



CONNECTICUT
NURSES
ASSOCIATION

**Individual Continuing Nursing Education Activity
Application Manual
2017**

Guidelines adapted from ANCC Manual for Accreditation as a Provider of Continuing Nursing
Education 2015

Connecticut Nurses' Association

Individual Continuing Nursing Educational Activity

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Connecticut Nurses' Association

Individual Continuing Nursing Educational Activity Requirements

Thank you for your interest in seeking approval to provide nursing contact hours for your educational activity!

This manual describes the application/approval process for CNE Individual Applicant and will help you insure that you are meeting all of the required criteria for your program. Please feel free to contact us for assistance at any time throughout the educational design process.

Upon approval, the Applicant agrees to adhere to all American Nursing Credentialing Center (ANCC) criteria: <http://www.nursecredentialing.org/Accreditation>

Eligibility for Approval of Individual Continuing Nursing Education (CNE) Activities

The Individual Activity Applicant is defined as an individual, organization, or part of an organization submitting an educational activity for approval from CNA's Education Unit. An Individual Activity Applicant must have a **registered nurse who holds a current, unencumbered license (or international equivalent) and a baccalaureate degree or higher in nursing level or higher (or international equivalent) who functions as the Nurse Planner** for the activity. The **Nurse Planner** is responsible for ensuring that the educational activity is developed according to ANCC accreditation criteria, and CNA Education Unit requirements. By following this manual and filling out the forms required forms, ANCC criteria and CNA Education Unit requirements will be followed.

Those interested in submitting an Individual Activity Application for approval must complete the [eligibility verification](#) process and meet all eligibility requirements. CNA's Education Unit is responsible for assessing whether the applicant is eligible to apply. Your eligibility form is part of the individual application forms and will need to be submitted with your individual activity application.

To be eligible to apply for activity approval, the applicant must:

- Have one [Nurse Planner](#) who is the [Lead Nurse Planner](#) that is operationally responsible for coordinating the process of planning, implementing and evaluating the CNE activity.
- The Nurse Planner must be a registered nurse and hold a current, unencumbered nursing license (or international equivalent) AND a baccalaureate degree or higher in nursing (or international equivalent).
- Plan the activity with **at least** one other planner. One planner needs to have appropriate subject matter [expertise](#) for the educational activity being offered;
- **Not** be a [commercial interest](#) as defined in the definitions and the American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities.
- Be in compliance with all applicable federal, state, and local laws and regulations that affect the organization's ability to meet ANCC accreditation criteria.
- [Disclose](#) previous denials, suspensions, and/or revocations of ANCC accreditation or accreditation/approval by any other organization.
- Comply with all educational design requirements as noted by the Connecticut Nurses' Association.

Educational Design Process

The Individual Activity Applicant must have a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating the CNE. CNE activities are designed, planned, implemented, and evaluated in accordance with adult learning principles, professional education standards, and ethics.

The Connecticut Nurses' Association will review the activity file to evaluate the following evidence:

Note:

Your application submission should be submitted as a PDF and should have these items bookmarked as listed in the order below

- [Individual Activity Application](#)
- Disclosure of Individual Activity Applicant of previous denials received from ANCC accredited approver and/or other accrediting/approving organizations
- Consideration and resolution of previous denials (if any)
- Assessment of [applicant eligibility](#)- commercial interest
- Evaluation of conflicts of interests for Nurse Planners in relation to applicant
- Documentation of the review process and actions taken by Nurse Planners in response to deficiencies identified, if any
- One [Nurse Planner](#) who is a licensed RN and baccalaureate degree or higher who is responsible for planning, implementing and evaluating the activity
- At least one additional nurse planner who is a licensed RN and baccalaureate degree or higher
- Identification of at least one nurse planner who is the [content expert](#) for this activity (this person can be one of the nurse planners)
- [Title and location of activity](#)
- Type of activity format: Live or Enduring
- Date live activity presented or, for ongoing enduring activities, date first offered and subsequent review dates
- Description of [professional practice gap](#)
- Evidence within the last seven years that validates professional practice gap
- Educational need that underlies the professional practice gap
- Description of [target audience](#)
- Desired [learning outcomes](#)
- Description of evidence based content with supporting reference or resources. Resources should be no more than seven years old.
- Learner engagement strategies used
- Criteria for awarding of [contact hours](#)
- Description of evaluation method (evidence that change in knowledge, skills, and/or practices of target audiences was assessed)
- [Names and credentials](#) of all individuals in a position to control content (must identify who fills the roles of Nurse Planner and content experts).
- Documentation of qualifications for the Nurse Planner and the content expert

- [Conflict of interest](#) disclosure documentation from all individuals in a position to control content (planners presenters, faculty, authors, &/or content reviewers)
 - Name of individual
 - Past 12 months
 - Spouse/significant other
- Evidence of a resolution of process, if applicable
- Number of contact hours awarded for activity & method of calculation
- Provider must keep a record of the number of contact hours earned by each participant.
- If the activity is longer than 3 hours an agenda must be provided for the entire activity.
- Documentation of completion and/or [certificate](#) must include:
 - Title and date of the educational activity
 - Name and address of provider of the educational activity (web address acceptable)
 - Number of contact hours awarded
 - [Approver statement](#)
 - Participant name
- [Commercial Support](#) Agreement with signature and date (if applicable)
 - Name of the Commercial Interest Organization (CIO)
 - Name of the Provider
 - Complete description of all the CS provided, including both financial and in-kind support
 - Statement that the CIO will not participate in planning, developing, implementing or evaluating the educational activity
 - Statement that the CIO will not recruit learners from the education activity for any purpose
 - Description of how the CS must be used by the Provider (unrestricted use &/or restricted use)
 - Signature of a duly authorized representative of the CIO with the authority to enter the binding contracts on behalf of the CIO
 - Signature of a duly authorized representative of the Provider with the authority to enter the binding contracts on behalf of the Provider
 - Date on which the written agreement was signed
- Evidence of [disclosing](#) to the learner:
 - Approval statement of provider awarding contact hours
 - Criteria for awarding contact hours
 - Presence or absence of conflicts of interest for all individuals in a position to control content (planning committee, presenters, faculty, authors, &/or content reviewers)
 - Commercial support (if applicable)
 - Expiration date (enduring material only)
 - Joint Providership (if applicable)
 - Materials associated with this activity (marketing materials, advertising agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to the ANCC criteria
- Marketing Materials must be submitted with correct ANCC accreditation statement
- Summative evaluation (To be submitted to education@ctnurses.org **2 weeks** after activity has been presented)

- Completed Sign in Sheet (To be submitted to education@ctnurses.org **2 weeks** after activity has been presented)

Awarding Contact Hours

[Contact hours](#) are determined in a logical and defensible manner. Contact hours are awarded to participants for those portions of the educational activity devoted to the learning experience and time spent evaluating the activity. **One (1) contact hour = 60 minutes.** No fewer than 0.5 contact hours can be awarded for an educational activity. If rounding is desired in the calculation of contact hours, the provider must round down to the nearest 1/10th. Educational activities may also be conducted "asynchronously" and contact hours awarded at the conclusion of the activity.

