***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 **Word® file**. Please send file to [*nursingcontinuingeducation@childrensal.org*](mailto:nursingcontinuingeducation@childrensal.org) *or* [*ann.bentley@childrensal.org*](mailto:ann.bentley@childrensal.org)*.*

**See the following policies in Lucidoc for additional information** including where to locate the forms & resources on the Children’s Employee Intranet.

* Nursing Continuing Education
* Nursing Continuing Education – Application

If you have questions, please 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.*

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| **Requirements** | |
|  | **Application**  **Planning Table**   * Must include **content** for activity * Timeframe, presenter & learner engagement strategies * Activities ≥ 3 hours must include Agenda including breaks and lunch   **Citations/References**   * Include all references used when planning activity * References should be within 5-7 years * May use classis or Seminal articles but identify them as such * Need more than 1 reference; need to show that information is evidenced based |
|  | For Live events being recorded for enduring hours include **Enduring Activity Addendum for Recorded Live Programs** attachment |
|  | **Evaluation** must include (if using electronic evaluation may include link)   * Presenter’s name * Learning Outcomes * Copy of test with answer sheet, if applicable * Demonstration checklist, if applicable |
|  | **Financial Relationship Form** (complete for everyone involved). Only need yearly and if status changes. *A list of who has completed the form for the current year is located on the Children’s Employee Intranet.* |
|  | **Speaker Form** – required for all speakers, only need yearly and if status changes.  *A list of who has completed the form for the current year is located on the Children’s Employee Intranet.* |
|  | **Participant Disclosures/Information**: (Information required to share with all participants of the activity)  **TIP:** ***All of the 7 points below*** *are required to be shared with learners prior to the start of the activity*:   * 1. Approval statements as issued by the ABN and the Northeast Multistate Division and required by ANCC   *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.*   * 1. Learning Outcome(s)   2. Criteria for successful completion in order to receive contact hours.   3. Declaration of presence or absence of financial relationships with Ineligible companies for all individuals in a position to control content (e.g., the Planning Committee, presenters, faculty, authors, and content reviewers). If a financial relationship is present, the information must include name of person, type of relationship, and name of commercial entity.   4. Commercial support (if applicable)   5. **Expiration date (enduring materials only)**   6. Name(s) of Joint Providership(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*** *(the organization or individual) responsible for adherence to the ANCC criteria).* |
|  | **Appendix**   * Activity Agenda (required for activities that are 3 or more hours) * **Enduring Activity Addendum for recorded Live Programs** (complete **only** if the live learning activity will be recorded for learners not in attendance to view on-demand) * Copies of marketing materials (email blasts, organization intranet announcements, advertisements for outside APU * Joint Providership Agreement (If applicable) * Commercial Support Agreement (If applicable) |
|  | **Post activity** (each session date/time is considered an individual session and should not be summarized together)   * Attendance sheet * Summative evaluation   Complete and submit to [**barbara.wilhite@childrensal.org**](mailto:barbara.wilhite@childrensal.org) **or** [**nursingcontinuingeducation@childrensal.org**](mailto:nursingcontinuingeducation@childrensal.org) **within 2 weeks of the event.** |