



Vermont State Nurses Association Committee on Education (VSNA-COE) Individual Activities CE Manual



Statement of Philosophy on Continuing Nursing Education

The Committee on Education believes that ongoing education is an integral part of professional practice, and that it is the individual's responsibility to participate in professional development activities.

We believe that nurses must be involved in the planning of continuing professional education for nurses so that all activities are designed, using adult learning principles, with measurable outcomes that resolve current knowledge and skill deficits.

We believe that a variety of educational options are needed to meet the diverse needs of nursing professionals, and that nurse educators need to be receptive to expanded learning opportunities made possible by advances in technology.

We believe that ongoing evaluation of educational activities is essential to maintain and enhance professional development and cost effective health care.

The purpose of the Vermont State Nurses Association Committee on Education is to provide a defined approval process that promotes quality continuing education for nurses which assists in developing and maintaining their professional competence.

Dear Continuing Nursing Education (CE) Applicant:

Thank you for your interest in acquiring approval for individual CE activities for nurses. Enclosed you will find:

- ✚ The Vermont State Nurses Association Committee on Education (VSNA-COE) Individual Activities Continuing Nursing Education Manual
- ✚ Application Forms.

The Vermont State Nurses Association endorses the concept of planned continuing education for all nurses as a means by which nurses can maintain current knowledge, advance the discipline of nursing and meet the standards of practice developed by the nursing profession. One way to assure all key components of quality programming are incorporated in your continuing education activity is with the VSNA-CE process. As the RN nurse planner and/or person administratively responsible for your provider unit, you have the opportunity to assure the continued success of these standards by advocating and promoting quality continuing education learning activities for nurses.

This manual incorporates criteria mandated by the Accreditation Manual of the American Nurses Credentialing Center's Commission on Accreditation published in 2009, and the Vermont State Nurses Association.

Thank you for selecting VSNA as your nursing continuing education approver. We look forward to working with you. The members of the Continuing Education Approver Committee are:

Deborah Hayward Sanguinetti RN, MS, CHPN
 June Benoit RN, MSN, FMP (ex officio)
 Judy Cohen RN, PhD
 Carol Hodges RN, BSN
 Donna MacDonald RN, BSN, MBA
 Janice Oliver RN, MS, NE-BC
 Yvette St. Hilaire RN, BSN
 Pamela Smith RN, MSN, CNOR
 Linda Voltz RN, BSN
 Lorraine Welch RN, EdD

The step-by-step directions provided in this manual and on the accompanying forms, should make the application process easier to navigate. Please contact Carol Hodges at c.hodges@nvrh.org or 802-748-7394 with any questions that you may have. We look forward to working with you.

Sincerely,
VSNA Committee on Education



VSNA-COE Members at the 2009 VSNA Convention with Becky Patton ANA President and VSNA President June Benoit

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VERMONT NURSES ASSOCIATION



2009 INDIVIDUAL ACTIVITIES MANUAL CHANGES

In response to the new criteria released by the ANCC Commission on Accreditation the following changes have been incorporated in this Individual Activities Manual. Please review the new manual. Contact Carol Hodges at 802-748-7394-or chodges@nvrh.org if you have any questions.

Changes go into effect November 1, 2009.

You will find that directions are included on the forms but that there is valuable information in the chapters of this manual to help guide you through the process. Efforts have been made to streamline the information and the forms to make it easier for you. The Appendices supply supplemental information.

Eligibility Criteria:

- Who is able to submit applications has changed. **Effective 7/31/2010** commercial entities are not eligible to apply for approval of activities or as a provider unit.
- If you are a commercial entity and have had approval for activities in the past, that approval ends on **7/31/2010**.
- A commercial entity is defined as an organization that produces, distributes, markets or re-sells products used by or on patients. The only exception to this criterion would be if the department putting on the CE activity had sufficient corporate safeguards or firewalls between the education component and the commercial entity part.

Please review pp. 8-9 of the Manual.

Faculty Directed and Independent Study Application Forms and Chapters 2 & 3:

- Added questions regarding commercial support. Please review Appendix D.
- Added Co-providership information
- Added questions regarding source of the supporting evidence for the needs assessment and target audience; how objectives, etc., reflect the needs assessment.
- Added questions regarding how the nurse responsible for the activity knows the CE criteria and process
- Added question regarding how planners ensure quality of the CE activity; manner in which needed qualifications of faculty is identified; how planning committee assure the faculty are appropriate for the event.
- Under Key Element 3, added question regarding the gap in knowledge, etc.
- Added question regarding rationale for method selected to determine the criteria for successful completion.
- Categories of evaluation: Have separated out the categories and added information to clarify what these are and when they should be done if selected
- Conflict of Interest (COI): definition has changed and now includes personal, professional and financial relationships of self and significant other. Please read [Appendix C](#).
- Question added re: nurse responsible for the activity and planning committee questioning if there was COI or not and how resolved
- Disclosures:
 - Verbal disclosure option deleted. (The written documentation of verbal disclosures was not being done by all who used this option and/or not included in the files.)
 - Added disclosure of purpose/goals and objectives to the usual disclosures.
 - Added sponsorship to commercial support disclosure
 - Non-endorsement of products revised – disclosed whenever products displayed

- For Independent Studies, add expiration date of study to advertising and directions page.
- The objective/content outline page has had the first 3 categories of evaluation listed so that the nurse responsible for the activity can identify for each objective.
- The bio form has been revised to more clearly ask for validation of one's planning expertise in certain areas; includes the revised COI definition. Signatures are not required, but the nurse responsible needs to be able to describe how the bio info was collected if no signature included. (For example, keep a copy of the email sent by the person on planning committee, faculty or content specialist.)

Chapter 1

INDIVIDUAL ACTIVITY APPROVAL PROCESS

Introduction

This manual includes information about the development and application for getting individual activities approved to award contact hours to nurses. Those organizations providing multiple different activities over time might wish to consider becoming an approved provider unit. An approved provider unit has the authority to plan, implement, and evaluate its own continuing education activities during the three-year period of provider unit approval. There is a separate manual 2009 Provider Manual, available for applying as an approved provider unit. There are very specific criteria that must be met in order to be eligible to apply for approval as a provider unit.

Criteria of the American Nurses Credentialing Center's (ANCC) Commission on Accreditation (COA) and rules of the VSNA-COE form the basis of the manual and its associated forms. Our goal is to help you be successful in completing the provider application and providing quality continuing education. Please contact the VSNA COE at 802-651-8886 any time if you have questions or need further information.

Our goal is to help you be successful in completing the applications for individual activities and providing quality continuing nursing education. Please contact the VSNA-COE Education Coordinator at 802-748-7394 or the VSNA Office at 802-651-8886 at any time if you have questions or need further information.

Definitions

Continuing nursing education (CE) consists of planned, organized learning experiences designed to improve the knowledge, skills and attitudes of nurses. It enhances nursing practice, education, and administration. Continuing nursing education promotes professional development to improve health care. See Appendix A

In-service education consists of planned instruction or training to assist the nurse to perform in a particular work setting. It is designed to maintain or increase competency to promote compliance with facility policy and procedures, demonstrate use of facility-specific equipment, or practice previously learned skills. Basic CPR, first aid, and orientation to work settings are considered in-service. In-service activities are NOT eligible for contact hours.

Personal development activities are learning experiences designed to enhance personal knowledge of the learner. Examples may include courses on topics like personal finance or retirement planning. Personal development activities are NOT eligible for contact hours.

TYPES OF APPROVAL

Faculty Directed Activity

A Faculty Directed activity involves participant attendance. It is distinguishable by the fact that the pace of the activity is determined by the provider who plans and schedules the

activity. It involves synchronous learning – both faculty and learner are available to each other at the same time. Contact hour credit awarded is based on the time allocated for the activity. See chapter 2 for the criteria for a Faculty Directed activity and sample completed forms.

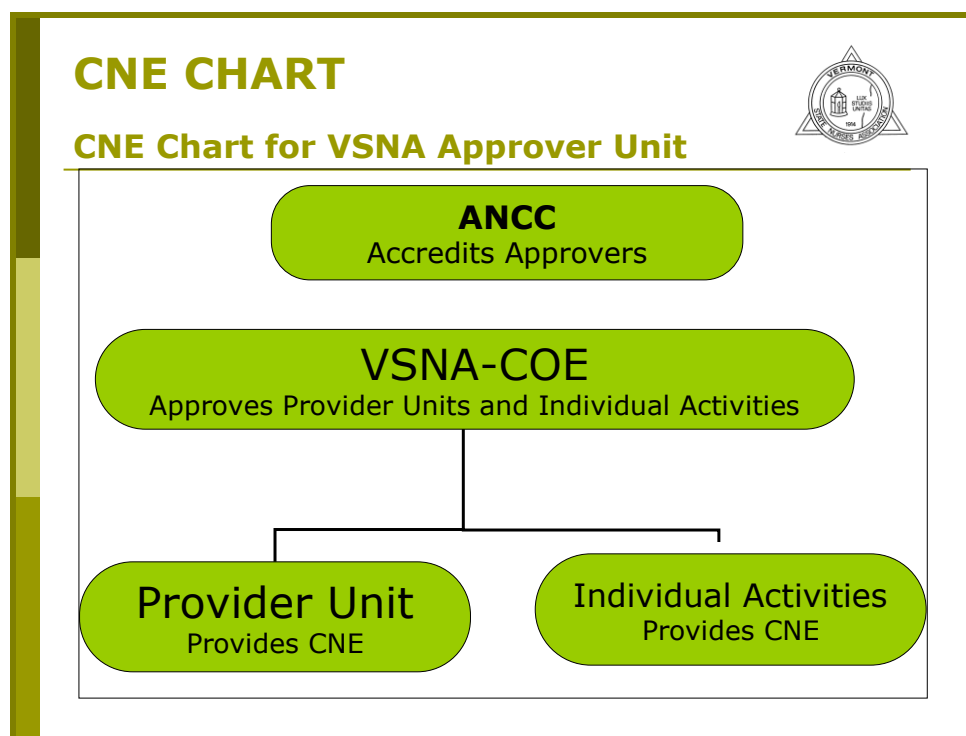
Independent Study

An Independent Study activity is designed for completion by learners, independently, at the learner's own pace and at a time for the learner's choice. The provider designs the educational activity and determines the amount of credit to be awarded. See Chapter 3 for criteria for an Independent Study activity and sample completed forms.

Any individual, group or facility wishing to provide continuing education for nurses is eligible to apply for approval of CE activities.

VSNA Authority as an Approver

The Vermont State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. The Commission on Accreditation accredits approver units which have demonstrated the capacity to approve and monitor the educational activities of individual activity providers and provider units. Accreditation is national in scope.



Who Can Apply for Approval of Individual Activities?

Individuals and/or organizations may apply for approval of individual activities. They must:

1. Have nurse planner (s) who meet (s) qualifications of:
 - a. Minimum of baccalaureate degree in nursing.

- b. Knowledge of ANCC COA criteria and VSNA-COE rules as conveyed in this manual.
2. Be separate from any commercial entity that produces, markets, re-sells or distributes a product used on or by patients (See Note below for further clarification).

NOTE: Your organization is ineligible for approval if it is a commercial interest as defined in the Standards for Commercial Support. A “commercial interest” is any entity either producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used, on patients or that is owned or controlled by an entity that produces, markets, re-sell or distributes healthcare goods or services consumed by, or used on, patients. This definition allows a provider to have a “sister company” that is a commercial interest, as long as your organization had and maintained adequate corporate firewalls to prohibit any influence or control by the “sister company” over the continuing education program. In this case VSNA would expect that you would have an adequate corporate firewall in place to prohibit any influence or control by the “sister company” over the continuing education program. Currently approved commercial entities and individually approved courses will retain there approved status until July 31, 2010. They will not be eligible for reapproval. (Adapted from ANCC Application Manual, 2009).

Application and Related Policies and Processes

A. Application Process

Submit three complete typed copies of the application packet and the application fee.

To be accepted for review after 11/1/2009, all applications **MUST** be submitted on the 2009 VSNA forms and completed in the format defined in this manual. Applications not submitted on correct forms or in the proper format will be returned with directions about what changes are needed before the review can take place.

The application can be submitted via email or regular mail. When submitting by email, please combine the documents into one attachment.

Individual activity applications may be submitted at any time throughout the year.

B. Review Process

Step 1: You will be notified by email that your application has been received at VSNA.

Step 2: Your application is sent to peer reviewers for review. Reviewers independently assess your application.

Step 3: You will be notified by the VSNA-COE as to whether further information is needed or if approval is granted.

Step 4: One copy of your entire application, all correspondence to and from you related to the application, the review forms, and action on your application are kept on file at the VSNA office for six years. Only authorized personnel have access to the files. The ANCC Accreditation program may review files.

As you proceed through the application, assistance is available by either calling the VSNA office or contacting the VSNA-COE Education Coordinator for assistance. Our goal is for you to be successful at providing quality continuing nursing education.

C. Types of Action taken by VSNA-COE

There are three types of action possible on an application for provider unit approval.

1. **Approval** for two years occurs when your written application materials indicate that the criteria and rules are met. Approval needs to be completed seven (7) days prior to the activity.
2. **Decision Deferred Pending** receipt of additional information occurs when there is insufficient information provided to complete the review and approval process. If the additional information is not received within time for the approval process to be completed the application will be deferred or denied.
3. **Denial of Approval** occurs when written application materials indicate that your activity is not in adherence with the criteria of the ANCC Commission on Accreditation and/or requirements of the VSNA-COE approval process.

D. Retroactive Approval

Approval for contact hour credit of an educational activity **AFTER** the activity has been presented, is not authorized in the ANCC accreditation program. Approval **MUST** be granted **PRIOR** to the presentation.

E. Withdrawal and Resubmission of an Application

An activity applicant has the right to withdraw an application at any time prior to the beginning of the approval process without prejudice to any future applications. The activity applicant must notify the VSNA-COE in writing of the decision to withdraw the application. The fees are for the review process and not for approval of the application *per se*. One complete application and a copy of all correspondence will be kept on file in the VSNA-COE office for six years. Fees will not be refunded if the review process has begun. If the review process has not begun, the application fee, minus an administrative fee of \$10.00 or 10% (whichever is greater), will be returned to the applicant. If your organization requests to withdraw, then wishes to apply again later, the process can be resumed without restrictions, utilizing the application process as outlined in this manual.

F. Length of Approval

The maximum approval period for an activity is two years. During the approval period, the organization is authorized to present the activity as many times as they wish within that two year period of time. The activity will need to be provided exactly as per the material submitted in the original application approval. Evaluation forms will need to be completed and submitted to the VSNA-COE after each presentation.

G. Reconsideration and Appeal

If your organization does not agree with the VSNA-COE action decision, you may request in writing that the committee reconsider the decision. If the result of reconsideration is not acceptable, a written appeal may be made. **See Appendix F** for the reconsideration and appeal procedure.

H. Suspension and Revocation of Approval

Approval may be suspended and/or revoked from an approved activity as a result of **ANY** one of the following:

1. Failure to remain in adherence with relevant criteria, rules and requirements defined in this manual.
2. Investigation and verification by the VSNA-COE of written complaints or charges by consumers or others;
3. Refusal to comply with an investigation by the VSNA-COE;
4. Misrepresentation.
5. Failure to submit required information such as the evaluation information.

Suspension and revocation are effective on the date the certified letter of notification is received by the organization. In cases of suspension, the activity may not be awarded contact hours until all conditions relative to the suspension have been met. In cases of revocation, all statements regarding contact hour approval status must be removed from publicity material and certificates of attendance printed and/or distributed after that date.

I. Reporting of Data

In order to help evaluate and monitor the VSNA-COE approval program and/or ANCC Commission on Accreditation requirements; within 30 days after the activity has been provided submission of the VSNA-COE Evaluation form both on the activity and on the approval process is required. ***Failure to respond to monitoring requests may result in suspension of approval.***

What IF These Things Happen Once Your Activity IS Approved

A. Awarding Contact Hours to Faculty

In activities with multiple topics and presenters, the faculty may be awarded contact hours for the parts of the program presented by others and in which they participate as learners.

B. Major Changes in Learning Activities

If a learning activity has met the criteria and there is a significant change in the content, then another planning documentation form must be completed and reviewed by the approved provider unit. For example, significant change could be substituting a new one hour segment for one that previously met criteria, changing objectives and content, etc.

If the speaker changes, but the new speaker will continue to present the same content, and use the same objectives and time frames, place a memo in the activity file regarding this change and include the biographical data form including conflict of interest statement for the new speaker. If you have any questions about whether you should write another planning documentation form or just a memo, please contact VSNA-COE staff.

C. Repetition of Portions of Classes

If, during the planning process, it is identified that certain session(s) out of a larger presentation may potentially be repeated on their own, the provider unit should:

1. Identify each section of the larger presentation as a potential, separate session (e.g. Making Vermont a Healthier Place: *Session 1: Caring for Patients*; *Session 2: Caring for Colleagues*; *Session 3: Caring for Self*, etc.).
2. Identify in Key Element 3, item F-1 of the CE form that learners may attend one or more sessions. (Just as a note: You might also wish to include the information on the advertising material.)
3. On the certificate, identify the sessions the learner attended, the date and the contact hours awarded for those sessions (e.g., "Learner name successfully completed Making Vermont a Healthier Place Sessions 1 Caring for Patients, 4 Strategies for Improving the Work Environment , & 7 Making the Most of Your First Year as a Registered Nurse.").

D. Courses Addressing Complementary or Alternative (Therapeutic) Modalities

The following requirements were developed by the American Holistic Nurses Association regarding therapeutic modalities (complementary or alternative modalities) (2005). The VSNA-COE recommends that provider units follow these guidelines.