Contact hours may *not be awarded* retroactively

For more information regarding contact hours, please contact the **Connecticut Nurses' Association at education@ctnurses.org or 203 238-1207 x 2.**

Approval Statement for Individual CNE Activities

The approval statement must be obtained by learners prior to the start of every educational activity and on each certificate of completion.

The approval statement must be displayed clearly to the learner, stand alone on its own line of text, and be written exactly as indicated by the Accredited Approver.

Marketing prior to approval:

If marketing materials are released prior to approval AND after an application has been submitted, the following statements may be used:

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

Marketing after approval:

If the marketing material is to be released after approval is received, then use the following statement:

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

Note:

A copy of your marketing material must be submitted with your activity application

Documentation of Completion

Participants receive written verification of their successful completion of an activity that includes, at a minimum:

- Title and date of the educational activity
- Name and address of provider of the educational activity (Web address acceptable)
- Number of contact hours awarded
- Individual Activity approval statement
- Participant name

Note:

A sample must be included in your activity application.

Commercial Support

The Individual Activity Applicant must adhere to the American Nurses Credentialing Center's *Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities* at all times.

The Individual Activity Applicant must have a written policy or procedure; and a signed, written agreement if [commercial support](#) is accepted.

Organizations providing commercial support may **not** provide or co-provide educational activities.

Note:

A Commercial Support Agreement must be included with your activity application for all Commercial Support received for you Continuing Nursing Education Activity.

Conflicts of Interest

The Nurse Planner is responsible for evaluating the presence or absence of [conflicts of interest](#) and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

Note:

Conflict of Interest forms need to be completed and submitted with your activity application by anyone that can influence the program content. This includes but is not limited to nurse planners, content experts, speakers and/or presenters.

Disclosure Responsibilities

Learners must receive disclosure of required items prior to the start of an educational activity. In live activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring print materials or Web-based activities, disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may **not** occur or be located at the end of an educational activity. Evidence of the disclosures to the learner **must** be retained in the activity file. If a disclosure is provided verbally, an audience member must document both the type of disclosure and the inclusion of all required disclosure elements.

[Required disclosures](#) always include:

1. Activity Purpose and/or Outcomes
The activity purpose and/or outcomes must be disclosed to participants
2. Successful Completion of this Continuing Nursing Education Activity
Participants must have a clear understanding of the terms to successfully complete and receive contact-hour credit for your CNE activity
3. Conflicts of Interest
All planners, presenters, faculty, authors, and content reviewers must disclose any conflicts of interest related to planning of an educational activity which must also be disclosed to the participants. Disclosure must be relative to each educational activity. If a potential or actual conflict is identified, the presenting organization must include a mechanism for resolution.
4. Commercial Company Support
Participants must be informed if a commercial interest has provided financial or in-kind support for the educational activity
5. Non-Endorsement of Products
Participants must be made aware of non-endorsement of products by your organization.
6. Off-label Product Use
Disclosure of off-label product use must be presented to participants prior to the activity.

Note:

Disclosures to Participants Form must be adapted and completed to the needs of your CNE activity. This form must be submitted with your activity application.

Expiration of Enduring Material.

Educational activities provided through an enduring format (e.g., print, electronic, Web-based) are required to include an expiration date documenting how long contact hours will be awarded. This date must be visible to the learner *prior to the start* of the educational content. The period of expiration of enduring material should be based on the content of the material but cannot exceed 2 years. Note: Minor changes to the activity may occur during the approval period, such as changes in faculty and alteration in agenda, as long as there is no alteration of the total time of the activity. The nurse planner is responsible for emailing CNA noting the changes in the file. ANCC requires review of each enduring material at least once every 2 years, or more frequently if indicated by new developments in the field specific to the enduring material. Upon review of enduring material for accuracy and current information, a new expiration date is established.

Individual Activity Applicant Recordkeeping

The Individual Activity Applicant is responsible for maintaining documentation for each educational activity in a secure, confidential, and retrievable manner for 6 years. The criteria delineated under the provider's Educational Design Process (EDP) must be followed consistently during the period of approval and the recordkeeping files must include those items outlined above.

Note: If a first-time Individual Activity Applicant, a sample certificate of completion containing the Individual Activity approval statement to be used once activity is approved needs to be included.

[Joint Provided Activities for Continuing Nursing Education](#)

When an activity is jointly provided, the Individual Activity Applicant is referred to as the provider of the educational activity. The other organization(s) are referred to as the joint provider(s) of the educational activity.

The joint-providing organization may not be a commercial interest or sponsor. The Individual Activity Applicant's Nurse Planner must be on the Planning Committee and is responsible for ensuring adherence to the ANCC accreditation criteria.

Note:

A Joint Provider Agreement must be submitted with the activity application for each company when a jointly provided program is being presented.

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The "HOW TO" of Writing Learner Outcomes

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Writing learner outcomes for your Continuing Nursing Education Activity is easy.

Ask yourself the following questions:

- Who is to act? (Your audience – the participant, student, etc.)
Example: At the conclusion of this program, the participant will...
- What do you want the participant to achieve at the conclusion of your activity?
Use **ACTION VERBS** that are **LEARNER CENTRIC AND MEASURABLE**. Example: The participant will be able to discuss, list, describe, explain (see verbs from the list provided on the next page)
- Streamline the outcome by eliminating the repetitive statement identifying the learner/participant.
Example: List three examples of action verbs in writing

Learner outcomes are important to the development of a CNE Activity since they: (1) reflect communication from learners regarding their education needs (2) determine content and learner engagement strategies and (3) influence the development of the evaluation plan.

All written outcomes must:

- use verbs which describe an **ACTION** that can be **OBSERVED**
- be **MEASURABLE** within the teaching/learning time frame
- consist of only ***one action verb*** per outcome
- describe the ***learner outcome, not the instructor's process*** or approach
- be appropriate for the identified learner engagement strategies

The following page lists approved action verbs followed by a list of verbs to avoid.

