measure

Return on Investment (ROI)

Observation of performance

Other – Describe:

***Submit a copy of the evaluation form for the entire activity, including all concurrent sessions (if applicable).***

**NOTE:** *For ease of review, please paste the example or link to your activity Evaluation form in this section.*

**Electronic evaluation will be used. (Ex: Qualtrics, other) Attach link here:**

**Please see the** [**Participant Evaluation**](https://s3.amazonaws.com/nursing-network/production/files/110634/original/Participant_Evaluation_Sample_v5.2022.docx?1653589836) **form below for this activity.**

**Contact hour calculation**

**P. Contact Hour Calculation**

Contact hours are determined in a logical and defensible manner and awarded to participants for those portions of the educational activity devoted to learning and evaluation.

* For ABN – one contact hour = 50 minutes. Fractions or portions of the 50-minute hour can be awarded. For example, 60 minutes = 1.2 contact hours.
* For ANCC - one contact hour = 60 minutes. Fractions or portions of the 60-minute hour can be awarded. For example, 135 minutes equals 2.25 contact hours. **Contact hours could be rounded up to the nearest quarter (i.e., 2.76 will be 3.0)**

**TIP:** *Time for registration, introductions, opening announcements, breaks, meals, business meetings and viewing of exhibits are* ***excluded*** *from the calculation of contact hours. Viewing of poster sessions and completing evaluations are* ***included.***

1. Enter the maximum number of contact hours a participant could earn for this activity: ABN

ABN Pharmacy      ANCC      ANCC Pharmacy

1. Identify the method used to calculate the number of contact hours awarded to each participant:

For ABN Total number of eligible minutes      for each session attended divided by 50 =

For ANCC Total number of eligible minutes      for each session attended divided by 60 =

Pilot study – average time for completion of activity by participants in the pilot

Historical data – compared this activity to a similar existing enduring material activity

Professional opinion based on complexity of content and delivery method

Mergener Formula<http://touchcalc.com/calculators/mergener> used for text content

Number of Words

Number of Questions

Degree of Difficulty

Other (Describe):

1. **Criteria for Awarding Contact Hours determined by the Planning Committee**

Criteria for awarding contact hours for live and enduring material activities include: (Check all that apply)

**TIP:** *Although attendance at the entire activity may be desired, a 10-minute break may be acceptable.*

Attendance at entire live activity – as determined by planning committee

Attendance of at least 90% of the live activity

Attendance of at least 1 session of a multi-session activity

Completion of required online modules, video, assigned reading/assignments or self-study packet

**Other Successful Completion Requirements – Check all that apply**

Completion/submission of evaluation form – **(required)**

Participation in self-evaluation &/or pre-posttest

Successful completion of a post-test – ***Attach copy*** (Passing score is:       )

Successful completion of a return demonstration

Participation in case study analysis

Participation in small group exercise

Other - Describe:

**Reminder:** Successful completion requirements must be shared with learners prior to the start of the learning activity (e.g., verbal announcement, flyer, announcement email, brochure, website, etc.).

1. **Educational Planning Table**

| ***NOTE:*** *If the activity is 3 or more hours, a full agenda timeline from registration to closing is also required. If desired, attach a copy of the program flyer for the timeline.* An example of the **Educational Planning Table for Multi-Day (or > 3hours)** conference is available.  **AGENDA Attached** | | | | |
| --- | --- | --- | --- | --- |
| **CONTENT of Activity**  Provide an outline of the content to be presented, related to each learning outcome, in sufficient detail to determine consistency with learning outcomes, selected learner engagement strategies and appropriate time allotted. *(Restatement of learning outcomes does not meet the criteria)* | **TIME FRAME**  List the number of minutesfor each topic/content area and/or active learner engagement strategies  ***TIP:*** *For 1-hour activities, it is acceptable to state 50mins. for content, 10mins. for end-of-program activities.* | | **PRESENTER/ FACULTY/AUTHOR**  List the presenter, faculty person or author for each content area. | **LEARNER ENGAGEMENT STRATEGIES**  List the learner engagement strategies to be used by Faculty, Presenters, Authors  ***Examples:*** *Question/Answers, Audience response system, Role Play, small group discussion, analyzing case studies, think pair-share, time for reflection, virtual breakout groups.*  ***TIP:*** *A slide presentation using PPT is* ***not*** *a learner engagement strategy.* |
| **Total Time** | **Time meeting Pharmacy Hour Requirement** |
| *Introduction/Disclosures* | *Not included in total minutes of program* | | *Member of Planning Committee or Speaker* | *Announcement, question/answer* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *End of Program Activities* |  |  |  | *Group discussion, question/answer, completion of activity evaluation, post-test* |