1. Therapeutic modality is clearly supported by theory or research published in professional literature in the last five years if there is research available. The research must be made available to the nurse planner/planning committee upon request. This would be required if the modality is in question by staff, nurse planners, reviewers or VSNA-COE members.
2. The learning activity clearly discriminates between use of the modality for self-care or personal development as opposed to appropriate use of the modality with a client population.
3. The learning activity defines and assures a recognized minimum of training when modalities taught are intended for professional use with a client population.
4. The learning activity is consistent with the standards of the appropriate professional association related to the topic. For example, the AHNA has the Holistic Nurses Association Standards of Holistic Nursing Practice that address holistic nursing. These can be found at their website www.ahna.org.
5. Presenter has the appropriate credentials and experience to deliver the learning activity.
6. Note: The provision of contact hours by the provider unit is based on an assessment of the educational design criteria for the learning activity and does not constitute endorsement of the use of a specific modality in the care of clients. (Some organizations chose to include this statement on advertising or the handouts.)

F. Repetition of a Learning Activity by a Co-provider

If an approved provider unit and an outside entity (individual, company, etc.) plan a CE activity together (co-provide), the approved provider unit should process the planning documentation forms within their internal peer review system with one of its designated nurse planners as part of the planning process. If the co-provider then wishes to repeat the CE activity separately from the approved provider unit, the co-provider must submit an application through an approver such as VSNA-COE. The approved provider unit may not approve the activity for the organization that was previously a co-provider for that activity, nor may the approved provider allow the outside entity to use the provider unit's contact hours for repetition of the activity.

Example, Hospital X is an approved provider unit. An outside company or a specialty nursing organization wants to plan a CE activity with this hospital. Hospital X, if it is in the interests of its provider unit, can plan and implement the activity with active involvement of

the designated nurse planner and a representative of the outside group. However, if the co-provider wishes to repeat this activity in various locations, having no direct relationship with Hospital X, it must submit an application to an approver such as VSNA-COE.

G. Refresher or Reactivation Courses

Contact hours may be offered for new information provided in refresher courses.

H. ACLS, PALS, NRP, Other Recertification Courses

According to ANCC COA, ACLS, PALS, NRP and other similar types of recertification courses are not continuing education and therefore do not qualify for contact hours as of June 1, 2011. The ANCC Commission on Accreditation will re-consider this if the information taught in these recertification courses changes significantly.

I. Other Questions or Concerns?

If other issues arise that generate questions, please contact the Vermont State Nurses Association, 100 Dorset Street Suite 13 South Burlington, Vermont 05403- 6403 www.vsna-inc.org or Carol Hodges, Education Coordinator at c.hodges@nvrh.org or 802-748-7394.

Chapter 2

CRITERIA FOR FACULTY DIRECTED CE ACTIVITIES

This chapter has been developed to supplement the faculty directed documentation form and the instructions provided on that form. This chapter has been organized into two sections:

1. General and supplemental information to highlight selected areas of the faculty directed documentation form.

General Information

A faculty directed CE activity involves participant attendance. It is distinguishable by the fact that the pace of the activity is determined by the provider who plans and schedules the activity. Contact hour credit awarded is based on the time allocated for the activity. Examples of faculty directed CE activities include but are not limited to conventions, courses, seminars, workshops, lecture series, and distance learning activities such as teleconferences and audio conferences. Knowledge and use of adult learning principles should be reflected in all aspects of the educational design, i.e. objectives, content, teaching methods, etc.

Approval Period:

A faculty directed CE activity may be repeated as often as desired during the two year period of approval unless substantial changes are made.

Fees: See insert at beginning of the application for current fee structure. Fees are to be submitted with the application and are not refundable once the review process has begun. VSNA reserves the right to change fees at any time without notice. Fees maybe paid by check only.

VSNA districts and committees are not required to pay the fee for the faculty directed CE application. The districts and committees must meet all other criteria as stated in this manual but their activities are governed by the VSNA Provider Unit criterion and not the VSNA-COE Approver Unit.

Submission: In order to provide adequate time for review, applications must be submitted 45 days prior to the activity, with the appropriate fee included. A late fee should be included with the fee for an application that is sent less than 45 days prior to the activity. Retroactive approval is never granted. Three collated copies of the complete application including all attachments need to be submitted.

Completion of the review cannot be guaranteed on applications received less than 21 days prior to the activity, even when a late fee has been included. If the applicant withdraws the application before it is reviewed, VSNA will retain a \$25 Administrative Fee

If you email the application, the application and all attachments need to be included in one attachment.

Completing the Faculty Directed Activity Form

Use form labeled "FACULTY DIRECTED ACTIVITY APPLICATION BASED ON 2009 CRITERIA."

Demographic Data:

This section includes title of the event, initial date to be presented, contact hours to be awarded.

Date of Activity: The date of the activity must be in the future since contact hours cannot be awarded retroactively. If you are not certain of the date, state when it might be scheduled in the future. (For example, to be scheduled once the documentation form meets criteria, or to be scheduled after "x" date [in future].)

Key Element 2 A: Planning Committee:

The planning committee must, at the minimum, consist of two people. Areas that must be represented on the planning committee include:

- a. One designated nurse planner (RN who has at least a baccalaureate or higher degree in nursing, has been identified as a nurse planner in the provider application, and who is responsible for adherence to criteria, rules and requirements);
- b. One person who has relevant content expertise;
- c. One person who represents the target audience; As long as there are at least two people on the planning committee, one person can fill one or more of these required roles.

Key Element 2 B: Faculty/Presenters (present content in an area in which they have knowledge and expertise).

Presenters must have documented qualifications that demonstrate their education and/or experience in the content area they are presenting. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. The qualifications must address: "How does this person know about the topic, how has expertise been gained?" All presenters do not have to be nurses, but nurses should address nursing care and nursing implications. Be sure the bio form contains information specific to this presentation.

Key Element 3 A: Objectives: Objectives for the CE activity are stated in behavioral terms that define the expected outcomes for the learner.

The objectives are derived from the overall purpose of the activity. Educational objectives are written statements that describe the learner-oriented outcomes which may be expected as a result of participation in the Educational activity. These statements describe knowledge, skills, and attitude changes that should occur upon successful completion of the activity. Determination of objectives is a collaborative activity between planners and presenters.

Learner-oriented outcomes are expressed in measurable terms, identify observable actions, and specify one action or outcome per objective. The number of objectives for the program should be sufficient to accomplish the intended purpose of the activity. **It is recommended**

that objectives be limited to one or two per hour. Please number each objective consecutively.

See Appendix E for discussion of behavioral objectives and list of verbs.

The objectives and content must be appropriate to the learners in the target audience. Factors that may be considered in relation to appropriateness should include education, experience, and scope of practice. When content relates to practice differences within the target audience, the provider must clearly identify which objectives are applicable to the various learners in the audience. For example, if addressing hands-on clinical activities, indicate the applicability of the objective and content to the different target audience members (e.g., RN or APRN). An objective that states “Demonstrate hip replacement surgery techniques” would only be appropriate for the physician. A different objective for all other participants might be “Describe hip replacement surgery techniques.”

Key Element 3 C: Content and Time Frame:

The content and time frame is related to and consistent with the objectives. The content must be reflective of continuing education principles, practice and needs of the target audience. EACH objective has a corresponding content outline. Content is the information that the learner must learn in order to meet the objective. **THE CONTENT MUST BE MORE THAN A RESTATEMENT OF THE OBJECTIVE.** The objectives and content should be numbered with corresponding numbers. The time frame should be appropriate for the objective, content and teaching methods.

Key Element 4: Agenda/Schedule and Contact Hours: Contact hours are awarded to participants for those portions of the educational activity devoted to didactic or clinical experience or to evaluating the activity.

An agenda or schedule is needed if an activity is more than two hours long in order to determine the number of contact hours to be awarded to learners. The time spent on welcome, introductions of people vs. introduction to the topic, pre/post tests, breaks, and evaluation needs to be clearly and separately stated. Welcomes, introductions to people and space, breaks and exhibits are not included in the calculation of contact hours. The topic, pre/post-tests, demonstration/return demonstration, and evaluation are included in the calculation of contact hours. Evaluation is considered part of the learning activity and needs to be included in the calculation of contact hours.

If the CE activity is two hours or less, a separate schedule does not need to be included. You must; however, clearly delineate the time for introduction/welcome, break time and evaluation time on the education documentation form (5 column form).

NOTE: The time listed on the 5 column form and the schedule must match.

The appropriate measure of credit is the 60 minute contact hour. A contact hour is **60 minutes** of an organized learning activity, which is either a didactic or clinical experience. The minimum number of contact hours to be awarded is 0.5 (30 minutes). Contact hours may be calculated to the hundredths (i.e. 1.45, 0.91, etc.). They may not be rounded up! (e.g., 4.59 = 4.5 or 4.59, not 4.6)

A sample schedule might look like this:

8:00 Welcome & Introduction 10 min.	NA
8:10 Pre-test	20 min.
8:30 Talk #1	30 min.
9:00 Discussion	20 min.
9:20 Talk # 2	50 min.
10:10 Break 15 min.	NA
10:25 Supervised Practice	50 min.
11:15 Lunch & Exhibits	NA
12:15 Panel Discussion	100 min.
1:55 Break 15 min.	NA
2:10 Talk #3	50 min.
3:00 Questions & Answers	15 min.
3:15 Evaluation & Conclusion	15 min

350 minutes divided by 60 = 5.83 contact hours

Key Element 6: Approval Statement as Noted on Advertising Material:

Advertising material includes any method of announcing an Educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, e-mail or web site. The advertising material must be included with the documentation form. Also, include a hard copy of the e-mail or web site advertising. The advertising material may be the completed copy of a mock-up or the final material. If a mock-up of the advertising material was used, the final copy of the advertising material must be placed in the file as soon as it is printed.

If your advertising states that contact hours will be awarded for the activity, the following statement, must also appear on that advertising. The approval statement must stand alone, no other wording can be on the same line(s) as any part of the statement:

“This continuing nursing education activity was approved by the Vermont State Nurses Association’s Committee on Education, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”

Insert assigned **VSNA Activity Number (xx-xx-xxx)** and include the following statement: **approval valid through (insert expiration date).**

If you want to indicate how many contact hours are to be awarded, that information goes on a separate line.

Sample contact hour statements:

Participants who attend the entire activity and complete an evaluation form will earn 1 contact hour.

or

This activity will provide 1 contact hour.

.....
Sample statements cont:

If advertising needs to be released prior to receiving approval AND you have submitted an application for approval, this statement should be used instead on those materials or you may choose not to put any indication that contact hours will be awarded for this activity.

“This activity has been submitted to the Vermont State Nurses Association, for approval to award contact hours. The Vermont State Nurses Association’s Committee on Education is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Committee on Accreditation”.

Please call (insert name of your contact person) at (insert the organization providing the activity) for more information about contact hours.”

Key Element 8: Commercial Support: You may choose to accept commercial support or sponsorship for a learning activity you planned. See Appendix D for detailed information and requirements related to commercial support and sponsorship.

Commercial support is defined as financial or in-kind contribution from a non-governmental organization that produces, markets, re-sells, or distributes healthcare goods or services consumed by or used on patients. Examples would include drug companies or manufacturers of hospital equipment, wound care supplies, etc.

Sponsorship is defined as financial or in-kind contribution from an organization that does not fit the category of a commercial support entity. A sponsor does not produce, market, re-sell or distribute healthcare goods or services consumed by or used on patients. Examples might include a nursing home that provides a room and refreshments for an educational activity or an organization that provides reference books for learners related to the topic of a learning activity.

Either commercial support entities or sponsors have the potential to bias a CE activity. The difference between the two is that commercial support relates to items that are used directly on patients; sponsors do not.

When you accept commercial support or sponsorship, your provider unit must:

- a. Maintain the integrity of the learning event, ensuring that there is no bias in the educational content
- b. Have a signed agreement with the commercial entity or sponsor, specifying the fact that adherence to all criteria and rules will be solely your responsibility as provider of the event. Sample agreement is shown in Appendix D.
- c. Disclose to learners what commercial support/sponsorship has been received

Key Element 9: Conflict of Interest

Conflict of interest is defined as any relationship of a financial, professional, or personal nature that might bias a person’s ability to objectively participate in the planning or implementation of a learning activity. All planners and presenters/content specialists are required to complete conflict of interest disclosures, as noted on the biographical data form. The nurse planner for the event is accountable for reviewing these disclosures, validating

that no conflict of interest exists, or determining how resolution of the conflict will be achieved, if appropriate. Having a conflict of interest does not preclude a person from serving as a planner, presenter, and/or content specialist. However, disclosure and resolution assure that the learner will receive unbiased information.

See Appendix C for additional information on Conflict of Interest

Key Element 11: Recordkeeping

You are required to keep the following documentation for six years. Information should be secure, confidential, and retrievable.

- A. Documents:
 1. Associated correspondence with VSNA-COE regarding your activity application and approval
 2. Additional correspondence with VSNA-COE during your period of approval, if applicable. This includes notification of repeat presentation, changes in the name or address of your organization or changes in the structure of your organization.

- B. Individual activity documentation (note that most of this information is contained on your faculty directed or individual activity application form plus required attachments)
 1. Title / date / location of the activity, or title and dates activity to be available to learners for an independent study
 2. Description of the target audience
 3. Method and findings of your needs assessment
 4. Names, titles, and appropriate expertise of planners and presenters/content specialist(s) on biographical data forms
 5. Conflict of interest disclosure and resolution information from planners and presenters/content specialist(s) on biographical data forms
 6. Learning activity purpose, objectives, and content
 7. Instructional strategies, delivery methods, learner feedback mechanisms, and resources to be used
 8. Method for determining the number of contact hours to be awarded
 9. Methods / processes to verify participation
 10. Disclosures to learners regarding (a) purpose, objectives, and requirements for successful completion, (b) presence or absence of conflict of interest of planners/presenters/content specialist(s) and its resolution, (c) presence or absence of commercial support and/or sponsorship, (d) non-endorsement by the provider, VSNA-COE, or ANCC of any of products that may be displayed in conjunction with the activity, (e) discussion of off-label use of medications
 11. Marketing and promotional materials, including copies of brochure, flyer, email announcement, intranet/internet page, or any other vehicle used to inform learners of the availability of the learning activity
 12. Co-provider agreement, if applicable, specifying division of responsibilities and including required provider unit responsibilities (see co-providership section of this chapter).
 13. Method for insuring content integrity in the presence of any commercial support or sponsorship, if applicable
 14. Commercial support and/or sponsorship agreement, if applicable, including required provider responsibilities (see commercial support/ sponsorship section of this chapter).

15. A copy of the evaluation tool used for the activity, including summative evaluation data after the activity has occurred
16. Evidence of any changes made prior to implementation of the learning activity based on reviewer feedback
17. Learner names and unique identifier information
18. Sample certificate of completion
19. Number of contact hours awarded to each learner

Key Element 12: Co-Providership

Your provider unit may choose to co-provide an activity with one or more other organizations. This means that one of your designated nurse planners and representatives from the other organization(s) **work together** to plan and implement a continuing education learning activity. If you co-provide with others who are not approved providers, your provider unit must be accountable for:

- a. Determination of objectives and content
- b. Selection of planners and presenter(s)/content specialist(s)
- c. Awarding of contact hours
- d. Recordkeeping procedures
- e. Evaluation methods and categories
- f. Management of commercial support/sponsorship agreements, if applicable

As the provider for this event, your organization must be prominently mentioned in marketing materials, your approval statement must appear on marketing materials, and your provider's name and address must appear on the learner's certificate of completion.

Any time an activity is co-provided, you must have a written agreement attached to the activity's documentation form. The agreement must be signed by all involved parties, including the provider unit's nurse planner. A sample co-provider agreement is shown in Appendix B.

Chapter 3

CRITERIA FOR INDEPENDENT STUDY CE ACTIVITIES

This chapter has been developed to supplement the independent study documentation form and the instructions provided on these forms.

General Information:

An independent study CE activity is designed for completion by learners, independently, at the learner's own pace and at a time of the learner's choice. The provider designs the Educational activity and determines the amount of credit to be awarded. Examples of independent study activities include but are not limited to viewing videotapes or listening to audio tapes and completing post test questions; accessing computer online activities; reading selected article(s) and completing post-test questions; and learning and practicing skills independently and seeking an instructor to evaluate a return demonstration. Knowledge and use of adult learning principles should be reflected in all aspects of the Educational design, i.e. objectives, content, teaching methods, etc. Periodic review of evaluation feedback from learners is an important aspect of ongoing monitoring of effectiveness of the activity.

Approval Period:

An independent study CE activity may be repeated as often as desired during the two year approval period unless substantial changes are made.

Fees:

See insert at beginning of the application form for current fee structure. Fees are to be submitted with the application and are not refundable once the review process has begun. VSNA reserves the right to change fees at any time without notice. Fees may be paid by check only.

VSNA districts and committees are not required to pay the fee for the faculty directed CE application. The districts and committees must meet all other criteria as stated in this manual but their activities are governed by the VSNA Provider Unit criterion and not the VSNA-COE Approver Unit.

Submission:

In order to provide adequate time for review, applications must be submitted 45 days prior to the activity, with the appropriate fee included. A late fee should be included with the fee for an application that is sent less than 45 days prior to the activity. Retroactive approval is never granted. Three collated copies of the complete application including all attachments need to be submitted.

Completion of the review cannot be guaranteed on applications received less than 21 days prior to the activity, even when a late fee has been included. If the applicant withdraws the application before it is reviewed, VSNA will retain a \$25 Administrative Fee.

If you email the application, the application and all attachments need to be included in one attachment.

Completing the Independent Study Application:

Use form labeled "INDEPENDENT STUDY ACTIVITY APPLICATION BASED ON 2009 CRITERIA."

Demographic Data:

This section includes title of the event, initial date to be presented, contact hours to be awarded.