Appropriate Action Verbs

Apply	Correct	Generate	Number	Report
Appraise	Define	Give	Operate	Reproduce
Arrange	Demonstrate	Identify	Order	Respond
Articulate	Describe	Illustrate	Organize	Restate
Ask	Designate	Include	Outline	Retell
Assemble	Detect	Increase	Paraphrase	Return
Assess	Determine	Indicate	Perform	Revise
Calculate	Develop	Inform	Place	Select
Categorize	Diagram	Inspect	Plan	Show
Choose	Differentiate	Integrate	Predict	Signify
Cite	Direct	Interact	Prepare	Simplify
Classify	Discriminate	Itemize	Present	Solve
Combine	Discuss	Join	Produce	Speak
Communicate	Display	Keep	Propose	Specify
Compare	Distinguish	Label	Provide	State
Compile	Distribute	Lead	Recall	Substitute
Complete	Divide	Limit	Recite	Suggest
Compose	Estimate	List	Recognize	Suggest
Compute	Evaluate	Locate	Record	Summarize
Conduct	Explain	Make	Relate	Supply
Connect	Expound	Mark	Remove	Support
Construct	Express	Match	Rename	Transfer
Contrast	Extrapolate	Measure	Re-order	Translate
Contribute	Finish	Meet	Repeat	Use
Convert	Formulate	Modify	Re-phrase	Utilize
Copy	Generalize	Name	Replace	Verbalize

Verbs to Avoid – they are open to Interpretation, Ambiguous and Difficult to Measure

To fully appreciate	To think	To increase interest
To learn	To remember	To be familiar with
To perceive	To understand	To have knowledge of
To appreciate	To comprehend	To be acquainted with
To develop an appreciation of	To know	To grasp the significance of
To develop conceptual thinking	To be aware of	To sympathize with
To enjoy	To believe	To develop an understanding

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What is a PROFESSIONAL PRACTICE GAP?

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A practice gap can occur in **knowledge, skills, or practice**:

- A gap in **knowledge** occurs when the participant *does not know*
- A gap in **skills** occurs when the participant *doesn't know how*
- A gap in **practice** occurs when the participant *is not able to show or do in practice*

Gap analysis Worksheet

Current state	Desired state	Identified gap	Evidence to validate gap	Gap due to knowledge, skill and/or practice	Learning outcome	Method of evaluation
What is currently happening	What should be happening	Difference between what is and what should be	What evidence do you have to validate the current state	Why do you think the current state exists? What is the underlying or root cause?	What do you want learners to be able to do (demonstrate) as a result of participating in this activity	How are you going to measure (evaluate) that change?

What are learner engagement strategies?

Engagement occurs when participants are actively involved in the learning process. While 'teaching' can occur when a speaker presents knowledge, data, and evidence based practice, this format does not ensure that 'learning' occurs. The following are examples of learner engagement strategies:

- Integrating opportunities for dialogue
- Providing time for questions and answers
- Including time for reflection
- Analyzing case studies
- Utilizing games and/or technology to include participant participation
- Presenting problems to work on in small groups

Examples from ANCC Educational Design Workshop, October 2016

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Glossary

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A set of core values is fundamental to the ANCC Accreditation Program:

- maintain the integrity of the accreditation process through a consistent, fair, and honest application of Accreditation Program criteria;
- promote and maintain competence in relation to standards, criteria and components of lifelong learning;
- foster an effective and thorough quality peer review process for all applicant organizations;
- mentor organizations responsible for providing or approving CNE to ensure the delivery of high-quality educational activities;
- maintain a high level of accountability and responsiveness to the community of interest of in the accreditation process;
- value and encourage innovation in the accreditation process and in the delivery of continuing education; and
- promote interprofessional activities by entities that hold accreditations for more than one health-related profession and where nursing is a major participant.

Accountability

Responsibility for adherence to the ANCC accreditation criteria as they apply to providing quality CNE.

Accreditation

The voluntary process by which a nongovernmental agency or organization appraises and grants accredited status to institutions and/or programs or services that meet predetermined structure, process, and outcome criteria (time-limited).

Accredited Approver

An eligible organization credentialed by ANCC after having submitted to an in-depth analysis to determine its capacity to assess and monitor other organizations' compliance with ANCC accreditation criteria that support the provision of quality CNE activities; and to assess and monitor applicants' compliance with ANCC accreditation criteria as Approved Providers and Individual Activity Applicants.

Accredited Provider

An eligible organization credentialed by ANCC after having submitted to an in-depth analysis to determine its capacity to provide quality continuing education over an extended period of time.

Approval Period

The period of approval for a Continuing Nursing Education Activity (CNE Activity) is **two (2) years**; the activity may be repeated as often as desired during the period of approval.

Note: Minor changes to the activity may occur during the approval period, such as changes in faculty and alteration in agenda, as long as there is no alteration of the total time of the activity. The nurse planner is responsible for emailing CNA noting the changes in the file.

Approved Provider

An eligible organization approved by an ANCC Accredited Approver after having submitted to an in-depth analysis to determine its capacity to provide quality continuing education over an extended period of time.

Approver Unit

Comprises the members of an organization who support the approval of other organizations and/or continuing nursing education activities.

Best Available Evidence

Choosing evidence (research) based resources on a hierarchy, with higher levels of the hierarchy consistent with a stronger evidence base. Resources should be no more than seven years old.

Bias

Tendency or inclination to cause partiality, favoritism or influence.

CNA

Refers to the Connecticut Nurses Association.

Commercial Bias

Favoritism or influence shown toward a product or company in relation to an educational offering.

Commercial Interest

Any entity either 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. Exceptions are made for nonprofit or government organizations and non-healthcare-related companies.

Commercial Support

Financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity. Providers of commercial support may not be providers or co-providers of an educational activity.

Commission on Accreditation (COA)

Appointed by and accountable to the ANCC Board of Directors, this body is responsible for development and implementation of the ANCC program for accreditation of CNE. The COA is composed of at least nine members selected for CNE stakeholder communities such as accredited organizations, consumers, nursing evaluation, and adult education.

Commitment

Duty or responsibility of those providing or approving continuing education to meet learner needs, provide quality CNE, and support Provider Unit goals and improvements.

Conflict of Interest

An affiliation or relationship of a financial nature with a Commercial Interest Organization that might bias a person's ability to objectively participate in the planning, implementation, or review of a learning activity. All planners, reviewers, and faculty/presenters/authors are required to complete Conflict of Interest forms.

Contact Hour

A unit of measurement that describes 60 minutes of an organized learning activity. One contact hour = 60 minutes.

Content

Subject matter of an educational activity that is based on the best available evidence and reflects the desired learning outcomes.

Content Expert

An individual with documented qualifications demonstrating education and/or experience in a particular subject matter. This expert may also be one of the two planners for an activity.

Content Reviewer

An individual selected to evaluate an educational activity during the planning process or after it has been planned but prior to delivery to learners for quality of content, potential bias, and any other aspects of the activity that may require evaluation.