**S. Citations: List full citations for the evidence-based reference(s) used to develop the content of this educational activity/session in the appropriate category. References should be within the past 5-7 years.**

**TIP: *Classic or seminal articles*** *should be identified as such. Seminal/classic articles may be used as they sometimes mark a milestone in the history of the topic.*

***Online resources must include*** *the title of article or page, author/organization name if available and date of the publication or the date the web page was last updated.* ***If there is no date, write n.d.*** *The retrieval date of the information is not required.* Follow the example in the table below.

|  |  |
| --- | --- |
| **Classic/Seminal Works:** |  |
| **Information from organization/website:**  Provide full web page citations for material referenced, **not** “CDC.org”.  **Example:** Group or author name. (Date of publication [if available]). *Title of page*. Site name. Date site last updated or ‘no date’ (n. d.). URL |  |
| **Peer –reviewed journal/resource:** Reference should be within past 5-7 years. |  |
| **Clinical guidelines:** Published or online. **Example:** Group or author name. (Date of publication [if available]). *Title of page*. Site name. Date site last updated or ‘no date’ (n. d.). URL |  |
| **Expert resource:** Individual, organization, or educational institution- book, article, website |  |
| **Textbook reference:**  Publication data required. |  |
| **Other:** |  |

**Determination of Financial Relationship Document (formerly COI)**

A **financial relationship** exists when an individual has the ability to control or influence the content of an educational activity **and** has the financial relationship with an Ineligible company, the products, or services of which are pertinent to the content of the educational activity. Actions must be taken to mitigate any potential or actual financial relationship for planners, presenters/faculty/authors, or content reviewers prior to the start of the educational activity.

Each individual who is in a position to control or influence the content of an education activity must disclose all **relevant relationships** with any **Ineligible company**, including but not limited to members of the planning committee, speakers, presenters, faculty, authors, and/or content reviewers.

**Relevant Relationships**, as defined by ANCC, are relationships that are expected to result in financial benefit from an Ineligible company, the products, or services of which are related to the content of the educational activity.

Evidence of a relevant relationship with an Ineligible company may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options), grants, contracts, or other financial benefit directly or indirectly from the Ineligible company. Financial benefits may be associated with **employment, management positions, stockholder, independent contractor relationships (including contracted research), other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership**, and other activities from which remuneration is received or expected. Relevant relationships can also include ‘contracted research’ where the institution receives a grant and manages the grant funds, and the individual is the principal or a named investigator on the grant.

**An Ineligible company**, as defined by ANCC, is any entity 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 consumed by, or used on, patients. Nonprofit or government organizations, non-healthcare-related companies, healthcare facilities, and group medical practices are **not** considered Ineligible companies.

Individuals found to have a financial relationship are not eligible to serve as a/the Nurse Planner but may be able to serve on the planning committee or as a presenter/author if measures are taken to mitigate those financial relationships.

**TIP:** *Employees or representatives of an Ineligible company* ***may not*** *serve as a Planner of an educational activity, although they may be eligible to serve as faculty if measures are taken to mitigate any relevant financial relationship.*

**TIP: *Use the Financial Relationships Assessment Table Template for Collecting Information about All Financial Relationships from Planning committee, Presenters, and Others.***

**T: Individuals** **in a Position to Control Content**

Complete the table below listing each person in a position to control the content of the educational activity. Include name, credentials, educational degrees(s), role in the activity, and any financial relationships with an Ineligible company that is relevant to the content.

There must be **at least two people**, one Nurse Planner and another member of the planning committee to plan each educational activity.

The Activity **Nurse Planner** is

* Knowledgeable of the nursing continuing professional development/education process
* Responsible for adherence to the ANCC criteria
* Holds a baccalaureate degree or higher in nursing (or international equivalent)
* Actively involved in planning, implementing, and evaluating this continuing professional development activity

One planner needs to have appropriate subject matter expertise for the educational activity being offered (**Content Expert**) and can also be the Nurse Planner or a Presenter who is on the Planning Committee.

**The individuals who fill the roles of Nurse Planner and Content Expert/Presenter must be identified.**

Columns C through G relate to the nurse planner's assessment of **a financial relationship** for everyone identified in column A.