Date of Activity: The date of the activity must be in the future since contact hours cannot be awarded retroactively. If you are not certain of the date, state when it might be scheduled in the future. (For example, to be scheduled once the documentation form meets criteria, or to be scheduled after "x" date [in future].)

Key Element 2 A: Planning Committee:

The planning committee must, at the minimum, consist of two people. Areas that must be represented on the planning committee include:

- a. One designated nurse planner (RN who has at least a baccalaureate or higher degree in nursing, has been identified as a nurse planner in the provider application, and who is responsible for adherence to criteria, rules and requirements);
- b. One person who has relevant content expertise;
- c. One person who represents the target audience; As long as there are at least two people on the planning committee, one person can fill one or more of these required roles.

Key Element 2 B: Content Specialist/Authors (responsible for the design and content of the learning activity, have knowledge and expertise in the content area).

A content specialist is the person(s) responsible for the design and selection of resources to be used for the learning activity. On the basis of their education and expertise in the content of any learning activity, content specialists may select videotapes, publications, computer programs, skill demonstrations or other teaching/learning resources. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc.

Copyright: If using material developed by others, it is the responsibility of the content specialist(s) to ensure s/he has copyright permission to use the material.

Be sure the biographical form for content specialists/authors contains information **specific to this activity**. Do not attach complete professional biographies (CV's).

Feedback Providers: The person(s) providing feedback to the learner needs to be identified.

Key Element 3 A: Objectives: Objectives for the CE activity are stated in behavioral terms that define the expected outcomes for the learner.

The objectives are derived from the overall purpose of the activity. Educational objectives are written statements that describe the learner-oriented outcomes which may be expected as a result of participation in the Educational activity. These statements describe knowledge,

skills, and attitude changes that should occur upon successful completion of the activity. Determination of objectives is a collaborative activity between planners and presenters.

Learner-oriented outcomes are expressed in measurable terms, identify observable actions, and specify one action or outcome per objective. The number of objectives for the program should be sufficient to accomplish the intended purpose of the activity. **It is recommended that objectives be limited to one or two per hour.** Please number each objective consecutively.

See Appendix E for discussion of behavioral objectives and list of verbs.

The objectives and content must be appropriate to the learners in the target audience. Factors that may be considered in relation to appropriateness should include education, experience, and scope of practice. When content relates to practice differences within the target audience, the provider must clearly identify which objectives are applicable to the various learners in the audience. For example, if addressing hands-on clinical activities, indicate the applicability of the objective and content to the different target audience members (e.g., RN or APN). An objective that states “Demonstrate hip replacement surgery techniques” would only be appropriate for the physician. A different objective for all other participants might be “Describe hip replacement surgery techniques.”

Key Element 3 C: Content

The content is related to and consistent with the objectives. The content must be reflective of continuing education principles, practice and needs of the target audience. EACH objective has a corresponding content outline. Content is the information that the learner must learn in order to meet the objective. **THE CONTENT MUST BE MORE THAN A RESTATEMENT OF THE OBJECTIVE.** The objectives and content should be numbered with corresponding numbers. The time frame should be appropriate for the objective, content and teaching methods.

Key Element 3 E: Learning Activity Plan/Process

There is a description of the entire independent study package which”

1. Outlines all activities to be done by the learner.
2. Includes all materials to be used.
3. Describes the method the learner is to use to gain access to or interact with the provider of the independent study.

Key Element 4:

A. Effectiveness of the Independent Study: Prior to its use by learners, there must be a method of documenting the effectiveness of the independent study in meeting objectives. This could be done through various ways such as a pilot study, review by experts, evaluation of degree of difficulty of material, etc.

B. Contact Hour Calculation. Contact hours are determined in a logical and defensible manner, consistent with the objectives, content, teaching/learning strategies, and target audience. The rationale used to determine the number of contact hours to be awarded needs to be described. For example: Was a pilot study done? Was the determination made

based on historical data? (For example, has an independent study of the same length and complexity been included in each monthly newsletter and it consistently takes learners “x” amount of time to complete it?) Is complexity of the content and data determined? If yes, how?

Participants in the pilot study may receive contact hours for their participation once the contact hours have been calculated.

If this independent study expires and it is being reviewed again for another approval period, the people who have completed the study during the past period become the pilot group. You need to describe how many took the study during the past period, what comments/suggestions they had, what problems they had with the post-test (if applicable), and how long it took them to complete the study. It is not appropriate to use the initial pilot information for the sections on effectiveness of the study and rationale for contact hours in this documentation form.

Contact Hour: The appropriate measure of credit is the 60 minute contact hour. A contact hour is 60 minutes of an organized learning activity. The minimum number of contact hours to be awarded is 0.5 (30 minutes). Contact hours may be calculated to the hundredths 1 (i.e. 1.45, 0.91, etc.). They may not be rounded up!

***Key Element 6: Approval Statement as Noted on Advertising Material:**

Advertising material includes any method of announcing an Educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, e-mail or web site. The advertising material must be included with the documentation form. Also, include a hard copy of the e-mail or web site advertising. The advertising material may be the completed copy of a mock-up or the final material. If a mock-up of the advertising material was used, the final copy of the advertising material must be placed in the file as soon as it is printed.

If your advertising states that contact hours will be awarded for the activity, the following statement must also appear on that advertising. The approval statement must stand alone, no other wording can be on the same line(s) as any part of the statement:

“This continuing nursing education activity was approved by the Vermont State Nurses Association’s Committee on Education an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”

Insert assigned **VSNA Activity Number (xx-xx-xxx)** and include the following statement: **approval valid through (insert expiration date).**

If you want to indicate how many contact hours are to be awarded, that information goes on a separate line.

Sample contact hour statements:

Participants who attend the entire activity and complete an evaluation form will earn 1 contact hour.

or

This activity will provide 1 contact hour.

Sample statements continued.

If advertising needs to be released prior to receiving approval AND you have submitted an application for approval, this statement should be used instead on those materials or you may choose not to put any indication that contact hours will be awarded for this activity.

“This activity has been submitted to the Vermont State Nurses Association for approval to award contact hours. The Vermont State Nurses Association’s Committee on Education is accredited as an approver of continuing nursing education by the American Nurses credentialing center’s Committee on Accreditation”.

Please call (insert name of your contact person) at (insert the organization providing the activity) for more information about contact hours.”

Key Element 8: Commercial Support: You may choose to accept commercial support or sponsorship for a learning activity you planned. See Appendix D for detailed information and requirements related to commercial support and sponsorship.

Commercial support is defined as financial or in-kind contribution from a non-governmental organization that produces, markets, re-sells, or distributes healthcare goods or services consumed by or used on patients. Examples would include drug companies or manufacturers of hospital equipment, wound care supplies, etc.

Sponsorship is defined as financial or in-kind contribution from an organization that does not fit the category of a commercial support entity. A sponsor does not produce, market, re-sell or distribute healthcare goods or services consumed by or used on patients. Examples might include a nursing home that provides a room and refreshments for an educational activity or an organization that provides reference books for learners related to the topic of a learning activity.

Either commercial support entities or sponsors have the potential to bias a CE activity. The difference between the two is that commercial support relates to items that are used directly on patients; sponsors do not.

When you accept commercial support or sponsorship, your provider unit must:

- a. Maintain the integrity of the learning event, ensuring that there is no bias in the educational content

- b. Have a signed agreement with the commercial entity or sponsor, specifying the fact that adherence to all criteria and rules will be solely your responsibility as provider of the event. Sample agreement is shown in Appendix D.
- c. Disclose to learners what commercial support/sponsorship has been received

Key Element 9: Conflict of Interest

Conflict of interest is defined as any relationship of a financial, professional, or personal nature that might bias a person's ability to objectively participate in the planning or implementation of a learning activity. All planners and presenters/content specialists are required to complete conflict of interest disclosures, as noted on the biographical data form. The nurse planner for the event is accountable for reviewing these disclosures, validating that no conflict of interest exists, or determining how resolution of the conflict will be achieved, if appropriate. Having a conflict of interest does not preclude a person from serving as a planner, presenter, and/or content specialist. However, disclosure and resolution assure that the learner will receive unbiased information.

See Appendix C for additional information on Conflict of Interest

Key Element 11: Recordkeeping

You are required to keep the following documentation for six years. Information should be secure, confidential, and retrievable.

- A. Documents:
 - 1. Associated correspondence with VSNA-COE regarding your activity application and approval
 - 2. Additional correspondence with VSNA-COE during your period of approval, if applicable. This includes notification of repeat presentation, changes in the name or address of your organization or changes in the structure of your organization.
- B. Individual activity documentation (note that most of this information is contained on your faculty directed or individual activity documentation form plus required attachments)
 - 1. Title / date / location of the activity, or title and dates activity to be available to learners for an independent study
 - 2. Description of the target audience
 - 3. Method and findings of your needs assessment
 - 4. Names, titles, and appropriate expertise of planners and presenters/content specialist(s) on biographical data forms
 - 5. Conflict of interest disclosure and resolution information from planners and presenters/content specialist(s) on biographical data forms
 - 6. Learning activity purpose, objectives, and content
 - 7. Instructional strategies, delivery methods, learner feedback mechanisms, and resources to be used
 - 8. Method for determining the number of contact hours to be awarded
 - 9. Methods / processes to verify participation
 - 10. Disclosures to learners regarding (a) purpose, objectives, and requirements for successful completion, (b) presence or absence of conflict of interest of planners/presenters/content specialist(s) and its resolution, (c) presence or absence of commercial support and/or sponsorship, (d) non-endorsement by the provider, VSNA-COE, or ANCC of any of products that may be displayed in

- conjunction with the activity, (e) discussion of off-label use of medications
11. Marketing and promotional materials, including copies of brochure, flyer, email announcement, intranet/internet page, or any other vehicle used to inform learners of the availability of the learning activity
 12. Co-provider agreement, if applicable, specifying division of responsibilities and including required provider unit responsibilities (see co-providership section of this chapter).
 13. Method for insuring content integrity in the presence of any commercial support or sponsorship, if applicable
 14. Commercial support and/or sponsorship agreement, if applicable, including required provider responsibilities (see commercial support/ sponsorship section of this chapter).
 15. A copy of the evaluation tool used for the activity, including summative evaluation data after the activity has occurred
 16. Evidence of any changes made prior to implementation of the learning activity based on reviewer feedback
 17. Learner names and unique identifier information
 18. Sample certificate of completion
 19. Number of contact hours awarded to each learner

Key Element 12: Co-Providership

Your provider unit may choose to co-provide an activity with one or more other organizations. This means that one of your designated nurse planners and representatives from the other organization(s) **work together** to plan and implement a continuing education learning activity. If you co-provide with others who are not approved providers, your provider unit must be accountable for:

- a. Determination of objectives and content
- b. Selection of planners and presenter(s)/content specialist(s)
- c. Awarding of contact hours
- d. Recordkeeping procedures
- e. Evaluation methods and categories
- f. Management of commercial support/sponsorship agreements, if applicable

As the provider for this event, your organization must be prominently mentioned in marketing materials, your approval statement must appear on marketing materials, and your provider's name and address must appear on the learner's certificate of completion.

Any time an activity is co-provided, you must have a written agreement attached to the activity's documentation form. The agreement must be signed by all involved parties, including the provider unit's nurse planner. A sample co-provider agreement is shown in Appendix B.

APPENDICES

The following appendices are included for general information about the continuing education process and to provide assistance in meeting the criteria and rules in applying and providing contact hours for continuing nursing education.

- Appendix A discusses the differentiation between levels of education activities
- Appendix B discusses co-providership
- Appendix C includes conflict of interest, resolution of conflict of interest, conflict of interest decision tree, terms and conditions of speakers/authors
- Appendix D includes the standards for commercial support
- Appendix E discusses behavioral objectives and list of verbs
- Appendix F includes the reconsideration and appeal process
- Appendix G includes a glossary of terms included in the manual

References & Resources:

1. Application Manual – Accreditation Program, American Nurses Credentialing Center's Commission on Accreditation, Washington, D.C., 2009.
2. Scope and Standards of Practice for Nursing Professional Development. American Nurse's Association #NPD-20, Washington, DC. 2000.
3. Permission granted by Ohio Nurses Association to adapt forms and manual November 2009

APPENDIX A

Differentiation between Level of Education Activities

Basic education educational information that addresses basic standards of practice required for preparing nurses for entry into practice.

Orientation addresses institution based standards of practice and teaches or tests skill competency level.

In-service also addresses institution based standards of practice but is usually related to educate to a new procedure or piece of equipment. In-service education involves practice of previously learned skills as well as enabling or increasing the skill competency level.

Continuing education is a means for nurses to acquire new knowledge and skills as well as advance their decision making ability. Continuing education can build on previous knowledge and skill bases and enhances professional attitudes and values. Continuing education supports creativity in practice, assists with advancing career goals and promotes professional development. Continuing education promotes implementation of change within the individual's practice as well as healthcare in general. New standards of practice, laws and rules are addressed in continuing education activities.

*Adapted with permission by the Ohio State Nurses Association
Vermont State Nurses Association: Committee on Education 11/2009*

APPENDIX B: CO-PROVIDERSHIP

ANCC criteria state that the Approved Provider Unit must:

Maintain responsibility for the following when/if activities are co-provided:

- a. Determination of Educational objectives and content.
- b. Selection of content specialist planners and activity presenters;
- c. Awarding of contact hours, as appropriate, to the individual Educational activity;
- d. Record keeping procedures;
- e. Evaluation methods and categories; and
- f. Management of any commercial support or sponsorship.

Definition: To co-provide is “the process for planning, developing and implementing an Educational activity by two or more organizations or agencies.” (ANCC Commission on Accreditation, 2001) These organizations may be:

- Two or more Approved Provider Units;
- One Approved Provider Unit and one or more other organizations or individuals; or
- Two or more organizations or individuals who are not Approved Provider Units.

Designated Nurse Planner: The collaborating organizations or individuals must determine which organization will be designated as the primary provider and which organization(s) will be the co-provider(s) for the event. The nurse planner will be the person responsible for assuring that ANCC COA/VSNA-COE educational design criteria/rules as provided by VSNA-COE are used to plan and implement the activity. When co-providing an educational activity, tasks involved in planning, implementing, and evaluating the activity may be shared; however, the final responsibility and accountability to insure that the criteria are met remain with the designated approved provider unit. For example, the organizations together could meet to discuss desired objectives, but the final decision about which objectives to include and how they are written rests with the designated nurse planner. A written co-provider agreement confirms these arrangements.

Approval versus Co-providing:

Co-providing continuing education is not to be confused with approval of continuing education for other agencies or within your own organization. If your provider unit nurse planner was not actively involved in the planning of the event; you may not provide or co-provide it.

Advertising: Any advertising should include all names of the provider and co-provider(s). Your provider unit must be prominently mentioned in the advertising. For example, “ABC Hospital and Chapter x of the Medical/Surgical Nurses Association...”

Commercial Support/Sponsorship

Commercial support and/or sponsorship may be obtained for an event. This might include financial or in-kind contributions. Commercial supports/sponsors are not part of the assessment, planning, implementation, and evaluation process for the activity, so they are not co-providers. However, be sure you follow the appropriate requirements regarding use of commercial support/sponsorship and how learners are informed.

Co-provider vs. Co-sponsor

ANCC COA criteria do not use the terms “sponsor” or “co-sponsor” interchangeably with co-provider. Co-providing is the term used when two or more groups work together to assess, plan, implement and evaluate continuing education activities.

CO-PROVIDER AGREEMENT

(Your organization's name) and (co-provider's name) agree to plan and present a CE activity entitled _____ on _____ at _____.

As the provider, we will maintain responsibility for determination of educational objectives and content; selection of content specialist planners and activity presenters; awarding of contact hours, as appropriate. To the individual educational activity; record keeping procedures; evaluation methods and categories and management of any commercial support or sponsorship.

(Co-provider name) will assist by.....

The advertising will state that this event is presented by (provider name) and co-provider name).

Provider's signature _____ Date: _____

Co-provider's signature: _____ Date: _____

APPENDIX C: CONFLICT OF INTEREST

This appendix includes additional information regarding conflict of interest. It includes (1) information from the Application Manual Accreditation Program (ANCC 2009), and (2) a sample Terms and Conditions for Presenters form that you can use if you wish.

RESOLUTION OF CONFLICT OF INTEREST

A conflict of interest exists if an entity that is in a position to benefit financially from the success of a CE activity is ALSO in a position to influence the content, design, or implementation of the CE activity.

- 1.1 If an organization or an individual within the organization is in a position which affords him/her the opportunity to affect CE content with products or services from which, if purchased, the individual or organization might receive personal financial benefit, the individual or organization must disclose to the CE activity provider his/her/its relationship to the product or service developer, manufacturer, distributor or seller.
- 1.2 The provider must be able to show that each individual who is in a position to control the content of an education activity has disclosed all relevant relationships with any entity in a position to benefit financially from the success of the CE activity. Examples of relevant relationships include (but are not limited to) those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. 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.

Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking, teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ANCC considers relationships of the individual involved in the continuing nursing education activity to include financial relationships of the individual’s spouse/partner. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward.

ANCC considers relationships occurring within the 12 months prior to the implementation date of the activity as “relevant” to conflict of interest. When a person divests himself/herself of a relationship, it ceases to be a conflict of interest but it must be disclosed to the learners for 12 months after the termination of the relationship.

- 1.3 An individual who refuses to disclose relevant relationships will be disqualified from being a planning committee member, a teacher, or an author of continuing nursing education and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CE activity.
- 1.4 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered.

Example/Suggestions for resolving COI:

Discussing conflict with planning member or faculty & how the person can ensure that there will be no bias

Having the person sign an agreement that says they:

- will not bias information presented,
- will not promote any product or company,
- will not discuss any drugs or if do, will discuss using generic names & will discuss all drugs within that classification,
- will not discuss research they have done or if do talk about research, they will integrate all research done on that topic.