Continuing Education Activities

Those learning activities intended to build upon the educational and experiential bases of an individual for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public.

Continuing Education Unit (CEU)

An educational measurement utilizing the criteria of the International Association for Continuing Education and Training. ***The ANCC Accreditation Program and CNA do not utilize this term.***

Continuing Nursing Education (CNE) Activities

Those learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public and RNs' pursuit of their professional career goals.

Continuing Nursing Education Activity Applicant ("Applicant")

An organization/individual which submits an application for the approval of contact hours for each individual activity offered. The activity may be sponsor-guided education (face-to-face) or an learner-guided independent study activity (web-based, video, etc.)

Credentialing

A generic term for licensure, certification, and registration. It can also be used as a term for a voluntary process under the auspices of private-sector associations.

Due Date

Applications **MUST** be submitted at least **6 weeks** prior to the day the activity is first presented; which allows adequate time for processing and review by the Approver Unit.

Educational (Learner) Outcomes

Derived from the overall purpose of the activity, educational (learner) outcomes are written statements that describe what the participant is expected to achieve as a result of participation in the educational activity. These statements describe knowledge, skills, and/or practice changes that should occur upon successful completion of the educational activity.

Eligibility

An applicant's ability to meet certain criteria in order to be considered qualified to apply for accreditation.

Enduring Materials

A non-live CNE activity that continues over time. Examples of enduring materials include programmed texts, audio clips, videoclips, monographs, computer-assisted learning materials, or other electronic media that are used alone or with printed or written materials. Enduring materials can also be delivered via the Internet. The learning experience by the nurse can take place at any time and in any place rather than only at one time or in one place.

Evaluation—Formative

Systematic evaluation in the process of curriculum construction, teaching, and learning outcomes for the purpose of improving any of these three processes.

Evaluation—Summative

Samples the entire range of outcomes associated over a long period and assessing student mastery of those skills.

Evidence-Based Practice

Applying the best available research results (evidence) when making decisions about health care. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences. Resources should be no more than seven years old.

Fee

A non-refundable application fee is charged and must be submitted **WITH** the application, before the review process begins. Late fees are assessed on **ALL** applications not submitted **6 weeks PRIOR** to the first day of the activity.

Gap Analysis

The method of identifying the difference between current knowledge, skills, and/or practices and the desired best practices.

In-Kind Support

Nonmonetary support (e.g., marketing assistance, meeting room, event registration assistance) provided by the giver to the taker (In the accreditation community, the “taker” is the provider of CNE.)

Interprofessional Education

When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”

Joint Providership

Planning, developing, and implementing an educational activity by two or more organizations or agencies.

Jointly Provided Activity

An educational activity planned, developed, and implemented collaboratively by two or more organizations or agencies.

Lead Nurse Planner

A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a graduate degree, with either the baccalaureate or graduate degree in nursing (or international equivalent), who has the authority to ensure adherence to the ANCC criteria.

Leadership

The provision of direction and guidance to individuals involved in the process of assessing, planning, implementing, and evaluating CNE activities in adherence to the ANCC accreditation criteria.

Learner-Directed, Learner-Paced Activity

An educational activity in which the learner takes the initiative in identifying learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. The learner also determines the pace at which the learning activity is engaged. Learner-directed activities may be developed with or without the help of others, but they are engaged in by only one individual.

Learner Engagement Strategies

Instructional methods and techniques that actively involve students in the learning process and are in accord with principles of adult learning.

Marketing Materials

Method of announcing an educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, e-mail, Intranet posting, electronic message, or Web site.

Multi-Focused Organization (MFO)

An organization that exists for more than the purpose of providing CNE.

Needs Assessment

The process by which a discrepancy between what is desired and what exists is identified.

Nurse Peer Review Leader

A member of the CNA Education Committee, currently licensed RN with a master's degree or higher, and with either the baccalaureate or graduate degree in nursing, who has the authority within the organization to evaluate adherence to the ANCC Accreditation Program criteria in the provision of CNE.

Nurse Peer Reviewer

A volunteer member of the CNA Education Committee who is 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 each CNE activity. The Nurse Peer Reviewer is responsible for ensuring that appropriate educational design principles are used and processes are consistent with the requirements of the ANCC Accreditation Program.

Nurse Planner

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 each 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.

Nursing Professional Development

A specialized nursing practice that facilitates the professional development and growth of nurses and other health care personnel along the continuum from novice to expert.

Organizational Chart

A diagram or other schematic used to depict informal and formal lines of communication and relationships within the overall organization, as well as the Approver and/or Provider Unit.

Outcome

The impact of structure and process on the organization as a provider or approver and the value/benefit to nursing professional development.

Outcome Measurement

The process of observing, describing, and quantifying the predefined indicator(s) of performance after an intervention designed to impact the indicator.

Planning Committee

At least two individuals responsible for planning each educational activity; at least one individual must be a nurse and at least one individual must have appropriate subject matter expertise.

Primary Nurse Planner

A currently licensed RN with a baccalaureate degree or higher in nursing, who has the authority within an Approved Provider Unit to ensure adherence to ANCC criteria in the provision of CNE. (Note- only applicable to organizations with Approved Provider status.)

Process

For Approved Providers, process is the development, delivery, and evaluation of CNE activities. For Accredited Approvers, process is the evaluation of providers of CNE and/or individual CNE activities.

Provider Unit

Comprises the members of an organization who support the delivery of continuing nursing education activities

Provider-Directed, Learner-Paced

An educational activity in which the provider controls the content of the learning activity, including the learning outcomes based on needs assessment, the content of the learning activity, the method by which it is presented, and evaluation methods. The learner determines the pace at which the learning activity is engaged (examples include print article, self-learning module/independent study).

Provider-Directed, Provider-Paced

An educational activity in which the provider controls all aspects of the learning activity. The provider determines the learning outcomes based on a needs assessment, the content, the method by which it is presented, and evaluation methods (examples include live activities, live webinars)

Relevant Relationship

A relationship with a commercial interest is considered relevant if the products or services of the commercial interest are related to the content of the educational activity. The individual's spouse/partner financial relationships with any commercial interest are considered to be relevant relationships.

Retroactive Approval

The ANCC accreditation system *does not authorize retroactive approval*. The CNA Education Unit will not review or approve a continuing education activity after it has begun to take place.

Resources

Available human, material, and financial assets used to support and promote an environment focused on quality CNE and outcome measures.

Single-Focused Organization (SFO)

An organization that exists for the sole purpose of providing CNE.

Specialty

A concentration in an area of nursing that has standards and that reflects a well-defined base of knowledge within the overall discipline of nursing.

Specialty nursing organization (SNO)

A national nursing body that has a majority of voting members who are RNs practicing in a specialized nursing area, as so defined in the organization's governing documents.