***"A financial relationship”*** *exists when an individual is in a position to control or influence the content of an education activity and has a financial relationship with an Ineligible Company organization of which the products or services are pertinent to the content of the educational activity."*

**TIP:** *For questions when assessing for financial relationships for columns F and G review the Northeast MSD/ANCC financial relationship flow chart and the mitigation strategies guide from ANCC on our website.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **List all Individuals in a Position to Control Content** (Nurse Planner, Content Expert/Presenter, Planning Committee Members) **Key Steps for the Identification, Mitigation, and Disclosure of Relevant Financial Relationships**   **Determination of Financial Relationship Assessment**  ***(A form is required to be on file for each person yearly)***  **Mitigation is required for Nurse Planner, Content Expert, and any individual with a Financial Relationship** | | | | | | |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** |
| **Name and Credentials of Individual**  ***Add rows as necessary*** | **Role** | **Relationship with Ineligible Company?**  **(Y/N)** | **Type of Relationship** | **Organization** | **Financial Relationship?**  **(Y/N)**  **If yes, attach Determination of Financial Relationship Form** | **Mitigation Provided on Financial Relationship Form?**  **(Y/N or N/A)**  **Required for**  **Nurse Planner & Content Expert** |
|  | **Activity Nurse Planner\*** |  |  |  |  |  |
| **\*Qualifications for the Nurse Planner:*****Write a brief description about ANP’s expertise/education in ANCC credentialing criteria and adult education or adult learning in this box.*** | | | | | | |
|  | **Content Expert\*\*** |  |  |  |  |  |
| **\*\*Qualifications for the Planning Committee Content Expert(s):** ***Describe professional experience or areas of expertise, which contribute to content expertise for this activity. May include educational background, professional/practice experience, and publications in this box.*** | | | | | | |
|  | **Speaker** |  |  |  |  |  |
|  | **Planner** |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Please ensure the Nurse Planner signs below to verify they have assessed all individuals listed and mitigated per the above.** | | | | | | |
| **As the Nurse Planner for this activity**, I have assessed all individuals in a position to control the content of this educational activity for relationships with an Ineligible Company that have products/services related to the content of this activity and have existed over the past 24 months. All individuals were provided the definition of an Ineligible Company and declared the above relationships.   * If a financial relationship is **PRESENT** and identified, I will mitigate as outlined on the **Determination of Financial Relationship form**. * If there are **NO** relationships with an Ineligible Company, a form is not required. | | | | | | |
| **Activity Nurse Planner Signature:**      **DATE:** | | | | | | |

1. **Participant Disclosures**

**Insert here a copy of the disclosures provided to learners prior to the start of the activity or use this template. Your disclosures must include items 1-5 and 6-7 if applicable. *Complete the Action column and remove rows 6-7 if they do not apply.***

**Disclosures Handout/First Slide for Participants**

|  |  |
| --- | --- |
| **Activity Title:** | |
| **Activity Date:** | |
| **Disclosure** | **Action** |
| 1. **Approval Statement** | Children’s of Alabama (COA) is an Approved Provider of continuing nursing education by the Alabama Board of Nursing (ABN): *ABNP0113, Expiration Date: 03/31/2025.*  Children’s of Alabama an approved provider of nursing continuing professional development by the Northeast Multistate Division Education Unit, an accredited Approver of nursing continuing professional development by the American Nurses Credentialing Center Commission on Accreditation: Provider 5-173, expiration date: 9/14/2025. |
| 1. **Learner Outcomes** | Insert Learner outcomes: |
| 1. **Criteria for Successful Completion** | Insert participant requirements to receive contact hours. |
| 1. **Relevant Financial Relationship**   Presence or absence of relevant financial relationships for all individuals in a position to control content (e.g., Planning Committee, presenters, faculty, authors, and content reviewers) If present, disclosure must include name of person, type of relationship, and name of the ineligible entity. | **MUST CHOOSE ONE and delete the others:**  This educational activity does not include any content that relates to the products and/or services of an Ineligible company with whom there is a financial relationship.  **OR**  No individuals in a position to control content for this activity have any relevant financial relationships to declare.  **OR**  The following individuals in a position to control content for this activity declare they have a financial relationship with an Ineligible company that is relevant to the content of this activity, and it has been mitigated with the nurse planner.  NAME      Type of Relevant Financial Relationship       with  Examples: Ann Jones, RN is on the Speaker's Bureau for XYZ Company. Ralph Emerson owns stock in XYZ Company |
| 1. **Commercial Support** | [Insert Name of Ineligible company] is providing financial or in-kind support for this activity and signed a commercial support agreement:  **OR**  There is no commercial support being received for this event. |
| 1. **Expiration date for Enduring Materials**   (*If applicable)* | Origination Date: Insert the date  Expiration Date: Insert the date (2 years after approval) |
| 1. **Joint Provider(s)**   (*If applicable)*  **NOTE:** Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours that is responsible for adherence to ANCC criteria). | This activity is being jointly provided by [Insert Activity Provider Name] and [insert Joint Provider Organization's name(s)]. |