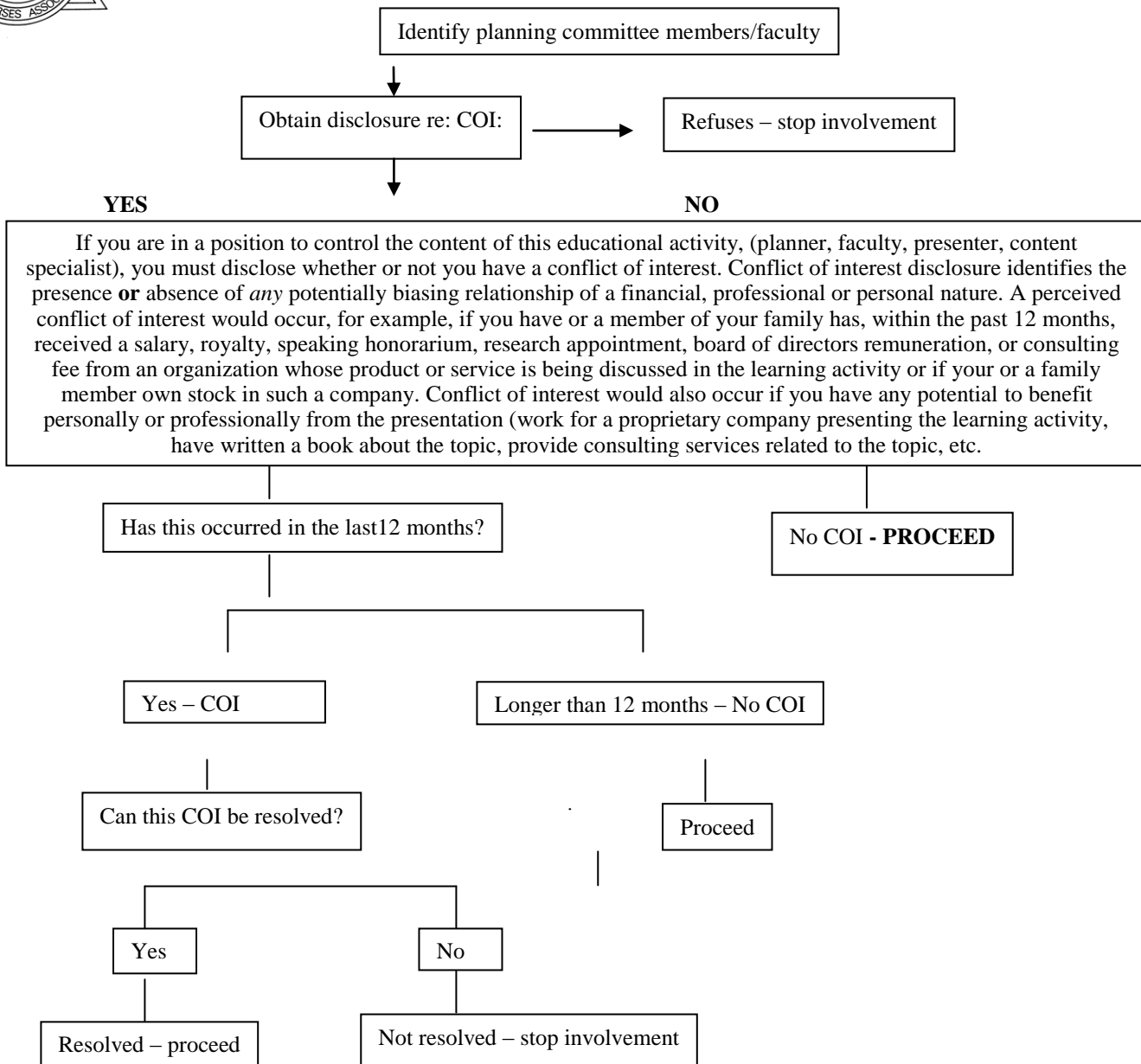
Example/Suggestions for resolving COI:

- Discussing conflict with planning member or faculty & how the person can ensure that there will be no bias
- Having the person sign an agreement that says they:
 - * will not bias information presented,
 - * will not promote any product or company,
 - * will not discuss any drugs or if do, will discuss using generic names & will discuss all drugs within that classification,
 - * will not discuss research they have done or if do talk about research, they will integrate all research done on the topic.

Disclose COI and resolution of planners and faculty to learner; in writing (i.e. advertising, handout, etc.) – keep evidence of this in file for six years



Conflict of Interest Decision Tree



*Submitted by: Pam Dickerson, Sandy Noll, Zandra Ohri
Adapted with permission from the Ohio Nurses Association*

TERMS AND CONDITIONS FOR SPEAKERS/AUTHORS

Speakers/Authors: This document has been developed to better inform you of our policy. Please review each item, check your response, sign the document and return to ____.

Thank you.

TERMS & CONDITIONS	Agree	Disagree
1. I have disclosed to ____ all potentially biasing relationship of a financial, professional or personal nature that exist or have existed within the last 12 months. I understand that these relationships will be shared with the learner.		
2. I will prepare fair & balanced presentations/independent studies that are objective & scientifically rigorous. Content will be well-balanced, evidence based where possible & unbiased.		
3. If addressing unlabeled &/or unapproved uses: I will clearly acknowledge the unlabeled identification or the investigational nature of drug products and/or devices to the learners.		
4. I will use generic names to the extent possible when discussing specific health care products or service. If I need to use trade names, I will use trade names from several companies when available, & not just trade names from any single company.		
5. Validation of content: I have reviewed the proposed content for this activity and find, to the best of my knowledge, the following:		
A. This presentation/independent study is based on acceptable principles that are generally accepted as valid by the profession.		
B. This content is based on conclusions or inferences about the evidence that are accepted in the general health care community as valid and sound.		
C. Scientific research referred to in this presentation conforms to generally accepted standards of experimental design, data collection, & analysis.		
D. Content is accurate based on best information available at the time the presentation/independent study was developed.		
6. If I have been trained or utilized by a commercial entity or its agent as a speaker for any commercial interest, the promotional aspects of that presentation/independent study will not be included in any way with this activity.		
7. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles & methods, & will not promote the commercial interest of the funding company.		
8. The handouts and slides will not include my company logo other than on the first slide. (The copyright symbol may be included on each of the slides.)		
9. I understand that ____ may need to review my presentation &/or content prior to the activity & I will provide Educational content and resources in advance as requested.		

I have carefully read and considered each item in this attestation form, and have completed it to the best of my ability.

Signature _____ Date _____

Note: This signature may be electronic.

PRESENTATION TITLE: _____

APPENDIX D

STANDARDS FOR DISCLOSURE AND COMMERCIAL SUPPORT

This appendix includes additional information regarding (1) Standards for Disclosure and Commercial Support; (2) a sample commercial support agreement; and (3) a sample sponsorship agreement. (Permission was granted by Mary Moon Allison, Director, Accreditation Program, ANCC, to list these standards).

These Standards have been adapted from the Accreditation Council for Continuing Medical Education (ACCME), which articulates its policies for disclosure and commercial support in:

1. *The Standards for Commercial Support: Standards to Ensure Independence in CME Activities*, as adopted by ACCME in September 2004; and
2. ACCME policies applicable to commercial support and disclosure.

STANDARD 1: INDEPENDENCE

1.1

An entity has a commercial interest if it is:

- a. An entity that produces, markets, re-sells or distributes health care goods or services consumed by, or used on, patients; OR
- b. An entity that is owned or controlled, in whole or in part, by an entity that produces, markets, resells, or distributes health care goods or services consumed by, or used on, patients.

An entity is NOT a commercial interest if it is:

- a. A government entity;
- b. A non-profit (501 (c) 3) organization;
- c. A non-health care related entity

This definition permits an accredited [approved] provider to be owned by an entity that is not a commercial interest. It also allows a provider to have a "sister company" or parent company that is a commercial interest, as long as the accredited [approved] provider has and maintains adequate corporate firewalls to prohibit any influence or control by the sister or parent company over the continuing education program of the accredited [approved] provider. In this case, ANCC would expect that the accredited [approved] provider would have an adequate corporate firewall in place to prohibit any influence or control by the "sister company" over the continuing education program. ANCC does not consider providers of clinical service directly to patients to be commercial interests.

1.2

A continuing nursing education provider must ensure that the following decisions were made free from the control of a commercial interest:

- a. identification of continuing nursing education needs,
- b. determination of Educational objectives,
- c. selection and presentation of content,
- d. selection of all persons and organizations that will be in a position to control the content of the continuing nursing education,
- e. selection of Educational methods, and
- f. evaluation of the activity.

1.3

An entity with a commercial interest cannot take the role of non-accredited [non-approved] partner in a co-provider relationship.

STANDARD 2: RESOLUTION OF PERSONAL CONFLICTS OF INTEREST

2.1

An individual must disclose any financial relationships with an entity with a commercial interest (See STANDARD 1).

2.2

The provider must be able to show that each individual who is in a position to control the content of an education activity has disclosed all financial relationships with any entity with a commercial

interest in the provider. ANCC defines “financial relationships” as those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Financial relationships can also include “contracted research” where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant.

Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking, and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ANCC considers relationships of the person involved in the continuing nursing education activity to include financial relationships of a spouse/partner.

Financial relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward.

With respect to personal financial relationships, “contracted research” includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the agent. ANCC considers financial relationships in any amount occurring within the past 12 months as “relevant” in terms of creating a conflict of interest.

2.3

An individual who refuses to disclose financial relationships will be disqualified from being a planning committee member, a teacher, or an author of continuing nursing education and cannot have control, or responsibility for, the development, management, presentation, or evaluation of the CE activity.

2.4

The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

2.5

ANCC considers a “conflict of interest” to exist when an individual has an opportunity to affect continuing nursing education content in relation to a commercial interest with which he/she has a financial relationship. ANCC considers “opportunity to affect continuing nursing education content” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

With respect to financial relationships with commercial interest, when a person divests himself/herself of a relationship, it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months.

STANDARD 3: APPROPRIATE USE OF COMMERCIAL SUPPORT

3.1

The provider must make all decisions regarding the disposition and disbursement of commercial support. ANCC defines “commercial support” as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a continuing nursing education activity. ANCC does not consider providers of clinical service directly to patients to be commercial interests. For the purposes of eligibility, ANCC considers the following types of organizations eligible for accreditation [approval] and free to control the content of continuing nursing education (Standard 1):

- a. Liability insurance providers
- b. Health insurance providers
- c. Group medical practices
- d. Acute care hospitals (for-profit and not-for-profit)
- e. For-profit rehabilitation centers
- f. For-profit nursing homes
- g. Universities with nursing development and continuing nursing education programs
- h. Specialty Nursing Organizations

- i. Constituent Member Associations
- j. Federal Nursing Service
- k. National nurses organizations based outside the United States
- l. A single-focused organization devoted to offering continuing nursing education. The single-focused organization exists for the single purpose of providing education.

3.2

A provider cannot be required by an entity with a commercial interest to accept advice or services concerning teachers, authors, or other education matters, including content, from the entity as conditions of contributing funds or services.

3.3

All commercial support associated with a continuing nursing education activity must be given with the full knowledge and approval of the provider.

Written Agreement Documenting Terms of Support

3.4

The terms, conditions, and purposes of the commercial support must be documented in a written agreement with the entity that includes the provider and its Educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a co-provider.

3.5

The written agreement must specify the entity that is the source of commercial support.

3.6

Both the entity and the provider must sign the written agreement regarding the support to be provided/accepted.

Expenditures for an Individual Providing Continuing Nursing Education

3.7

The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers, and authors.

3.8

The provider, the co-provider, or designated Educational partner must directly pay any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

3.9

No other payment shall be given to the director of the activity, planning committee members, teachers, or authors, co-provider, or any others involved with the supported activity.

3.10

If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for Learners

3.11

Social events or meals at continuing nursing education activities cannot compete with, or take precedence over, the educational events.

3.12

The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a continuing nursing education activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, co-provider or Educational partner. This element applies only to nurses whose official residence is in the United States.

Accountability

3.13

The provider must be able to produce accurate documentation detailing the receipt and expenditure of commercial support.

STANDARD 4. APPROPRIATE MANAGEMENT OF ASSOCIATED COMMERCIAL PROMOTION

Commercial exhibits and advertisements are promotional activities and not continuing nursing education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered “commercial support.” However, accredited [approved] providers are expected to fulfill the requirements of Standard 4, and to use sound fiscal and business practices with respect to promotional activities.

4.1

Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for continuing education activities.

4.2

Product-promotion material or product-specific advertisement of any type is prohibited in or during continuing nursing education activities. The juxtaposition of editorial and advertising material on the same products on subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from continuing nursing education.

Print, advertisements and promotional materials shall not be interleaved within the pages of the continuing nursing education content. Advertisements and promotional materials may face the first or last pages of printed CE content as long as these materials are not related to the continuing nursing education content they face and are not paid for by the entities with commercial interests in the continuing nursing education activity.

Computer-based, advertisements and promotional materials shall not be visible on the screen at the same time as the continuing nursing education content and shall not be interleaved between computer “windows” or screens of the continuing nursing education content.

Audio and video recording, advertisements and promotional materials shall not be included within the continuing nursing education. There will be no “commercial breaks.”

Live face-to-face continuing nursing education, advertisements and promotional materials shall not be displayed or distributed in the Educational space immediately before, during, or after a continuing nursing education activity. Providers shall not allow representatives of an entity with commercial interests to engage in sales or promotional activities while in the space or place of the continuing nursing education activity.

4.3

Educational materials that are part of a continuing nursing education activity, such as slides, abstracts, and handouts, shall not contain any advertising, trade name, or a product-group message.

4.4

Print or electronic information distributed about the non-continuing nursing education elements of a continuing nursing education activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

4.5

A provider shall not use an entity with a commercial interest as the agent providing a continuing nursing education activity to learners, e.g., distribution of self-study continuing nursing education activities or arranging for electronic access to continuing nursing education activities.

STANDARD 5. CONTENT AND FORMAT WITHOUT COMMERCIAL BIAS

5.1

The content or format of a continuing nursing education activity or its related materials must promote improvements or quality in health care and not a specific proprietary business interest of an entity with a commercial interest.

5.2

Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the continuing nursing education Educational material or content includes trade names, when available, trade names from several companies should be used, not just trade names from a single company.

STANDARD 6. DISCLOSURES RELEVANT TO POTENTIAL COMMERCIAL BIAS

Relevant financial relationships with those with control over continuing nursing education content are disclosed. Disclosure of information about provider and faculty relationships may be disclosed verbally to participants as a continuing nursing education activity. When such information is disclosed verbally at a continuing nursing education activity, providers must be able to supply ANCC with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

- A. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing: That verbal disclosure did occur; and itemize the content of the disclosed information (Standards 6.1) or that there was nothing to disclose (Standard 6.2).
- B. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

6.1

The accredited [approved] provider is responsible for ensuring that learners are aware of any relevant financial relationship(s), to include the following information:

- The name of the individual,
- The name of the commercial interest(s), and
- The nature of the relationship the person has with each commercial interest.

6.2

For an individual with no relevant financial relationship(s), the learners must be informed that no relevant financial relationship(s) exist.

Commercial Support for the Continuing Nursing Education Activity

The provider's acknowledgment of commercial support as required by Standard 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product-promotional in nature.

6.3

The source of all support from entities with commercial interests must be disclosed to learners. When commercial support is other than monetary support, the nature of the support must be disclosed to learners.

6.4

"Disclosure" must never include the use of a trade name or a product-group message.

Timing of Disclosure

6.5

A provider must disclose the above information to learners prior to or at the time of the beginning of the Educational activity.

Sample Commercial Support Agreement

Date: _____

Parties involved in agreement: _____

Provider name and representative's name: _____

Co-provider/s name (if applicable): _____

Name of entity providing commercial support: _____

The continuing nursing education activity entitled _____ will be presented by (Provider name) and (Co-provider's name if applicable) on _____ at _____.

(Name of entity providing commercial support) will provide: _____. The (name of entity providing commercial support) will be recognized as providing commercial support in the advertising.

According to commercial support standards as listed in Appendix C of the 2009 VSNA-COE Manual, the commercial support and/or (entity) will in no way influence or bias the content of the continuing nursing education presentation.

The signatures below by representatives from each organization listed above indicate agreement with the above statements.

Provider representative _____ Date _____

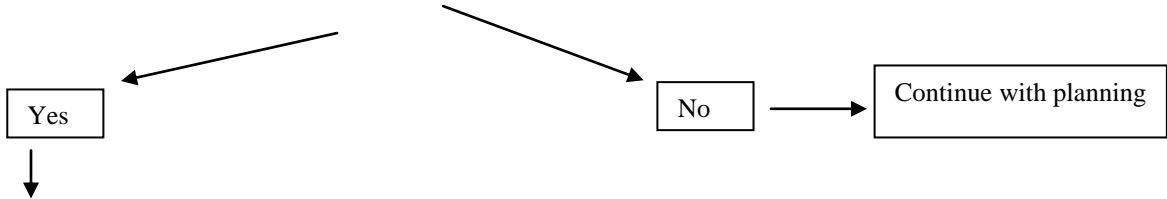
Co-provider (if applicable) representative _____ Date _____

Commercial Support Entity _____ Date _____



**VERMONT STATE NURSES ASSOCIATION
Committee on Education
Commercial Support / Sponsorship Decision Tree**

Identify whether an entity has a commercial interest: 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. Exceptions are made for non-profit or government organizations & non-healthcare related companies.



Does the CE provider ensure that all education-related decisions are free from control of any commercial interest or sponsor?

YES **NO**

Does the education provider make all decisions about disbursement of funds?

Is the provider fully knowledgeable about the support?

Is there a written agreement signed by all involved parties?

Is the educational event separate from meals or social activities?

Are the learning event and all educational materials free of commercial influence?