Structure

Characteristics of an organization, including commitment, accountability, leadership, and resources that are required to support the delivery of quality CNE.

Target Audience

The group for which an educational activity has been designed.

Connecticut Nurses' Association

Individual CNE Application Activity Fees

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Fee schedule effective October 1, 2016.

All fees are subject to change; contact CNA to verify.

The non-refundable review fee must accompany the application.

One contact hour = 60 minutes of content

Note: When there are simultaneous sessions, each session is reviewed individually, and total hours of reviewed content are considered in the required fee. For example, a one-hour keynote presentation followed by three one-hour breakout sessions equals a total of four reviewed contact hours.

Application due date and fees for Individual Applicants:

6 weeks prior to the presentation date- submit application and payment

- \$60 per content hour for programs 0.5 – 10 content contact hours
- For programs over 10 content contact hours, please contact education@ctnurses.org to determine eligibility for a reduced fee.

An additional fee will be charged for applications submitted 3 to 6 weeks to prior to the presentation date Expedient fee \$200

Applications submitted 3 weeks or less prior to the presentation date, will not be reviewed and contact hours will not be provided

Retroactive credit will not be awarded. Approval for contact hour credit will NOT be granted after an education activity has been presented. The ANCC accreditation system does not authorize retroactive approval. Therefore, the CNA Approver Unit will not review a continuing education activity after it has begun to take place.

Consultation services – CNA is pleased to help with simple technical questions regarding your application. Should you need more personalized assistance, such as with the in-depth process of GAP analysis and educational design, a nursing education consultant can be provided. A consultation fee of \$125.00 per hour will be charged when individualized assistance is required by the CNA Education Chairperson

Please contact the Department of Education to schedule an appointment.

Connecticut Nurses' Association Contact Information

1224 Mill St BLDG B, Suite 223

East Berlin, CT 06023

email: education@ctnurses.org

Telephone: 203-238-1207 ext. 2

Website: www.ctnurses.org

Connecticut Nurses' Association

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Selected References

- American Nurses Association (ANA). (2015). Code of Ethics for Nurses with Interpretive Statements. Silver Spring, MD: Nursesbooks.org.
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- American Nurses Credentialing Center's Commission on Accreditation. (2012). The Value of Accreditation for Continuing Nursing Education: Quality Education Contributing to Quality Outcomes. Silver Spring, MD: American Nurses Credentialing Center.
- Commission on Accreditation. (2014). The Importance of Evaluating the Impact of Continuing Nursing Education on Outcomes: Professional Nursing Practice and Patient Care. Silver Spring, MD: American Nurses Credentialing Center.
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- Institute of Medicine (2010). The Future of Nursing: Leading Change, Advancing Health. Washington, DC: National Academies Press.
- Interprofessional Education Collaborative Expert Panel. (2011). Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel. Washington, DC: Interprofessional Education Collaborative.
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Connecticut Nurses' Association

Individual Activity Application Forms

The following forms are for review.

The downloadable forms can be found on the CNA website at
www.ctnurses.org

**Connecticut Nurses' Association
Individual Activity Application
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Connecticut Nurses' Association

Individual Educational Activity Applicant Eligibility Verification

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Section 1: Eligibility

Applicants interested in submitting an individual educational activity for approval must complete the Eligibility Verification and meet all Eligibility Requirements. Verification forms received from applicants that do not meet Eligibility Requirements will be rejected without substantive review.

Name of Applicant: **Click here to enter text.**

Street Address: Click here to enter text.

City: Click here to enter text. State Click here to enter text. Zip/Postal Click here to enter text.

Identify Organization Type:

- | | |
|---|---|
| <input type="checkbox"/> Constituent Member Associations of ANA | <input type="checkbox"/> College or University |
| <input type="checkbox"/> Healthcare Facility | <input type="checkbox"/> Health - Related Organization |
| <input type="checkbox"/> Multidisciplinary Educational Group | <input type="checkbox"/> Professional Nursing Education Group |
| <input type="checkbox"/> Specialty Nursing Organization | |
| <input type="checkbox"/> Other: Describe - <u>Click here to enter text.</u> | |

Primary Point of Contact: **Click here to enter text.**

Name and Credentials

Title/Position: **Click here to enter text.**

Telephone Number: **Click here to enter text.** E-mail Address **Click here to enter text.**

- Has the applicant ever been denied **accreditation by ANCC** or had its accreditation status suspended or revoked? Yes No

If yes, please provide the following information:

Date: **Click here to enter a date.** Action: Denial Suspension Revocation

Brief description: **Click here to enter text.**

- Has the applicant ever been denied **approval** by or had approval suspended or revoked for an individual activity or a provider application by Connecticut Nurses' Association?
 Yes No

If yes, please provide the following information:

Date: **Click here to enter a date.** Action: Denial Suspension Revocation

Brief description: **Click here to enter text.**

- Has the applicant ever been denied **approval** by or had approval suspended or revoked for an individual activity or a provider application by another ANCC Accredited Approver?
 Yes No

If yes, please provide the following information:

Date: **Click here to enter a date.** Action: Denial Suspension Revocation

Brief description: **Click here to enter text.**

- A currently licensed registered nurse with baccalaureate degree or higher in nursing is actively involved, as the nurse planner, in the planning, implementing and evaluation process of this continuing education activity. Yes No

Please list the name and credentials of the nurse involved/responsible for this educational activity:

Nurse Planner's Name	Credentials (BSN or higher)

Section 2: Commercial Interest

The following section is intended to collect information about the applicant's corporate structure. Some applicant types are **automatically exempt** from ANCC's definition of a commercial interest, including:

- Blood banks,
- Constituent Member Associations,
- Diagnostic laboratories,
- Federal Nursing Services,
- For-profit and not for profit hospitals,
- For-profit and not for profit nursing homes,
- For profit and not for profit rehabilitation centers,
- Group medical practices,
- Government organizations,
- Health insurance providers,
- Liability insurance providers,
- National nurses organizations based outside the United States,
- Non-health care related companies, and
- Specialty Nursing Organizations
- A single-focused organization* devoted to offering continuing nursing education

(* The single-focused organization exists for the single purpose of providing CNE)

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

An "X" on this line identifies the applicant as exempt from ANCC's definition of a commercial interest. Identify the applicant's exemption type from section 2 above and enter it here:

[Click here to enter text.](#)

If you checked the box above, then you have completed this questionnaire, proceed to Section 5.