**U. Certificate of Completion**

Children’s of Alabama is responsible for uploading earned continuing education to the learners ABN CE record. Participants may receive written verification of successful completion of the activity upon request by contacting [*nursingcontinuingeducation@childrensal.org*](mailto:nursingcontinuingeducation@childrensal.org) *or* [*ann.bentley@childrensal.org*](mailto:ann.bentley@childrensal.org)*.* The certificate will include at a minimum:

• Participant name (or line designated to include participant name)

• Title and date (or completion date) of the educational activity

• Enduring program certificates must have the date the learner completed the activity

• Name and address of the provider of the educational activity (Web address acceptable)

• Number of contact hours awarded

• APU Name Approval Number

• Official approval statements:

***Children’s of Alabama (COA) is an Approved Provider of continuing nursing education by the Alabama Board of Nursing (ABN)***

***Children’s of Alabama is an approved provider of nursing continuing professional development by the Northeast Multistate Division Education Unit, an accredited Approver of nursing continuing professional development by the American Nurses Credentialing Center Commission on Accreditation.***

TIP: The approval statements above cannot be added to or altered in any way and must read verbatim on the certificate and promotional materials.

**Post** **Activity Documentation**

1. **Summative Evaluation:**

**Complete and submit summative evaluation and attendance sheet to** [**barbara.wilhite@childrensal.org**](mailto:barbara.wilhite@childrensal.org) **or** [**nursingcontinuingeducation@childrensal.org**](mailto:nursingcontinuingeducation@childrensal.org)**within 2 weeks of the event.**

Documentation after the event summarizing the findings from the participant evaluations and determination if your outcome measure(s) were met and any action plan designated by the Nurse Planner. Should include the overall recommendations/key findings and action plan associated with recommendations. Document total number of participants and total contact hours earned by each participant including maintaining a record of all attendees and number of contact hours awarded.

**By checking this box**, the applicant acknowledges responsibility for reviewing and summarizing participant evaluations for this activity.

1. **Record Keeping Requirements – (Must be retrievable for six years)**

**By checking this box**, the applicant acknowledges that records will be housed in Nursing Professional Development, Primary Nurse Planner or Program Director’s office. Areas and/or file cabinets are locked when the department is closed. Individuals designated by the Primary Nurse Planner and/or Program Director may have access to the records. Records will be filed manually and electronically. Records will be maintained for a minimum of 6 years from the last date the activity was provided. Learners may contact the Primary Nurse Planner, Program Director, or designee if verification of attendance or a certificate of completion is needed. ([nursingcontinuingeducation@childrensal.org](mailto:nursingcontinuingeducation@childrensal.org)) The Lead Nurse Planner and /or Program Director are responsible for assuring that an adequate record keeping system is in place. The recordkeeping files must include all the ANCC and ABN required documentation.

* Activity Approval Letter from APU Primary Nurse Planner and/or Program Director
  + Activity Planning Form
  + Educational Planning Table
  + Determination of Financial Relationship Assessment
  + Determination of Financial Relationship Mitigation Form
  + Speaker Form
  + Certificate of Completion
  + Participant Evaluation
  + Participant Disclosure Information
  + Joint Providership Agreement (if applicable)
  + Commercial Support Agreement (if applicable)
  + Activity Agenda if more than 3 hours
  + Summative Evaluation
  + List of attendees and number of contact hours awarded

**Enduring Activity Addendum for Recorded Live Programs**

* **NOTE**: It is an ANCC requirement that Live programs taped to be offered as on-demand learning activities (Enduring) have a separate learning activity planning form.
* Include the Enduring Activity Addendum for Recorded Live Programs to request contact hours for the recorded version of the Live presentation. **DO NOT include if the learning activity will be live only or enduring only.**

**Appendix**

**Enduring Activity Addendum** (complete if the live learning activity will be recorded for learners not in attendance to view on-demand)

Agenda – required if activity is **>3** contact hours

Joint Provider Agreement (if applicable)

Commercial Support Agreement (if applicable)

Other – Supporting Documentation