Stop here

Disclose commercial support and/or sponsorship to learner:
In writing (i.e. advertising, handout, etc.) – keep evidence of this in file for six years

Proceed with event – congratulations!

Will you disclose to learners prior to the learning activity:

1. Name of entity providing commercial support or sponsorship
2. Nature of support or sponsorship received

*Developed by Pam Dickerson, PhD, RN,BC
Adapted with permission by the Ohio State Nurses Association*

APPENDIX E: BEHAVIORAL OBJECTIVES

A. General Policies Related to Behavioral Objectives

1. Behavioral objectives are defined for each continuing education offering and used as a basis for determining content and learning activities, and evaluating effectiveness.
2. The objectives indicate the relationship to nursing and/or the bodies of knowledge which contribute to nursing practice.
3. Objectives are clearly stated, appropriate for the audience, relevant and attainable for the allotted time, observable and measurable.
4. Behavioral objectives describe what the learner will be able to do after participating in the offering. They will complete the sentence: "At the completion of this offering, the learners should be able to..."

B. Definitions Related to Behavioral Objectives

1. Behavior--any relevant, visible activity displayed by the learner (action verb).
2. Objective--communication of intent.
3. Learning--a relatively permanent change in behavior.
4. Exit behavior--behavior shown at the end of the learning experience.
5. Conditions--situations, equipment, weather, etc.
6. Criterion--standard or test by which exit behavior will be evaluated.

C. Characteristics of a Behavioral Objective

1. Contains one action verb.
2. Tells about the behavior or performance of learners.
3. Concerns the ends rather than the means--the exit behavior rather than the learning process.
4. Describes the conditions under which the learner will be performing exit behavior.
5. Includes information about the level of performance that will be considered acceptable.
6. Measurable in terms of observable behavior.

D. Suggested verbs in the cognitive domain

Knowledge	Define, repeat, record, list, recall, name, underline, identify, recognize
Comprehension	Translate, restate, discuss, describe, explain, express, identify, locate, report, review, tell, conclude, detect, differentiate, select, interpret, estimate, cite examples of, demonstrate use of
Application	Interpret, apply, employ, use, demonstrate, dramatize, practice, illustrate, operate, schedule, shop, sketch, develop, predict, generalize, relate
Analysis	Distinguish, analyze, differentiate, calculate, experiment, test, compare, contrast, solve, diagram, inspect, debate, inventory, question, examine, categorize, criticize
Synthesis	Compose, plan, propose, design, formulate, arrange, assemble, collect, construct, create, set up, organize, prepare, classify, organize,
Evaluation	Judge, evaluate, rate, compare, value, revise, score, select, choose, assess, estimate, measure, appraise, critique, validate

E. Suggested verbs in the affective domain

Receiving	Acknowledge, shares, shows awareness of
Responding	Acts, willingly, listens to, practices
Valuing	Accepts, acclaims, agrees, cooperates,
Organization	Argues, debates, declares, defends with, responds, selects, shows interest
Characterization of values by value	Acts consistently, is accountable, stands for, takes a stand, helps, respects, supports

F. Suggested verbs in the psychomotor domain

Imitation	Follows example of, follows lead of
Manipulation	Carries out, according to procedure
Precision	Demonstrates skill in using, follows procedure, practices
Articulation	Carries out, is skillful in using
Naturalization	Is competent, is skilled, carries out, uses

Adopted from:

Johnson & Johnson. Assuring Learning with Self-Instructional Packages. Seln Instructional Packages, Inc., 1973.

Reilly, Dorothy E. Behavioral Objectives. Evaluation in Nursing. 2nd edition. New York: Appleton-Century-Crofts, 1980.

VERBS USED TO DESCRIBE BEHAVIORS OF THE COGNITIVE DOMAIN (Bloom's Taxonomy)**KNOWLEDGE (Recalling facts and information)**

Accept	Count	Draw	Enumerate
Identify	Indicate	Label	List
Listen	Memorize	Name	Notice
Point	Quote	Read	Recall
Recite	Recognize	Record	Reiterate
Repeat	Reproduce	State	Test
Trace	Underline	Write	

COMPREHENSION (Simple understanding of information and ability to draw simple conclusions)

Answer	Associate	Classify	Compare
Compile	Compute	Consult	Contrast
Define	Discuss	Estimate	Differentiate
Explain	Express	Inquire	Distinguish
Interpret	Locate	Predict	Participate
Recognize	Report	Restate	Review
Select	Tell	Translate	

APPLICATION (Applying general rules and generalizations to specific problems)

Adopt	Apply	Calculate	Choose Write
Classify	Complete	Decide	Demonstrate
Dramatize	Employ	Examine	Illustrate
Operate	Practice	Present	Schedule
Sketch	Solve	Use	Utilize

ANALYSIS (breaking down concepts into separate elements and identifying the relationships among them)

Analyze	Appraise	Arrange	Calculate
Categorize	Combine	Compare	Construct
Contrast	Create	Criticize	Debate
Detect	Discover	Examine	Distinguish
Explain	Generalize	Infer	Experiment
Inspect	Interpret	Organize	Question
Realize	Reason	Relate	Solve
Summarize	Support	Test	

SYNTHESIS (Reassembling elements to create a new idea)

Arrange	Assemble	Collect	Challenge
Construct	Create	Design	Determine
Formulate	Group	Integrate	Manage
Order	Organize	Originate	Plan
Relate	Set-up	Weigh	Transform

EVALUATION (Assessing the value of materials/ideas)

Appraise	Assess	Choose	Assimilate	Value
Conclude	Critique	Establish	Determine	
Estimate	Evaluate	Grade	Judge	
Measure	Rank	Rate	Recommend	
Resolve	Revise	Core	Select	

APPENDIX F: RECONSIDERATION AND APPEAL PROCEDURE

Policy: Applicants may ask for reconsideration of a decision by the original decision making body.

An applicant may appeal a decision of the VSNA-COE; there are three (3) stages of an appeal:

RECONSIDERATION (APPEAL)

The reconsideration process allows the sponsor to obtain reconsideration by the Continuing Education Approver Committee of an adverse decision on an application for approval of a CE activity.

PROCEDURE

The sponsor must file a request for reconsideration by the VSNA_COE with the Committee within fourteen (14) days of the date on the letter notifying the applicant of the original adverse decision on the application. A request for reconsideration is considered filed by the sponsor when the VSNA-COE receives the following:

- At the option of the sponsor, clarifying materials that address the deficiencies found in the application. Clarifying materials are an expansion of existing information but do not include new or revised information.
- A statement by the sponsor as to why the decision on the application was incorrect and remedial action desired by the sponsor.

The VSNA-COE will consider a properly filed request for reconsideration at its next regularly scheduled meeting. The applicant and/or representative of the applicant maybe present, at the applicant's option and expense, at the meeting at which the request is considered. If the applicant and/or representative attend this meeting, opportunity will be given to speak and to answer any questions posed by members of the VSNA-COE.

Within fourteen (14) days following the meeting at which the request for consideration is reviewed, the VSNA-COE will render a decision on approval status. Upon direction of the VSNA-COE, the support staff will notify the sponsor of the decision and the reasons therefore in writing.

FIRST APPEAL

The appeal process allows the applicant to obtain a re-determination by the Appeal Panel with regard to an adverse decision made by the CE Approver Committee. An Appeal Panel will consist of two of the regular members of the VSNA-COE who *were not original reviewers of the CE application in question*.

PROCEDURE

An applicant can invoke the appeal process only after the applicant has requested the reconsideration and received a decision with regard to that request. The applicant must file an appeal within fourteen (14) days of the date on the letter notifying the applicant of the decision on the reconsideration by the VSNA-COE. An appeal is considered filed by an applicant when the Appeal Panel has received the following:

- a copy of all documentation submitted to the CE Approver Committee and a copy of the reconsidered decision rendered by that body, and
- a statement by the applicant as to why the reconsidered decision on the application was incorrect and the remedial action desired by the applicant.

The Appeal Panel shall consider a properly filed appeal at its next regularly scheduled meeting. The Appeal Panel may require that a representative of the CE Approver Committee be present at the meeting that the appeal is heard to answer questions. The applicant and/or a representative of

the applicant may be present, at the applicant's option and expense, at the meeting at which the appeal is heard. If the applicant and/or representative attends such meeting, opportunity will be given to the applicant and/or representative to speak and to answer any questions posed by members of the Appeal Panel.

Within seven (7) days following the meeting at which the appeal is heard, the Appeal Panel will render a decision and notify the applicant of the decision and rationale in writing. The decision of the Appeal Panel is not limited to granting or denying the remedial action requested by the applicant. All aspects of the application and the decision of the VSNA-COE are within the jurisdiction of the Appeal Panel that may take such action with regard to the application and any decisions thereon, as it deems appropriate.

FINAL APPEAL

The appeal process allows the applicant to obtain a final re-determination by the VSNA Board of Directors with regard to an adverse decision by the Appeal Panel. The appellate decision of the VSNA Board is final.

PROCEDURE

An applicant can invoke this phase of the appeal process only after the applicant has requested the first appeal and received a decision with regard to that request. The applicant must file this appeal within fourteen (14) days of the date of the written notification of the decision on the appeal by the Appeal Panel. A Final appeal is considered filed by an applicant when the VSNA Board of Directors received the following:

- a copy of all documentation submitted to the Appeal Committee and a copy of the appellate decision rendered by that body, and
- a statement as to why the appellate decision of the Appeal Panel was incorrect and the remedial action desired by the applicant.

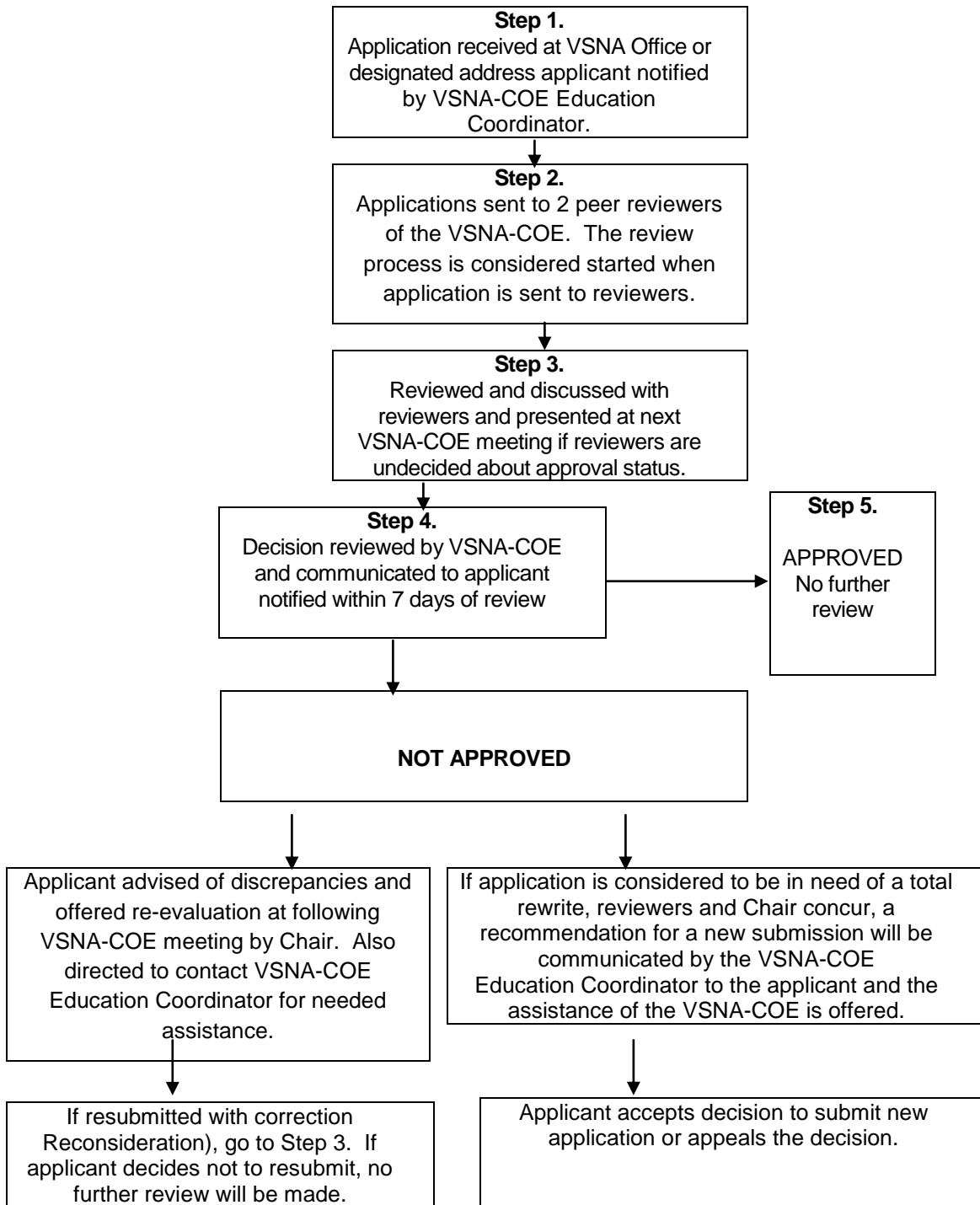
The VSNA Board of Directors shall consider properly filed final appeal at its next regularly scheduled meeting. The applicant and/or representative of the applicant may be present, at the applicant's option and expense, at the meeting at which the final appeal is heard. If the applicant and/or representative attends such a meeting, opportunity will be given to the applicant and/or representative to speak and to answer any questions posed by members of the VSNA Board. Within seven (7) days following the meeting at which the final appeal is heard, the VSNA Board will render a decision and notify the applicant of the decision and rationale in writing.

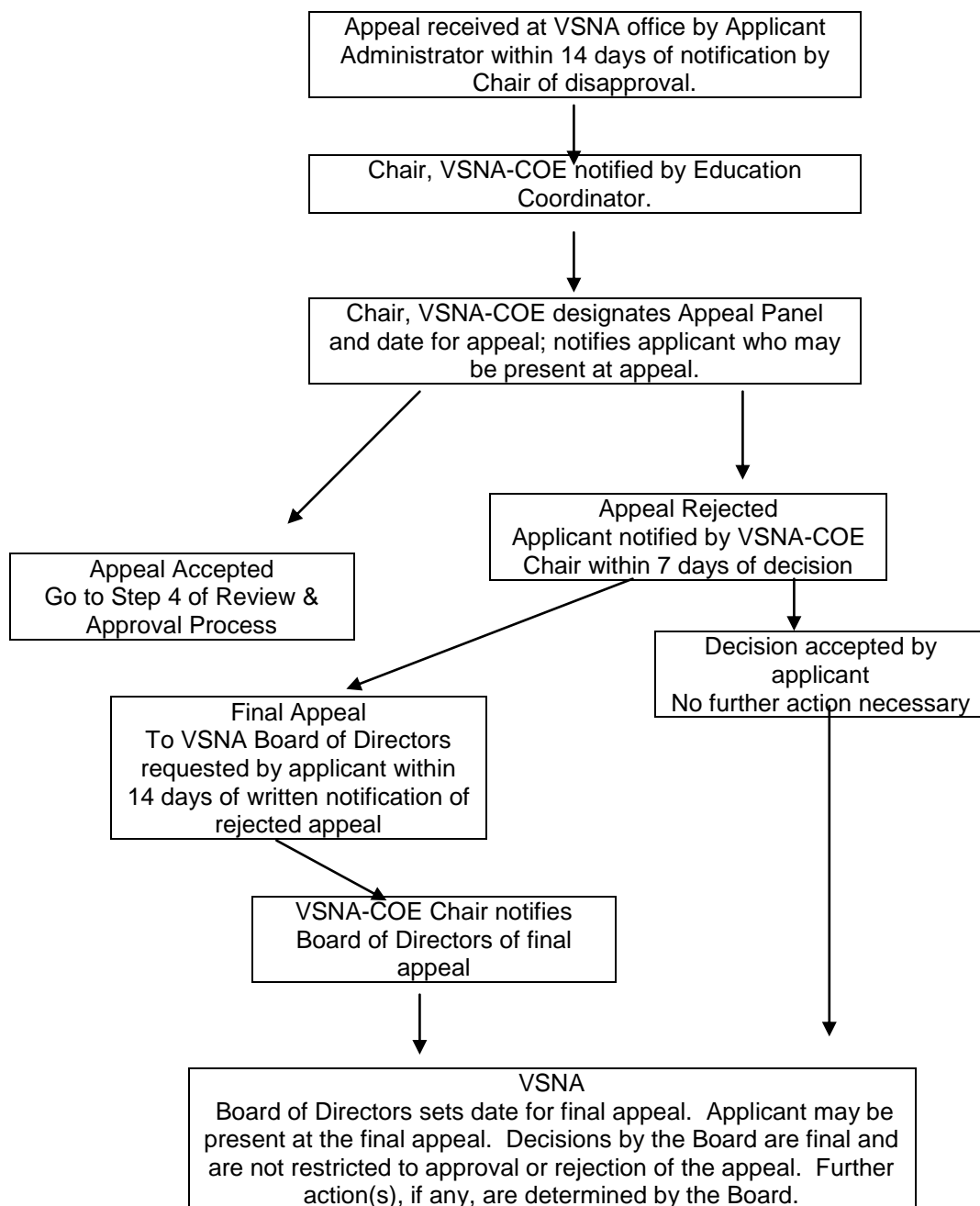
The decision of the VSNA Board is not limited to granting or denying the remedial action requested by the applicant. All aspects of the application and decisions by the Committee on Education are within the jurisdiction of the VSNA Board, and the Board may take such action with regard to the application and any decisions thereon, as it deems appropriate.

All meetings for consideration, review and action are considered confidential. Aside from VSNA-COE members, only those invited or, in the case of requested attendance, those permitted shall be in attendance. Then, these guests shall only be present for that portion of the discussion that pertains to them or their application. No materials from review packages may be removed from the review nor provided to others except by the applicant or with express written permission of the applicant.