Section 3 - Only complete this section if applicant organization is not exempt

- An "X" on this line identifies the applicant as not exempt from the ANCC Accreditation Program's definition of a commercial interest. The following questions must be answered, so Connecticut Nurses' Association can assess the applicant's eligibility.
- Does the applicant produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients?
 - Yes **If yes,** the applicant is **not** eligible for approval of Individual Educational Activities.
 - No **If no,** complete the next bulleted question
 - 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 **If yes,** complete the next bulleted question
 - No **If no, this section of the questionnaire is complete, proceed to Section 5.**
 - Is the applicant a separate and distinct entity from the MFO*?
 - Yes - **If yes,** continue to section 4
 - No - **If no,** the applicant is **not** a separate and distinct entity from the MFO* then the applicant is **not** eligible for approval of Individual Education Activities.

* Multi-Focused Organization (MFO) is an organization that exists for more than providing continuing nursing education.

Section 4: Commercial Interest Evaluation - Continued

- Does the multi-focused organization that owns the applicant have a 501-C Non-profit Status?
 - Yes
 - No **If no,** complete the next bulleted question

If yes, does the company that owns the applicant advocate for a commercial interest (as defined by the ANCC Accreditation Program?)

- Yes **If yes,** or not sure, please describe the relationship the company that the applicant has with a commercial interest and the types of work the company that owns the applicant does for or on behalf of a commercial interest that might be considered advocacy. **Click here to enter text.**

No

- Is any component of the multi-focused organization an entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients?

Yes **If yes**, please describe the health care good or service consumed by or used on patients and the role of the entity in producing, marketing, re-selling or distributing those healthcare goods or services. **Click here to enter text.**

No **If no, this section of the questionnaire is complete, proceed to Section 5.**

If **yes**, please complete and submit the ***Individual Activity Eligibility Commercial Interest Addendum*** with this Form.

Section 5: Statement of Understanding

On behalf of (insert name of applicant), I hereby certify that the information provided on and with this application is true, complete, and correct. I further attest, by my signature on behalf of (insert name of applicant), that (insert name of applicant) will comply with all eligibility requirements and approval criteria throughout the entire approval period, and that (insert name of applicant) will notify Connecticut Nurses' Association promptly if, for any reason while this application is pending or during any approval period, (insert name of applicant) 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 Connecticut Nurses' Association to deny, suspend or terminate (insert name of applicant)'s approval of this individual activity and to take other appropriate action against (insert name of applicant).

An "X" in the box below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information contained.

Electronic Signature (Required)

Date [Click here to enter a date.](#)

[Click here to enter text.](#)

Completed By: Name and Title

If any question about you organizations eligibility

STOP HERE

Please contact our CNE Administrator Assistant at Education@ctnurses.org

Connecticut Nurses' Association Individual Educational Activity Application

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Applicants interested in submitting an individual educational activity for approval must complete:

- Individual Activity Applicant Eligibility Verification Form,
- Individual Activity Applicant Eligibility Commercial Interest Addendum (if applicable),
- This form - Individual Educational Activity Application

Applicant's Name: [Click here to enter text.](#)

Is this continuing education? Is this learning activity intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to improve the health of the public and RNs' pursuit of their professional career goals?

- Yes No If **no**, the activity is **not** eligible for approval.

Title of Activity: [Click here to enter text.](#)

Number of Contact Hours _____

Activity Type:

- Provider-directed, provider-paced: Live (in person or webinar)
 - Date of live activity: [Click here to enter a date.](#)
- Provider-directed, learner-paced: Enduring material
 - Start date of enduring material: [Click here to enter a date.](#)
 - Expiration/end date of enduring material: [Click here to enter a date.](#)
- Blended activity
 - Date(s) of enduring materials (e.g. prework): [Click here to enter a date.](#)
 - Date of live portion of activity: [Click here to enter a date.](#)

Nurse Planner contact information for this activity.

Name and credentials (BSN or higher): [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

The **Nurse Planner** must be a registered nurse who holds a current, unencumbered nursing license (or international equivalent) **AND** hold a baccalaureate degree or higher in nursing (or international equivalent) **AND** be actively involved in planning, implementing and evaluating this continuing education activity.

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

Describe the current state:

Describe the desired state:

Identified gap:

2. Evidence to validate the professional practice gap (check all methods/types of data 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 health care (Resources should be no more than seven years old)
- Direct observation
- Other—Describe: [Click here to enter text.](#)

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

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

- Knowledge Skills Practice Other: Describe [Click here to enter text.](#)

4. Description of the target audience. (You can select more than one target audience).

1. Choose an item.
2. Choose an item.
3. Choose an item.
4. Choose an item.

5. Desired learning outcome(s) (What will be achieved as a result of participation in this activity?)

Area of impact (check all that apply):

- Nursing Professional Development Patient Outcome
- Other- Describe: [Click here to enter text.](#)

6. Evidence based content for this educational activity was chosen from:

- Information available from the following organization/web site (must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health): *Click here to enter text.*
- Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years): *Click here to enter text.*
- Clinical guidelines (example - www.guidelines.gov): *Click here to enter text.*
- Expert resource (individual, organization, educational institution) (book, article, web site): *Click here to enter text.*
- Textbook reference: *Click here to enter text.*
- Other: *Click here to enter text.*

Content of activity: A description of the content with supporting references or resources

CONTENT (Topics)	TIME FRAME	PRESENTER
Provide an outline of the content	Time required for content	List the Presenter

If Live:

Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours.

Total Minutes ____divided by 60= ____contact hour(s)

If Enduring:

Method of calculating contact hours:

- Historical Data Complexity of Content Other: Describe *Click here to enter text.*

Number of Contact Hours to be awarded: _____

7. Learner engagement strategies

- Integrating opportunities for dialogue or question/answer
- Including time for self-check or reflection
- Analyzing case studies
- Providing opportunities for problem-based learning
- Other: Click here to enter text.

8. Criteria for Awarding Contact Hours

Criteria for awarding contact hours for live and enduring material activities include:

(Check all that apply)

- Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)
- Credit awarded commensurate with participation
- Attendance at 1 or more sessions
- Completion/submission of evaluation form
- Successful completion of a post-test (e.g., attendee must score _____% or higher)
- Successful completion of a return demonstration
- Other - Describe: [Click here to enter text.](#)

9. Description of evaluation method: Evidence that change in knowledge, skills and/or practices of target audience was assessed

Enter Description Here

Short-term evaluation options:

- Intent to change practice
- Active participation in learning activity
- Post-test
- Return demonstration
- Case study analysis
- Role-play
- Other – Describe: [Click here to enter text.](#)

Long-term evaluation options:

- Self-reported change in practice
- Change in quality outcome measure
- Return on Investment (ROI)
- Observation of performance
- Other – Describe: [Click here to enter text.](#)

ATTACHMENTS

Please provide evidence of the following:

<p><u>Attachment 1</u> Individuals that controls Content</p>	<p>Names and credentials of all individuals in a position to control content including presenters, speakers, nurse planners and content experts..</p>
<p><u>Attachment 2</u> Conflict of Interest forms</p>	<p>Conflict of interest documentation from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable</p>
<p>Attachment 3 Schedule/Agenda</p>	<p>If the activity is longer than 2 hours, attach the agenda for the entire activity (Provider must keep a record of the number of contact hours earned by each participant)</p>
<p><u>Attachment 4</u> Certificate</p>	<p>Documentation of completion and/or certificate</p>
<p><u>Attachment 5</u></p>	<p>Commercial Support Agreement with signature and date (if applicable)</p>
<p><u>Attachment 6</u> Disclosure to Participants</p>	<p>Evidence of required information provided to learners:</p> <ol style="list-style-type: none"> 1. Learning Outcomes 2. Criteria for awarding contact hours 3. Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers) 4. Commercial support (if applicable) 5. Joint Providership (if applicable) (Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to ANCC criteria) 6. Approval statement of provider awarding contact hours
<p><u>Attachment 7</u></p>	<p>Joint Providership (If applicable)</p>
<p><u>Attachment 8</u></p>	<p>Summative evaluation</p> <p>* to be submitted to education@ctnurses.org 2 weeks after program is presented</p>

Completed by: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Attachment 2 Connecticut Nurses' Association Conflict of Interest Form

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Title of Educational Activity: [Click here to enter text.](#)

Education Activity Date: [Click here to enter a date.](#)

Role in Educational Activity: (Check all that apply)

Content Expert

Content Reviewer

Nurse Planner

Faculty/Presenter/Author

Other – Describe: [Click here to enter text.](#)

If Content Expert: How are you qualified to serve in this role? [Click here to enter text.](#)

If Nurse planner: How are you qualified to serve in this role? [Click here to enter text.](#)

Section 1: Demographic Data

Name with Credentials/Degrees: [Click here to enter text.](#)

If RN, Nursing Degree(s): AD Diploma BSN Masters Doctorate

Full Address: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Current Employer and Position/Title: [Click here to enter text.](#)

Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, 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.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;

- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual’s spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, 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 from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	

	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

** All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Typed or Electronic Signature: Name and Credentials (Required) **Date**
[Click here to enter text.](#) [Click here to enter a date.](#)

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
 (Check all that apply)

- Not applicable since no conflict of interest.
- Removed individual with conflict of interest from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: **Click here to enter text.**

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign the form).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Conflict of Interest Form

Typed or Electronic Signature: Name and Credentials (Required) **Date**
[Click here to enter text.](#) [Click here to enter a date.](#)

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Attachement 4 Activity Sample Certificate

Name/Address/City/State/Zip

of Continuing Education Provider

(Name of Participant)

has successfully completed

(activity title)

Date: _____

Contact Hours Awarded: _____

Authorized Signature

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

Attachment 5 Individual Activity Applicant Commercial Support Agreement

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A commercial interest, as defined by the American Nurse's Credentialing Center (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 commercial interests.

Commercial support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.

This activity has Commercial support **YES** **NO**
If **yes**, complete the following

Note:
Organizations providing commercial support may not provide or joint provide an educational activity.

Title of Educational Activity:	
Activity Location (if live):	Activity Date (if live):
Name of Commercial Interest Organization:	
Name of Individual Activity Applicant:	
Total amount of Commercial Support:	
Complete description of all Commercial Support provided including both financial and in-kind support:	
Please check all that apply:	
<input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted* <ul style="list-style-type: none"> <input type="checkbox"/> Speaker honoraria <input type="checkbox"/> Speaker expenses <input type="checkbox"/> Meal <input type="checkbox"/> Other (please list): 	

** Commercial interest may request that funds be used to support a specific part of an educational activity. The Individual Activity Applicant may choose to accept the restriction or not accept the commercial support. The Individual Activity Applicant maintains responsibility for all decisions related to the activity as described below.*

Terms and Conditions	
1.	All organizations must comply with the ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities which is available on the ANCC Accreditation web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of a Commercial Interest organization providing financial or in-kind support. <ul style="list-style-type: none"> ▪ The CIO will not recruit learners from the educational activity for any purpose
3.	The Individual Activity Applicant is responsible for all decisions related to the educational activity. The Commercial Interest organization providing financial or in-kind support may not participate in any component

	<p>of the planning process or implementation of an educational activity, including:</p> <ul style="list-style-type: none"> ▪ Assessment of learning needs and professional practice gap ▪ Learner outcomes ▪ Selection or development of content ▪ Selection of planners, presenters, faculty, authors and/or content reviewers ▪ Selection of teaching/learning strategies ▪ Evaluation methods
4.	The Individual Activity Applicant will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC criteria.
5.	All commercial support associated with this activity will be given with the full knowledge and approval of the Individual Activity Applicant. No other payments shall be given to any individuals involved with the supported educational activity.
6.	Commercial support will be disclosed to the participants of the educational activity.
7.	Commercial Interest Organizations may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity.

Statement of Understanding

An "X" in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Commercial Support Agreement above.

Individual Activity Applicant Name:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
Click here to enter text. Electronic Signature (Required)	Click here to enter a date. Date:
Completed By: (Name and Credentials)	

Commercial Interest Name:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
Click here to enter text. Electronic Signature (Required)	Click here to enter a date. Date:
Completed By: (Name and Credentials)	

Attachment 6
DISCLOSURES TO PARTICIPANTS
 (This form is required to be shared with participants prior to activity)

[Home](#)

Activity Title: **Click here to enter text.**

Date: **Click here to enter a date.**

1. The learner outcomes are: **Click here to enter text.**

2. Successful Completion of this Continuing Nursing Education Activity

To successfully complete and receive contact-hour credit for this CNE activity, you must:

- Sign the roster with your name and contact information.
- Attend the entire activity.
- Submit the completed evaluation form(s) as directed at the conclusion of the activity.

For Enduring Activities: Expiration date: **Click here to enter a date.**

3. Conflicts of Interest

The planners and presenters of this CNE activity have disclosed no relevant financial relationships with any commercial companies pertaining to this activity. YES NO

IF YES: COMPLETE FOR EACH DISCLOSURE

Name	Commercial Company	Nature of Relationship within the past 12 months	How COI has been resolved (*select from below [A – E])

- *A – Divestiture of the conflicting relationship
- *C – Withdrawal from participation
- *E – (Other) [Click here to enter text.](#)

- *B – Peer review of educational material to be used
- *D – Disqualification of the planner/presenter

4. Commercial Company Support YES NO

This CNE activity is supported by (Company name)

- unrestricted educational grant an in-kind donation of (refreshments, meal, or other)

5. Joint Providership YES NO

If YES – Name of Joint Provider

6. Approval Statement

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

Attachement 7

Individual Activity Applicant Joint Provider Agreement

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Individual Activity Applicants may joint provide educational activities with other organizations. The joint providing organization may or may not be an ANCC accredited or approved organization. The joint providing organization may **not** be a commercial interest. The Individual Activity Applicant's Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria.