No member of VSNA-COE shall review CE Activities for which there is an identified conflict of interest, either actual or perceived. Neither shall any person with a conflict of interest sit as a member of an appeals process committee or board.

Review and Approval Process Flow Diagram



APPEAL PROCESS

APPENDIX G: GLOSSARY

This glossary is drawn from the glossary in the American Nurses Association Scopes and Standards of Practice for Nursing Professional Development, ANCC Commission on Accreditation's Application Manual (2009), and the VSNA-COE rules. The selected definitions are frequently used in the context of accreditation and approval and may in some cases require further elaboration in order to carry out the accreditation and approval processes. The definitions from the standards and rules are in ordinary type; operational elaboration or, if necessary, definition by the ANCC Commission on Accreditation is *printed in italics*.

Accreditation: *A voluntary process in which an institution, organization, or agency submits to an in depth analysis to determine its capacity to provide or approve quality continuing education over an extended period of time.*

Administrator: *The person designated to have administrative responsibility for the approver and/or provider unit.*

Adult Learning Principles: *The basis for, or the beliefs underlying, the teaching and learning approaches to adults as learners based on recognition of the adult individual's autonomy and self direction, life experiences, readiness to learn, and problem orientation to learning. Approaches include mutual, respectful collaboration of educators and learners in the assessment, planning, implementation, and evaluation of education activities.*

Appeal: *A process that allows the applicant to obtain a redetermination by an appellate body with regard to an adverse decision made by an original decision-making body.*

Approval: *A decision made by VSNA-COE that the criteria and rules for approval of continuing education have been met.*

Approved Provider: *Recognition by (VSNA-COE) of a provider's capacity to award contact hours for continuing education activities, planned, implemented, and evaluated by the provider.*

Autonomy of the Provider Unit: *The provider unit (not the larger organization) must be solely administratively and operationally responsible for coordinating all aspects of the continuing nursing education activities.*

Beliefs: *Opinions, doctrines or principles held to be true; may be stated as a philosophy, mission, vision or within a strategic plan.*

Biographical Data: *Information required of persons involved in the peer review process or planning and delivery of continuing education activities. The data provided should document their qualifications relevant to the continuing education process or a specific activity with respect to their education, professional achievements and credentials, work experience, honors, awards, and/or professional publications.*

Commercial Interest: *Any entity either 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. Exceptions are made for non-profit or government organizations and non-healthcare related companies. The definition allows an accredited [approved] provider to be owned by a firm that is not a commercial interest. It also allows a provider to have a "sister company" that is a commercial interest, as long as the accredited [approved] provider has and maintains adequate corporate firewalls to prohibit any influence or control by the "sister company" over the continuing education program of the accredited [approved] provider. In this case, ANCC would expect that the accredited [approved] provider would have an adequate corporate firewall in place to prohibit any influence or control by the "sister company" over the continuing education program.*

Commercial Support: *Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CE activity.*

Commercial Supporter: *An entity providing commercial support.*

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 and approval of continuing nursing education. The Commission is composed of 9 members representing accredited organizations, consumers, the ANA Congress on Nursing Practice and Economics, nursing evaluation, and adult education/society.*

Conflict of Interest: *See Appendix C.*

Consistency: *Holding to the same or comparable principle or practice.*

Contact Hour: *A unit of measurement that describes 60 minutes of an organized learning experience, that is either didactic or clinical experience.*

Content: Subject matter of an Educational activity that relates to the Educational objectives.

Content Specialist: *An individual with documented qualifications that demonstrate education, knowledge and experience in a particular subject matter.*

Continuing Competence: Demonstration of knowledge and skills in meeting professional role expectations. Also: Ongoing professional nursing competence according to level of expertise, responsibility, and domains of practice as evidenced by behavior based on beliefs, attitudes, and knowledge matched to and in the context of a set of expected outcomes as defined by nursing scope of practice, policy, code of ethics, standards, guidelines, and benchmarks that ensure safe performance of professional activities.

Continuing Nursing Education: *Systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses and therefore enrich the nurses' contributions to quality health care and their pursuit of professional career goals.*

Continuing Education Unit: (CEU) *A specific, standard measure (10 clock hours) of Educational achievement used by many universities and professional organizations under the criteria of the International Association for Continuing Education and Training (IACET) to attest to clock hour completion of continuing education activities. This terminology is not authorized by the ANCC Commission on Accreditation or the VSNA-COE.*

Co-providership: *Planning, developing, and implementing an Educational activity by two or more organizations or agencies. When Educational activities are co-provided and one of the providing entities is ANCC-accredited [VSNA-COE approved], the ANCC-accredited [VSNA-COE approved] provider unit retains responsibility for particular aspects of the process to assure adherence to all the ANCC [VSNA-COE] criteria. If collaborating providers are all ANCC-accredited [VSNA-COE approved], one is designated to retain the provider responsibilities by mutual, written agreement. The unit designated to retain these responsibilities is referred to as the provider, and the other collaborating providers are referred to as co-providers. If neither entity is approved as a provider, one takes the lead and is referred to as the provider of the activity; the other is the co-provider.*

Criteria: Relevant, measurable indicators of the standards.

Deferral: A decision made to delay action on an application.

Denial: *A decision made to not approve an application.*

Distance Learning: A formal educational activity in which most of the instruction occurs when the learner and the educator are not in the same place. The instruction may take place either synchronously (at the same time) (e.g., interactive video) or asynchronously (at different times) (e.g., online/Internet or correspondence courses).

Educational Activity: A planned, organized effort aimed at accomplishing Educational objectives.

Educational Design: A plan for instruction documenting a needs assessment, description of the target audience, Educational objectives, content outline, teaching methods, evaluation strategies, and designation of appropriate physical facilities and resources.

Educational Objective: *A statement of the learner-oriented outcome(s) of an Educational activity that is measurable and achievable within the designated time frame.*

Enduring Materials: *A non-live continuing nursing education activity that "endures" over time.*

Examples of enduring materials include programmed texts, audio tapes, videotapes, monograph or computer assisted learning materials which are used along 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 in any place, rather than only at one time, on place, like a live CME activity.

(Based in large part on http://www.accme.org/index.cfm/fa/faq.detail/category_id/47bf141f-9c79-4867-be8b-e08409083qa47.cfm)

Evaluation: A systematic process by which a judgment is made about consequences, results, effects, or merit of a continuing education provider unit or continuing education program in order to make subsequent decisions. *The proces of determining significance or quality by systematic appraisal and study.*

Evidence: *Specific indicators that document compliance with criteria and rules.*

Gift “in-kind”: *Non-monetary support (e.g. marketing assistance, meeting room, event registration assistance, etc.) provide by the giver to the taker. (In the Accreditation community, the “taker” is the provider of the continuing education.)*

Goal: A statement of broad direction or general intent.

In-service Education: Learning experiences provided in the work setting for the purpose of assisting staff members in performing their assigned functions in that particular agency or institution. Also: In-service education consists of planned instruction or training programs to assist the nurse perform in the work setting. In-services are provided to maintain or increase competency in promoting compliance with institutional policies and procedures, the demonstration of new equipment, the explanation of procedures and the practice of previously learned skills.

Key Element: *Essential components of each criterion.*

Learner Directed Activity: *A learning activity where the learner takes the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes.*

Learning package: *Materials and description of resources and requirements of the process for completing an independent study.*

Lead Nurse Planner: Role: *The Lead Nurse Planner is responsible for ensuring that all Nurse Planners are performing in a manner consistent with the policies, procedures, position descriptions, and expectations of the accredited [approved] provider unit and with the ANCC [VSNA-COE } criteria. All nurse planners contribute oversight and must be actively involved in both the planning and the analysis of evaluation data for the Educational activity.*

Qualifications: *The lead nurse planner of an approved provider unit must:*

- Be a registered nurse and hold a baccalaureate or higher degree in nursing.
- Have education or experience in the field of education or adult learning. This education or experience may be demonstrated in a professional portfolio. Accepted demonstration of competence is evaluated by review of the nurse planner’s curriculum vitae, biographical data form, professional portfolio. The information should demonstrate the presence of the following knowledge and skills: knowledge of the VSNA-COE Approver Unit Program and its requirements, knowledge of adult learning theory, ability to analyze/synthesize information related to meeting the criteria and key elements (as evidenced by having planned, implemented and evaluated continuing nursing education activities), understanding of the policies/procedures of the VSNA-COE Approver Unit Program, knowledge of the Scope and Standards of Practice for Nursing Professional Development.

Learner Directed Activity: *A learning activity in which the learner takes the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. Learner –directed activities may be developed with or without the help of others, but they are engaged in by only one individual.*

Learner-Paced: *A continuing nursing education activity where the learner determines the pace at which s/he engages in the learning activity.*

Learning Goal: *A statement describing why and for who an Educational program has been designed. (Synonym: Purpose)*

Monitor: *To periodically assess and evaluate continuing compliance with the criteria and operational requirements.*

Multidisciplinary: *To relate to or include several disciplines at once, e.g., a multidisciplinary approach to planning a continuing education activity; also may be referred to as interdisciplinary or trans-disciplinary.*

Multi-Focused Organization: *The multi-focused organization exists for more than the purpose of providing education.*

Need: *Discrepancy between what is desired and what exists.*

Needs Assessment: *The process by which a discrepancy between what is desired and what exists is identified.*

Nurse Planner: *The nurse planner is actively involved in all aspects of planning, implementation and evaluation of the continuing nursing education activity. Typically, the nurse planner is responsible*

for ensuring appropriate Educational design principles are used and processes are consistent with the requirements of the ANCC Accreditation Program [and rules as defined by VSNA-COE].

Qualifications: The lead nurse planner of an approved provider unit must:

- Be a registered nurse and hold a baccalaureate or higher degree in nursing.
- Demonstrate competence in performing successfully at the expected level. Accepted demonstration of competence is evaluated by review of the nurse planner's curriculum vitae, biographical data form, or professional portfolio. The information should demonstrate the presence of the following knowledge and skills: knowledge of the [VSNA Approver Unit Program] and its requirements, knowledge of adult learning theory, ability to analyze/synthesize information related to meeting the criteria and key elements (as evidenced by having planned, implemented and evaluated continuing nursing education activities), understanding of the policies/procedures of the VSNA Approver Unit Program, knowledge of the Scope and Standards of Practice for Nursing Professional Development.

Nursing Professional Development: The lifelong process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhance their professional practice, and support achievement of their career goals.

Objective: see Educational Objective.

Off-label: *Using products for a purpose other than that for which it was approved by the Food and Drug Administration (FDA).*

Organization: *The overall administrative and functional structure that includes the provider unit (e.g., hospital, college, association or private business).*

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.*

Orientation: The process of introducing new staff to the philosophy, goals, policies, procedures, role expectations and other factors needed to function in a specific work setting. Orientation takes place both for new employees and when changes in nurses' roles, responsibilities and practice settings occur.

Outcome: The end result of a learning activity – usually a change in knowledge, practice or patient care - measured by written evaluation or change in practice. (*The overall learning goal (purpose) of a learning activity is different from measured outcomes. An outcome may measure whether an activity's learning goal (purpose) is met but may also address other elements of learning.*)

Peer Review: *Professional judgment on the quality of the continuing education offered based on designated standards, criteria and rules for continuing education.*

Philosophy: A statement of beliefs. The statement should include the provider unit's belief about nursing and continuing nursing education. The philosophy statement should serve as a guide for the activities of the provider unit.

Pilot Study/Testing: *The process of assessing the capability of an activity or product to achieve the intended purpose(s). Pilot testing of an Educational activity guides the determination of the effectiveness of the teaching/learning materials and contact hour credit to be awarded.*

Planning Committee: A group of knowledgeable individuals, including potential participants from or representatives of the target audience, who design continuing education.

Policy: A written statement defining "what" determines actions or decisions.

Portfolio: *A collection of documents, articles and exhibits that summarizes an individual's abilities, skills, growth, achievements and specific accomplishments attained over an extended period of time.*

Procedure: A written statement defining "how" a particular policy is implemented.

Provider: *An individual, institution, organization, or agency responsible for the development, implementation, evaluation, financing, record keeping, and quality of CE activities.*

Provider-Directed Activity: *The provider controls all aspects of the learning. The provider determines the learning objectives based on needs assessment, content of the learning activity, the presentation method, number of contact hours, evaluation and evaluation methods. Provider directed activities may be presented in a number of different vehicles - electronic, journal, lecture, etc.*

Provider Unit: *Within the organization, the distinct body responsible for coordinating all aspects of continuing education activities.*

Purpose: A statement describing why and for whom an Educational program has been designed.

Note: In a CE activity, the purpose is the statement(s) of intent that describe how this activity will enrich the learner's contribution to quality health care and his or her pursuit of professional career goals. (Activities intended to assist the participant to acquire, maintain, and/or increase the level of competence in fulfilling his or her assigned responsibilities specific to the expectations of the employer are considered in-service education or orientation and do not qualify as continuing education).

Reconsideration: *A process that allows an applicant to obtain a review of an adverse decision on an application for approval by submission of clarifying materials to the original decision-making body. Also a process that allows for a review of a revocation decision.*

Resources: *Individuals, materials, facilities, equipment and funds needed to implement educational activities.*

Resubmission: *A process that provides for review and action on applications that had been previously submitted and withdrawn prior to action.*

Retroactive Approval: Peer review and approval of an activity that has already taken place; not authorized in the ANCC Commission on Accreditation.

Revoke: *To rescind approved status.*

Sentinel Event: *A sentinel event is one of high risk and high impact related to the improper or inappropriate provision of continuing nursing education in compliance with the ANCC Accreditation Program criteria [or VSNA-COE rules]. Examples include, but are not limited to, misuse of accredited [approved] status, illegal actions perpetrated or experienced by the accredited unit – or its approved entities.*

Single-focused Organization: *The single-focused organization exists for the single purpose of providing education.*

Sister Company: *A sister company is one which is a subsidiary of an accredited [approved] organization/unit's parent company but which maintains a governance structure and activities separate from the accredited [approved] organization/unit. The sister company does not control or direct, in whole or in part, the operations of the accredited [approved] organization/unit.*

Sponsorship: *Support (monetary or "in-kind") furnished to the provider of the education activity. Sponsorship must be acknowledged to learners. A written agreement is completed. When an Educational activity is supported by more than one entity, each entity is a co-sponsor. Sponsors and co-sponsors do NOT participate in planning, developing, and implementing the Educational activity.*

Staff Development: *Those learning activities which facilitate the nurse's job-related performance. The systematic process of assessment, development and evaluation that enhances the performance or professional development of healthcare providers and their continuing competence (NNSDO 1999; ANA, 2000, p.25)*

Standard: Authoritative statement, promulgated by the profession, by which the quality of practice, service or education can be judged.

Target Audience: Group for which an Educational Activity has been designed.

Teaching Strategies: Instructional methods and techniques in accordance with principles of adult learning.

Withdrawal: Termination of an application, without prejudice to any future applications, prior to the beginning of the peer review process. The review process begins four days after the application is sent (US mail or FedEx) to a VSNA-COE peer reviewer.

Vermont State Nursing Association

APPLICATION FORMS

Faculty Directed Application (2009 Criteria)

Objective/Content Form for Faculty Directed Application

Independent Study Application (2009 Criteria)

Objective/Content Form for Independent Study Application

Biographical Data Form (2009 Criteria)



Vermont State Nurses Association

Faculty Directed Application

Demographic Data:

- Title of learning activity: _____
- Date and location of event: _____
- Organization/applicant: _____
- Contact hours: _____
- Contact person for this activity. Note: If this person is also on the planning committee, be sure to include his/her name in the Planning Committee list.

Name & Credentials: _____
 Address: _____
 Daytime Phone including extension: _____ Fax Number: _____
 Email Address: _____


# Contact Hour	Fee
0.1-4	\$100
4.1-10	\$150
10.1-20	\$200
20.1-30	\$300
30.1-50	\$400
50.1 & greater	\$500
Late Fee	\$100*


Check Payable to VSNA-Inc.
 Mail Application with Payment to:
 Carol Hodges
 VSNA Education Coordinator
 1315 Hospital Drive PO Box 905
 St. Johnsbury, Vermont 05819

6. My organization is a:
- | | |
|---|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Long term care facility |
| <input type="checkbox"/> School/college of nursing | <input type="checkbox"/> Government agency |
| <input type="checkbox"/> Professional association | <input type="checkbox"/> Continuing education company |
| <input type="checkbox"/> Home health agency | <input type="checkbox"/> Health care office or practice |
| <input type="checkbox"/> Business providing services to the healthcare industry | |
| <input type="checkbox"/> Business providing products used on or by patients | |
| <input type="checkbox"/> Other (describe) _____ | |

Have you ever been denied approval by or had approval revoked for an individual activity or a provider application by VSNA? Yes No
 If yes, please explain what happened. _____

Have you ever been denied approval by or had approval revoked for an individual activity or a provider application by another approver (state or national)? Yes No
 If yes, please explain what happened. _____

Commercial Entities are not eligible to submit applications for continuing education activity approval. A commercial entity is a company that produces, markets, re-sells or distributes a product that is used on or by patients or is owned or controlled by a company that produces, markets, re-sells or distributes a product that is used on or by patients. Do you meet this definition?
 Yes No
 If yes,  Stop. Contact the Director of Continuing Education.

Is this continuing education? Does it enable the learner to acquire or improve knowledge or skills that promote professional or technical development to enhance the learner's contribution to quality health care and pursuit of professional career goals?
 Yes
 No If No,  Stop. An activity for nursing contact hours must be CE.

Check the following if applicable: Is the target audience and content specific for: (If not, move to next section)
 Non-certified Clinical Nurse Specialist?
 APRNs with prescriptive authority?
 Certified dialysis techs?