The Individual Activity Applicant is referred to as the **provider** of the educational activity. The other organization(s) are referred to as the **joint provider(s)** of the educational activity. In the event that two or more organizations are ANCC accredited or approved, one will act as the provider of the educational activity and the other(s) will act as the joint provider(s).

A qualified Nurse Planner from the Individual Activity Applicant organization must be involved in planning, implementing and evaluating the educational activity to include: developing outcomes and content, selecting planners, presenters, faculty, authors and/or content reviewers, awarding contact hours, recordkeeping procedures, developing evaluation methods and managing commercial support and/or sponsorship. Decision-making responsibility may be shared collaboratively between the Individual Activity Applicant and the joint providing organization(s), however final responsibility rests with the Individual Activity Applicant when awarding ANCC contact hours.

The Individual Activity Applicant acting as the provider of the educational activity is responsible for obtaining a written joint provider agreement signed by an authorized representative of the joint provider that includes the following:

- Name of Individual Activity Applicant acting as the provider
- The name(s) of the organization(s) acting as the joint provider(s)
- Statement of responsibility of the **provider**, including the provider's responsibility for:
 - Determining educational outcomes and content
 - Selecting planners, presenters, faculty, authors and/or content reviewers
 - Awarding of contact hours
 - Recordkeeping procedures
 - Evaluation methods
 - Management of commercial support
- Name and signature of the individual legally authorized to enter into contracts on behalf of the Individual Activity Applicant
- Name and signature of the individual legally authorized to enter into contracts on behalf of the joint provider(s)
- Date the agreement was signed

This activity has joint providership **YES** **NO**

If **yes**, complete the following

AGREEMENT FOR JOINT PROVIDING A CONTINUING EDUCATION ACTIVITY

This educational activity is being joint provided by **(Name of Individual Activity Applicant)** and **(Name of Joint Provider)**.

Title of Activity:
Date(s) if live presentation:
Date to begin if enduring material:
Total number of Contact Hours:
Individual Activity Applicant Nurse Planner's Name:

Each item must be checked to reflect the appropriate responsibility. **Those items indicated as "Required" are the responsibility of the Individual Activity Applicant.**

Responsibilities	Individual Activity Applicant	Joint Provider Name
• Determining educational outcomes and content	Required	
• Selecting planners, presenters, faculty, authors and/or content reviewers	Required	
• Determining appropriate number of and awarding ANCC contact hours	Required	
• Recordkeeping procedures	Required	
• Evaluation method	Required	
• Management of commercial support	Required	
Other items (suggestions only):		
• Marketing		
• Printing		
• Registration		
• Supplies: List:		
• Physical location		
• Audio-visual supplies		
• Food		
• Other:		
• Other:		
• Other:		
• Other:		

Financial considerations are often not part of the joint provider agreement. However, there may be decisions related to costs or revenue and those can be included below. If exchange of money is included as part of the agreement, it is recommended that the financial arrangements be stipulated in the joint provider agreement. Joint providing an educational activity is a collaborative venture that requires the direct involvement of the Nurse Planner. Contact Hours may **not** be purchased.

FINANCIAL AGREEMENT

The following is a description of financial responsibilities of the Individual Activity Applicant and the joint provider(s):

- 1.
- 2.
- 3.
- 4.
- 5.

Individual Activity Applicant Representative, Name and official title: [Click here to enter text.](#)

Signature of Individual Activity Applicant Representative: [Click here to enter text.](#)

(Electric signature ok)

Name of Individual Activity Applicant organization: [Click here to enter text.](#)

Joint Provider

Representative Name and official title: [Click here to enter text.](#)

Signature of Joint Provider Representative: [Click here to enter text.](#)

Joint Provider Name/Agency: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Phone: [Click here to enter text.](#) Email address: [Click here to enter a date.](#)

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Attachement 8

Connecticut Nurses' Association

Continuing Nursing Education Activity Summary Report

Educational Activity Title: [Click here to enter text.](#) **Contact Hours Awarded:** [Click here to enter text.](#)

Lead Nurse Planner: [Click here to enter text.](#)

Coordinator: [Click here to enter text.](#) **Joint-Provider (if applicable):** [Click here to enter text.](#)

Date(s) [Click here to enter a date.](#)

Activity Attendance: (attach attendance sheet) Total # attended: [Click here to enter text.](#)

Category	# attended
RN- Required	Click here to enter text.
LPN- optional	Click here to enter text.
CNA- optional	Click here to enter text.
MD- optional	Click here to enter text.
Pharmacist- optional	Click here to enter text.
Social Worker-optional	Click here to enter text.
Dietician-optional	Click here to enter text.
Other- optional	Click here to enter text.

Summary:

Educational Activity Needs Assessment: [Click here to enter text.](#)

Educational Activity Objective(s): [Click here to enter text.](#)

Participant Evaluations: [Click here to enter text.](#)

Overall Evaluation/Comments: [Click here to enter text.](#)

Problems/Opportunity for Improvement: [Click here to enter text.?](#)

Indicate if the appropriate disclosure to participants occurred at this activity. YES NO

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Activity Check List

Please use this list to assist you in making a final check before submitting your application

- Each criterion has been addressed by providing the information requested.
- Supportive documents **on the appropriate forms** have been included.
- ALL** photocopies are readable and centered on the page
- ALL** parts of the application are typewritten or computer printed. (**Handwritten forms will not be accepted**)
- ALL** pages are numbered in **one** consecutive sequence. (**Applications NOT paginated will not be accepted**)
- Education Activity Application
- Attachment 1 Names and Credentials of all in a position to control content
- Attachment 2 Conflict of Interest forms are included for primary nurse planner, planning committee members, speakers/presenters
- Attachment 3 Activity schedule/Agenda included (if longer than 2 hours)
- Attachment 4 Certificate which contains correct approval statement and code #
- Attachment 5 Commercial Support agreement included (if necessary)
- Attachment 6 Disclosures to Participants Form
- Attachment 7 Joint provider agreement included (if necessary)
- Pre- and Post-Test (if necessary)
- Marketing Material included
- Attachment 8 Summary Activity Report – to be submitted to membership@ctnurses.org after activity completion
- Summative Evaluation - to be submitted to membership@ctnurses.org after activity completion
- Complete sign in sheets - to be submitted to membership@ctnurses.org after activity completion
- A copy of this completed checklist**

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Notes