Key Element 1. Assessment of Learner Needs:

- A. What needs assessment method was used to plan this event? (Check all that apply)
- Written Needs Assessment
 - Learners/Management Requested Event
 - Quality Studies/Performance Improvement Activities
 - Trends in Literature, Law & Health Care

___ Other: Describe: ___

B. Identify the target audience expected to attend:

___ All RNs

___ APRNs

___ RNs in Specialty Areas (Identify): ___

___ LPNs

___ Other: Describe: ___

C. Describe the source of the supporting evidence for the needs assessment and target audience identification. (Check all that apply. You should be able to access this data if called upon)

___ Annual employee survey

___ Periodic surveys of stakeholders or learners

___ Written evaluation summary requests

___ Requests (e.g., via phone, in person or by email)

___ Other: Describe: ___

D. Describe how objectives, content and teaching methods reflect the needs assessment. (Check all that apply)

___ Nurse responsible for activity and planning committee reviewed needs assessment data.

___ Nurse responsible and planning committee formulated the objectives based on the data.

___ Faculty worked with nurse responsible and planning committee to develop objectives, content and teaching methods.

___ Other: Describe: ___

Key Element 2: Qualified Planners and faculty: For each person listed on the planning committee, please list name, educational degrees and credentials (e.g., RN, LPN, etc.) here. Planning committee members must fulfill the three roles: 1) knowledge of CE process (nurse planner); 1) representative of the target audience; and 3) content expertise. There must be at least two people on the planning committee; one person can fill one or more of these roles. If LPNs are expected in the target audience, an LPN must be included on the planning committee.

A. Planning Committee:

1. A. List All members of planning committee and their credentials

B. RN responsible for activity (RN with a minimum of a baccalaureate degree in nursing and who is responsible for adherence to ANCC/VSNA-COE criteria): ___

C.. This nurse is current on CE criteria through:

___ Reviewed the most current VSNA Individual Activities CE Manual

___ Other: Describe: ___

2. Target Audience Representative (name, degrees, credentials): ___

3. Content Expert (name, degrees, credentials): ___

1. LPN (name, degrees, credentials): ___

2. Others (name, degrees, credentials): ___

___ *Bio form* including conflict of interest/conflict resolution for each planning committee member is attached.

B. How are the nurse responsible for this activity and other planning committee members involved in the process of ensuring the quality of this continuing education activity? (Select all that apply)

___ Regular planning meetings

___ Email correspondence

___ Review of literature and/or evidence based practice standards

___ Collaboration with faculty/content experts

___ Review of regulatory, accreditation or other relevant requirements

___ Other: Describe: ___

C. Faculty/presenters – in addition to listing names below and on page 7 per objective /content area, attach the completed bio form for each presenter.

Presenter Name(s), degrees and credentials:

1. ___

2. ___

3. ___

___ *Bio form* with conflict of interest, conflict resolution & off-label use declaration for each presenter is attached.

D. Manner in which the needed qualifications of faculty are identified: (Check all that apply).

- Content expertise
- Demonstrated comfort with teaching methodology(ies) (e.g., web-based, etc.)
- Presentation skills
- Familiarity with target audience
- Other: Describe: _____

E. Planning committee assured the qualifications of the faculty are appropriate and adequate by:
(Check all that apply)

- a. Review of resume/CV of faculty.
- b. Recommendation by colleagues.
- c. Review of literature written by faculty.
- d. Observation of previous presentation by faculty.
- e. New faculty being mentored by: _____
- f. Other. Describe _____

Key Element 3: Effective Design Principles

- A.1 Purpose/Goal: _____
2. Explicit, measurable educational **Objectives** – document in column 1 of 5 column format.
- B. What is missing (**gap** in knowledge, skills, practice based on the needs assessment) that tells you there is a need for this activity?:
- Gap in Knowledge
 - Gap in Skills
 - Gap in Practice
 - Other _____
- C. **Content and time frames:** List the content for each objective in column 2 of 5 column format. Content must be congruent with goal/purpose and objectives. List the time frame for each objective in column 3 of 5 column format.
- D. **Teaching-Learning Strategies:** List the methods, strategies, materials and resources to be used by faculty to cover each objective in 5 column format. They must be congruent with objectives and content.
- E. **Learner Feedback:** Check the best description or describe how learners will be provided feedback.
- Question and answers during activity.
 - Return results of testing.
 - Provide certificate.
 - Follow-up communication.
 - Other: Describe: _____
- F. **Successful Completion:** (Consistent with the goal/purpose, objectives and teaching and learning strategies)
1. Criteria for successful completion include: (Check all that apply)
 - Attendance at entire event or session.
 - Attendance for at least 80% of event.
 - Attendance at 1 or more sessions.
 - Completion/submission of evaluation form.
 - Achieving passing score on post-test.
 - Return demonstration
 - Other: Describe: _____
 2. Rationale for method selected to determine the criteria for successful completion: (Check all that apply)
 - Goal or purpose of event indicated what was needed to successfully complete the activity
 - Category of evaluation selected
 - Importance of content knowledge
 - Importance of content application
 - Required by employer or organization
 - Other: Describe: _____
- G. **Verify Participation**
- Attendance/participation will be verified at the event through sign in sheets/registration form.
 - Signed attestation statement by participant verifying completion of entire activity.
 - Other: Describe: _____

Key Element 4: Awarding contact hours

Include an *agenda or schedule* for the entire event if it is more than 2 hours. Clearly state time spent on welcome, introductions, pre/post tests, presentation, clinical experience, breaks and evaluation.

If the activity is two hours or less, a schedule is not needed. Be sure to include evaluation time on p. 7 (objective/content outline page).

A contact hour is a 60 minute hour. Activities must be a minimum of 30 minutes (0.5 contact hour). The contact hour may be taken to the hundredths; but may not be rounded up. (e.g. 2.75 or 2.7, not 2.8)

Key Element 5: Evaluation

- A. Check or describe the methods of evaluation to be used: (Check all that apply)
- Evaluation Form (Required. Evaluate the achievement of each objective and the effectiveness of each faculty). (*Attach copy*)
 - Pre and/or Post-test (Optional – (*Attach a copy if testing is to be used*))
 - Return Demonstration (*Attach a copy of the tool if applicable*)
 - Other: Describe: _____ (*Attach copy if applicable*)
- B. Categories of Evaluation
1. The category of evaluation to be used for this activity and completed by the end of the learning experience: (Check all that apply here and designate for each objective on page 7)
 - Learner satisfaction (simplest; e.g. standard evaluation form) (Required)
 - Knowledge enhancement (e.g. testing, participation, etc.)
 - Skill and attitude change (e.g. return demonstration)
 2. Do you plan to include the following advanced categories of evaluation? If yes, describe how and when the data will be collected.
 - Change in practice/performance (usually done 3 months after learning; e.g. self-report of change, observation of performance, audits, etc.)
 - Relationship of the practice change to quality of service (most complex, usually done 6 months after event; look at final outcomes)

Description of how and when the data will be collected for categories listed in B.2.: _____

Key Element 6: Approval Statement as noted on advertising.

- A. Include a copy of the **advertising material** including relevant pages of the web site (if applicable). Ensure that the approval statement stands alone and is worded as noted here. If advertising is released prior to approval AND after an application has been submitted, review pp. 17-18 in the 2009 VSNA Individual Activities CE Manual for the required statements.

“This continuing nursing education activity was approved by the VSNA, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”

- B. Type of advertising: (*attach copy*)
- Flyer/brochure
 - Memo/Letter
 - Meeting Notice
 - E-mail
 - Web site
 - Other: Describe _____

Key Element 7: Documentation of completion. Include a copy of the *completed certificate* to be awarded to learners.

Document/certificate to include:

- Name of learner
- Name & address of event provider
- Title & date of completion of educational activity
- Official approval statement (See statement listed in Key Element 6 A above)
- Number of contact hours awarded
- Approval Identification Number and Expiration Date
- Approval valid through (insert expiration date). Assigned VSNA ##-##-####.

Key Element 8: Commercial Support and Sponsorship

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing health care 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 health care goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-health care related companies.
- Commercial Support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CE activity.
- A sponsor is identified as an organization that does not meet the definition of commercial interest. Sponsorship is financial, or in-kind, contributions given by an entity that is not a commercial interest, which is used to pay all or part of the costs of a CE activity.

If no commercial support or sponsorship received, check #A.

If commercial support or sponsorship is received, complete items B, C, D and E and attach the signed agreement(s).

- A. This activity has no commercial support or sponsorship.
- B. Commercial support/sponsorship has been provided by the following: (List name of organization(s) providing commercial support or sponsorship.)
- C. Content integrity has been/will be maintained by: (Check all that apply)
- a. Our commercial support/sponsorship policy/procedure has been discussed with those providing commercial support or sponsorship.
- b. Our commercial support/sponsorship policy/procedure has been shared in writing with those providing commercial support/sponsorship.
- c. Faculty have been informed of our policy/procedure re: commercial support and sponsorship and agree to not promote the products or entity providing the financial or in-kind services.
- d. In conjunction with a-c, the session will be monitored & violators of policy will not be asked to present again.
- e. Other: Describe:
- D. The following precautions have been taken to prevent bias in the educational content.
- a. Our position on commercial support/sponsorship and bias has been discussed with each presenter.
- b. Each presenter has signed a statement that says s/he will present information fairly and without bias.
- c. In conjunction with a-b, the session will be monitored & violators of policy will not be asked to present again.
- d. Other: Describe:
- Signed commercial support or sponsor agreement attached.

Key Element 9: Conflict of interest

- A. Documentation of conflict of interest or disclosure of absence of conflict of interest for planners and presenters is included on attached bio forms.
- B. Procedures used to resolve conflict of interest or potential bias if applicable for this activity: (Check all that apply)
1. Not applicable since no conflict of interest.
2. Have discussed this conflict with individual who is now aware of and agrees to our policy.
3. Presenter has signed a statement that says s/he will present information fairly and without bias.
4. In conjunction with B. 1 & 2, nurse responsible or designee will monitor session to ensure conflict does not arise.
5. Other: Describe:
- C. In reviewing the bio forms did the nurse responsible for the activity and/or planning committee suspect that there might be COI and/or bias for any planning committee members and/or faculty?
- Yes
- No
- If yes, what was the concern?
- What did you do to resolve it?

Key Element 10: Written disclosures provided to activity participants: Learners must receive written disclosure of required items prior to beginning the learning activity. Disclosures are required to be provided for items A through D for all learning activities. Disclosures for items E and F apply only in relevant situations. Describe methods used to inform activity participants of:

Goal/purpose, objectives and criteria for successful completion (Note: Not applicable is not an acceptable response)

- Information on advertising material.
- Written information on handouts. (*Attach copy*)
- Other: Describe: (*Attach copy if applicable*)

B & C. Conflicts of interest or lack thereof for planners and presenters, including financial relationships, *and* resolution of such: (NOTE: Not Applicable is not an acceptable response)

- Information provided on advertising.
- Information provided on handouts. (*Attach copy*)
- Signs placed inside or outside of presentation room. (*Attach copy*)
- Other: Describe: (*Attach copy*)

D. Commercial support/sponsorship (NOTE: Not Applicable is not an acceptable response)

- Information provided on advertising.
- Information provided in handouts. (*Attach copy*)
- Signs placed inside or outside of presentation room. (*Attach copy*)
- Other: Describe: (*Attach copy*)

E. Non-endorsement of products displayed in conjunction with this activity.

- No products are being displayed. (No statement needed.)
- Information provided on advertising. (Statement to be used: "Approval status does not imply endorsement by the provider, ANCC/VSNA of any products displayed in conjunction with an activity.")
- Information provided in handouts. (*Attach copy*)
- Other: Describe: (*Attach copy*)

F. Discussion of off-label use:

- Faculty has attested that they will not discuss off-label usage of products. (No statement needs to be made.)
- Information will be provided in the handouts or on the slides. (*Attach copy*)
- Other: Describe: (*Attach copy*)

Key Element 11: Recordkeeping

- All correspondence, complete copy of application, all attachments and corrections, records of attendance, summative evaluation(s) and contact hours will be maintained in a retrievable file which is accessible to only authorized personnel for six years.
- Records will be filed and stored at (**list location**)
- Other – Describe:

Key Element 12: Co-providership

If not coproviding, check #A; if yes, answer #B, C and D and attach signed agreement.

- A. This activity will not be coprovided.
- B. Co-providership of this activity has been arranged with: (List organization name):
- C. As the event provider, we will maintain responsibility for determination of educational objectives and content, selection of content specialists and activity presenters, awarding of contact hours, record keeping procedures, evaluation methods and categories, and management of any commercial support or sponsorship.
- D. The *signed, written co-provider agreement is attached.*

Attestation: I attest that I accept the responsibilities of designated nurse planner for this event. I am knowledgeable about the current ANCC criteria for educational design and have actively participated as the nurse planner to ensure the quality of this continuing education event.

Name and Credentials: _____ Signature: _____ Date: _____

Summary: Attach the following to the application form:

- Bio forms for planning committee members and faculty
- Agenda/schedule if event is more than 2 hours long
- Evaluation form and any other evaluation tools used (e.g., post-test)
- Advertising material/flyer/email announcement
- Certificate/documentation of completion
- Signed commercial support or sponsorship agreements if applicable
- Disclosures if not included on advertising; internet or intranet posting
- Signed co-provider agreement(s) if applicable.
-

Online Submission: Attach the above documents to the application form and submit as one attachment:

- Electronic submission needs to include pagination and hyperlink to each section of the application
- Biographical Forms need to be separated by individual
- Electronic transmission should be sent to c.hodges@nvrh.org
- Payment should be made payable to the VSNA-Inc and mailed to the address stated above.

Check Payable to VSNA-Inc.
 Mail Application with Payment to:
 Carol Hodges,
 VSNA Education Coordinator
 1315 Hospital Drive PO Box 905
 St. Johnsbury, Vermont 05819

Objective/Content Form for Faculty Directed Application

OBJECTIVES	CONTENT (Topics)	TIME FRAME	PRESENTER	TEACHING METHODS/ CATEGORIES OF EVALUATION
List learner's objectives in behavioral terms	Provide an outline of the content for each objective. It must be more than a restatement of the objective.	State the time frame for each objective	List the Faculty for each objective.	Describe the teaching methods, strategies, materials & resources for each objective
	1.			<hr/> Check category of evaluation to be used: <input checked="" type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change
				<hr/> Check category of evaluation to be used: <input checked="" type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change
				<hr/> Check category of evaluation to be used: <input checked="" type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change

Total Minutes _____ divided by 60 = _____ contact hour(s)



Vermont State Nurses Association

Learner Paced Application

Demographic Data:

1. Date Form Completed: _____
2. Title of learning activity: _____
3. Organization/applicant: _____
4. Contact hours to be awarded: _____
5. Contact person for this activity. Note: If this person is also on the planning committee, be sure to include his/her name in the Planning Committee list.
Name & Credentials: _____
Address: _____
Daytime Phone including extension: _____ Fax Number: _____
Email Address: _____

# Contact Hour	Fee
0.1-4	\$100
4.1-10	\$150
10.1-20	\$200
20.1-30	\$300
30.1-50	\$400
50.1 & greater	\$500
Late Fee	\$100*

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6. My organization is a:

<input type="checkbox"/> Hospital	<input type="checkbox"/> Long term care facility
<input type="checkbox"/> School/college of nursing	<input type="checkbox"/> Government agency
<input type="checkbox"/> Professional association	<input type="checkbox"/> Continuing education company
<input type="checkbox"/> Home health agency	<input type="checkbox"/> Health care office or practice
<input type="checkbox"/> Business providing services to the healthcare industry	
<input type="checkbox"/> Business providing products used on or by patients	
<input type="checkbox"/> Other (describe) _____	
7. Have you ever been denied approval by or had approval revoked for an individual activity or a provider application by VSNA? Yes No
If yes, please explain what happened. _____
8. Have you ever been denied approval by or had approval revoked for an individual activity or a provider application by another approver (state or national)? Yes No
If yes, please explain what happened. _____
9. Commercial Entities are not eligible to submit applications for continuing education activity approval. A commercial entity is a company that produces, markets, re-sells or distributes a product that is used on or by patients or is owned or controlled by a company that produces, markets, re-sells or distributes a product that is used on or by patients. Do you meet this definition?
 Yes No
If yes, Stop. Contact the Director of Continuing Education.
10. Is this continuing education? Does it enable the learner to acquire or improve knowledge or skills that promote professional or technical development to enhance the learner's contribution to quality health care and pursuit of professional career goals?
 Yes
 If No, Stop. An activity for nursing contact hours must be CE.
11. Check the following if applicable: Is the target audience and content specific for: (If not, move to next section)
 - Non-certified CNS?
 - APRNs with prescriptive authority?
 - Certified dialysis techs?

Key Element 1. Assessment of Learner Needs:

- A. What needs assessment method was used to plan this activity? (Check all that apply)
 - Written Needs Assessment
 - Learners/Management Requested Event
 - Quality Studies/Performance Improvement Activities

- _____ Trends in Literature, Law & Health Care
 _____ Other: Describe: _____
- B. Identify the target audience expected to participate:
 _____ All RNs
 _____ APRNs
 _____ RNs in Specialty Areas (Describe): _____
 _____ LPNs
 _____ Other: Describe: _____
- C. Describe the source of the supporting evidence for the needs assessment and target audience identification. (Check all that apply). You should be able to access this data if called upon)
 _____ Annual employee survey
 _____ Periodic surveys of stakeholders or learners
 _____ Written evaluation summary requests
 _____ Requests (via phone, in person, or by email)
 _____ Other: Describe: _____
- D. Describe how objectives, content and teaching methods reflect the needs assessment. (Check all that apply).
 _____ Nurse responsible for activity and planning committee reviewed needs assessment data.
 _____ Nurse responsible and planning committee formulated the objectives based on the data.
 _____ Content Specialist worked with nurse responsible & planning committee to develop objectives, content & teaching methods.
 _____ Other: Describe: _____

Key Element 2: Qualified Planners and faculty/authors: For each person listed on the planning committee, please list name, degrees & credentials here. Planning committee members must fulfill the three roles – knowledge of CE process (Nurse responsible for activity); representative of the target audience; content expertise. There must be at least 2 people on the planning committee; one person can fill one or more of these roles. If LPNs expected in the target audience, an LPN must be included on the planning committee.

- A. Planning Committee:
1. A. Nurse responsible for activity (RN with a minimum of a baccalaureate degree in nursing and who is responsible for adherence to ANCC/VSNA criteria): _____
 - B. This Nurse is current on CE criteria through:
 _____ Reviewed the most current VSNA Individual Activities CE Manual
 _____ Other: Describe _____
 1. Target Audience Representative (name, degrees, credentials): _____
 2. Content Expert (name, degrees, credentials): _____
 3. LPN (name, degrees, credentials): _____
 4. Others (name, degrees, credentials): _____
- _____ *Bio form* including conflict of interest/conflict resolution for each planning committee member is attached.
- B. How is the nurse responsible for the activity and other planning committee members involved in the process of ensuring the quality of the continuing education activity? (Select all that apply)
 _____ Regular planning meetings
 _____ Email correspondence
 _____ Review of literature and/or evidence based practice standards
 _____ Collaboration with faculty/content experts
 _____ Review of regulatory, accreditation or other relevant requirements
 _____ Other: Describe: _____
- C. Content specialist/authors and feedback personnel – in addition to listing names below; attach the completed bio form for each content specialist/author.
 Content specialist/author name(s), degrees and credentials:
 a. _____
 b. _____
- _____ *Bio form* with conflict of interest, conflict resolution and off-label use declaration for each content specialist/author is attached.
- Feedback personnel are those individuals who will provide feedback to the learner. Names and credentials:
 a. _____

b. _____

_____ *Bio form* with conflict of interest and conflict resolution for each feedback person is attached.

D. Manner in which the needed qualifications of faculty are identified: (Check all that apply).

_____ Content expertise

_____ Demonstrated comfort with teaching methodology(ies) e.g. web-based, etc.)

_____ Presentation skills

_____ Familiarity with target audience

_____ Other: Describe: _____

E. Planning Committee assured the qualifications of the content specialist/author are appropriate and adequate by:

_____ a. Review of resume/CV of content specialists/author.

_____ b. Recommendation by colleagues.

_____ c. Review of literature written by content specialists/author.

_____ d. Observation of previous presentation by content specialist/author.

_____ e. Personal knowledge of expertise of content specialist.

_____ f. New content specialists/author being mentored by: _____

_____ g. Other. Describe: _____

Key Element 3: Effective Design Principles

A. 1. Purpose/Goal: _____

2. Explicit, measurable educational **Objectives** – document in column 1 of 3 column format.

B. What is missing (**gap** in knowledge, skills, practice based on the needs assessment) that tells you there is a need for this activity

_____ Gap in Knowledge

_____ Gap in Skills

_____ Gap in Practice

_____ Other _____

C. **Content:** List the content for each objective in column 2 of 3 column format. Content must be congruent with goal/purpose and objectives.

D. **Teaching-Learning Strategies:** List the methods, strategies, materials and resources to be used by faculty to cover each objective in 3 column format. They must be congruent with objectives and content.

E. **Learner Feedback:** Check the best description or describe how learners will be provided feedback.

_____ Return results of testing.

_____ Provide certificate.

_____ Follow-up communication.

_____ Other: Describe: _____

F. **Learning Activity Plan/Process**

1. Describe the entire independent study package which includes an outline of all activities of the learner: _____

2. List all materials to be used:

_____ Article(s)

_____ Audiotape

_____ Videotape

_____ On-line Program

_____ Computer

_____ Registration Form

_____ Post-test

_____ Evaluation Form

List other if applicable: _____

3. Describe the method the learner is to use to gain access to resources or interact with the provider of the independent study: _____

G. **Successful Completion** (Consistent with the goal/purpose, objectives and teaching and learning strategies).

1. Criteria for successful completion include: (Check all that apply)

- _____ Completion/submission of evaluation form.
 _____ Achieving passing score on post-test. (Passing score is: _____%)
 _____ Other: Describe: _____

2. Rationale for method selected to determine the criteria for successful completion: (Check all that apply)
- _____ Goal or purpose of activity indicated what was needed to successfully complete this activity.
 _____ Category of evaluation selected
 _____ Importance of content knowledge
 _____ Importance of content application
 _____ Required by employer or organization
 _____ Other: Describe: _____

H. Verify Participation

- _____ Participation will be verified through registration form.
 _____ Signed attestation statement by participant verifying completion of entire activity.
 _____ Sign in log
 _____ Other: Describe: _____

Key Element 4: Awarding contact hours

A. Effectiveness of Study:

1. Describe how the effectiveness of the independent study was assessed: _____
 2. Describe the results of the assessment: _____
 3. Describe the changes made based on the assessment prior to making the study available to learners: _____

B. Contact Hour Calculation:

1. What was the method for calculating the contact hours: (Check the best description that applies)
- _____ Pilot Study
 _____ Historical Data
 _____ Complexity of content and data
 _____ Other: Describe: _____
2. Show evidence of how contact hours were calculated (“show” the math). _____

Key Element 5: Evaluation

A. Check or describe the **methods of evaluation** to be used: (Check all that apply)

- Evaluation Form (Required: Evaluates 1) each objective and 2) length of time to complete the study)
 (Attach copy)
 _____ Pre and/or Post-test (Attach a copy if testing is to be used)
 _____ Other: Describe: _____ (Attach a copy)

B. Categories of Evaluation

1. The category of evaluation to be used for this activity and completed by the end of the learning experience: (Check all that apply here and on page 7)
- Learner satisfaction (simplest; e.g. standard evaluation form) (Required)
 _____ Knowledge enhancement (e.g. testing)
 _____ Skill and attitude change (e.g. return demonstration)
2. Do you plan to include the following advanced categories of evaluation? If yes, describe how and when the data will be collected.
- _____ Change in practice/performance (usually done 3 months after learning; e.g. self-report of change, observation of performance, audits)
 _____ Relationship of the practice change to quality of service (most complex, usually done 6 months after event; look at final outcomes)
3. Description of how and when the data will be collected for B.1-2: _____

Key Element 6: Approval Statement as noted on advertising.

- A. Include a copy of the **advertising material** including relevant pages of the web site (if applicable). Ensure that the approval statement stands alone and is worded as noted here. If advertising is released prior to approval **and** after an application has been submitted, review p. 22 in the 2009 VSNA-COE Individual Activities CE Manual for the required statements.

“This continuing nursing education activity was approved by the Vermont State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”

- B. **Type of advertising:** *Attach copy.*

- _____ Flyer/brochure
 _____ Memo/Letter
 _____ Meeting Notice
 _____ E-mail
 _____ Web site
 _____ Other: Describe: _____

Key Element 7: Documentation of completion.

Include a copy of the completed certificate to be awarded to learners.

Document/certificate must include:

- Name of learner
 Name & address of event provider
 Title & date of completion of educational activity
 Official approval statement (see statement in Key Element 6 – A)
 Number of contact hours awarded
 Approval Identification Number and Expiration Date
 Approval valid through (insert expiration date). Assigned VSNA ##-##-####.

Key Element 8: Commercial Support and Sponsorship

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing health care 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 health care goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-health care related companies.
- Commercial Support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CE activity.
- A sponsor is identified as an organization who does not meet the definition of commercial interest. Sponsorship is financial, or in-kind, contributions given by an entity that is not a commercial interest, which is used to pay all or part of the costs of a CE activity.

If no commercial support or sponsorship received, check A.

If commercial support or sponsorship is received, complete items B, C, D and E and attach a copy of the signed agreement.

- A. _____ This activity has no commercial support or sponsorship.
- B. Commercial support/sponsorship has been provided by the following: (List name of organization(s) providing commercial support or sponsorship.): _____
- C. Content integrity has been/will be maintained by: (Check all that apply)
- _____ a. Our commercial support/sponsorship policy/procedure has been discussed with those providing commercial support or sponsorship.
- _____ b. Our commercial support/sponsorship policy/procedure has been shared in writing with those providing commercial support/sponsorship.
- _____ c. Content expert has been informed of our policy/procedure re: commercial support and sponsorship and agree to not promote the products or entity providing the financial or in-kind services.
- _____ d. In conjunction with a-c, the nurse responsible for the activity will review the independent study to ensure that content integrity is being maintained.
- _____ e. Other: Describe: _____
- D. The following precautions have been taken to prevent bias in the educational content.
- _____ a. Our position on commercial support/sponsorship and bias has been discussed with each presenter.
- _____ b. Each presenter has signed a statement that says s/he will present information fairly and without bias.

- _____ c. In conjunction with a-b, the nurse planner will review the independent study to ensure that there is no bias.
 _____ Other: Describe: _____

E. _____ *Signed commercial support or sponsor agreement* attached.

Key Element 9: Conflict of interest

- A. _____ Documentation of conflict of interest or disclosure of absence of conflict of interest for planners and content specialists/authors is included in the bio form.
- B. Procedures used to resolve conflict of interest or potential bias if applicable for this activity: (Check all that apply)
- _____ 1. Have discussed this conflict with individual who is now aware of and agrees to our policy.
 _____ 2. Content specialist/author has signed a statement that says s/he will present information fairly and without bias.
 _____ 3. In conjunction with 1 & 2, nurse responsible for activity & planning committee will review the independent study to ensure conflict does not arise.
 _____ 4. Not applicable since no conflict of interest.
 _____ 5. Other: Describe: _____
- C. In reviewing the bio forms did the nurse responsible for the activity and/or planning committee suspect that there might be COI and/or bias for any planning committee members or content specialist/author? The only response to this question is either yes or not, Not Applicable is not an acceptable response.
- _____ Yes
 _____ No

If yes, what was the concern? _____

What did you do to resolve it? _____

Key Element 10: Written disclosures provided to activity participants. Learners must receive written disclosure of required items prior to beginning the learning activity. Disclosures are required to be provided for items A through D and G for each activity. Disclosures for items E and F apply only in relevant situations. Attach copies of documents or describe methods used to inform activity participants of:

- A. *Goal/purpose, objectives and criteria for successful completion (Note: Not applicable is not an acceptable response)*
- _____ Information on advertising material.
 _____ Written information on handouts for activity/directions. (*attach copy*)
 _____ Other: Describe: _____ (*attach copy*)
- B & C. *Conflicts of interest or lack thereof for planners and content specialists/authors, including financial relationships, and resolution of such: (NOTE: Not Applicable is not an acceptable response)*
- _____ Information provided on advertising.
 _____ Information provided on handouts or in directions. (*attach copy*)
 _____ Other: Describe: _____ (*attach copy*)
- D. *Commercial support/sponsorship (NOTE: Not applicable is not an acceptable response)*
- _____ Information provided on advertising.
 _____ Information provided in handouts. (*attach copy*)
 _____ Other: Describe: _____ (*attach copy*)
- E. *Non-endorsement of products described or displayed in conjunction with the activity.*
- _____ No products are being discussed in material. (No statement needed.)
 _____ Information provided on advertising. (Statement to be used: (Approved provider status does not imply endorsement by the provider, ANCC/VSNA of any commercial products displayed in conjunction with an activity.”))
 _____ Information provided in handouts. (*attach copy*)
 _____ Other: Describe: _____ (*attach copy*)
- F. *Discussion of off-label use:*
- _____ Content specialists/authors have attested that they will not discuss off-label usage of products. (No statement needs to be made.)

- _____ Information will be provided in the handouts. (*attach copy*)
 _____ Other: Describe: _____ (*attach copy*)

- G. *Expiration date for awarding contact hours for enduring materials:*
 Information provided on advertising. (Required) (*attach copy*)
 Information provided on directions page. (Required) (*attach copy*)
 _____ Other: Describe: _____

Key Element 11: Recordkeeping

_____ All correspondence, complete copy of application, all attachments and corrections, records of attendance, summative evaluation(s) and contact hours will be maintained in a retrievable file which is accessible to only authorized personnel for six years.

Records will be filed and stored at (**list location**) _____

_____ Other – Describe: _____

Key Element 12: Co-providership

If not co-providing, check A; if yes, answer #B, C and D and attach signed agreement.

- A. _____ This activity will not be co-provided.
- B. Co-providership of this activity has been arranged with: (List organization name) _____
- C. _____ As the event provider, we will maintain responsibility for determination of educational objectives and content, selection of content specialists, planners and activity presenters, awarding of contact hours, record keeping procedures, evaluation methods and categories and management of any commercial support or sponsorship.
- D. _____ *A signed, written co-provider agreement is attached.*

Attestation: I attest that I accept the responsibilities of designated nurse planner for this event. I am knowledgeable about the current ANCC criteria for educational design and have actively participated as the nurse planner to ensure the quality of this continuing education event.

Name and Credentials: _____ Signature: _____ Date: _____

Summary: *Attach the following to the application form:*

- Bio forms for planning committee members and faculty
- Agenda/schedule if event is more than 2 hours long
- Evaluation form and any other evaluation tools used (e.g., post-test)
- Advertising material/flyer/email announcement
- Certificate/documentation of completion
- Signed commercial support or sponsorship agreements if applicable
- Disclosures if not included on advertising; internet or intranet posting
- Signed co-provider agreement(s) if applicable.
-

Online Submission: *Attach the above documents to the application form:*

- Electronic submission needs to include pagination and hyperlink to each section of the application
- Biographical Forms need to be separated by individual
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Objective/Content Form for Learner Paced Application

OBJECTIVES	CONTENT (Topics)	TEACHING METHODS & CATEGORIES OF EVALUATION
List learner's objectives in behavioral terms	Provide an outline of the content for each objective. It must be more than a restatement of the objective.	Describe the teaching methods, strategies, materials & resources for each objective
1.	1.	<hr/> Check category of evaluation to be used: <input checked="" type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change
2.	2.	<hr/> Check category of evaluation to be used: <input checked="" type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change
3.	3.	<hr/> Check category of evaluation to be used: <input checked="" type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change

Summary (Remember to attach the following to the documentation form)

- Bio forms for planning committee members, content specialists and feedback personnel
- Evaluation form and any other evaluation tools used (e.g. post-test, etc.)
- Advertising material/flyer/email announcement; internet or intranet posting
- Certificate/documentation of completion
- Signed commercial support or sponsorship agreements if applicable
- Disclosures if not included on advertising
- Signed co-provider agreement(s) if applicable

Check Payable to VSNA-Inc.
 Mail Application with Payment to:
 Carol Hodges,
 VSNA Education Coordinator
 1315 Hospital Drive PO Box 905
 St. Johnsbury, Vermont 05819

Online Submission: Attach the above documents to the application form:

- Electronic submission needs to include a table of content with pagination and hyperlink to each section of the application
- Biographical Forms need to be separated by individual
- Electronic transmission should be sent to c.hodges@nvrh.org
- Payment should be made payable to the VSNA-Inc and mailed to the address stated above.



Vermont State Nurses Association

Biographical Data Form (2009 Criteria)

Instructions: If you are a planner for this activity, complete Sections 1, 2, 4, 5 & 7. If you are a speaker/ content expert for this activity, complete Sections 1, 3, 4, 5, 6 and 7. Return this form to the nurse planner by the date specified. If there is a perceived conflict, the nurse planner will discuss with you how the conflict will be resolved before your continued participation in this learning activity.

Date: _____

Section 1: Demographic Data

Name, Degrees & Credentials: _____

If RN, nursing degree(s):

- AD
- Diploma
- BSN
- Masters
- Doctorate

Please list all institutions of higher learning from which you have received a degree or degrees. Please list all residencies and fellowships which you have completed. Use additional space if needed.

Name of Institution	Year and Degree Awarded

Home Address **OR** Business Address: _____

Day Telephone: _____

Email Address: _____

Present Position (Title) & Employer: _____

Section 2: Planner Information: Describe your familiarity/expertise with the following:

I am knowledgeable about the CNE process and ANCC criteria through: (Describe): _____

I represent the target audience by: (Describe): _____

I have content expertise in this topic by: (Describe): _____

Other: (Describe): _____

Section 3: Faculty/Content Expert Information: Describe your expertise in this topic: _____

Planner, Faculty and Content Specialist Conflict of Interest Statement

If you are in a position to control the content of this educational activity (planner, faculty presenter, content specialist), you must disclose whether or not you have a conflict of interest. Conflict of interest disclosure identifies the presence **or** absence of *any* potentially biasing relationship of a financial, professional or personal nature. A perceived conflict of interest would occur, for example, if you have or a member of your family has, within the past 12 months, received a salary, royalty, speaking honorarium, research appointment, board of directors remuneration, or consulting fee from an organization whose product or service is being discussed in the learning activity or if you or a family member own stock in such a company. Conflict of interest would also occur if you have any potential to benefit personally or professionally from the presentation (work for a proprietary company presenting the learning activity, have written a book about the topic, provide consulting services related to the topic, etc.) All information disclosed must be shared with the audience on the program handouts, advertising and/or audiovisual presentation.

Section 4: Conflict of Interest

Is there a perceived financial, professional or personal conflict of interest (self or family)?

N/A is not appropriate response to this question.

Yes

No

If yes, describe the perceived conflict: _____

Section 5: Resolution of Conflict

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

1. I have discussed this conflict with the nurse planner and agree to the provider unit's policy.
2. I have signed a statement that says I will present information fairly & without bias.
3. In conjunction with 1 & 2, I understand that the nurse planner or designee will monitor session to ensure conflict does not arise.
4. Not applicable since no conflict of interest.
5. Other: Describe: _____

Section 6: Off-label Use

Presenter/Content Specialist discussion of off-label uses: **(N/A is not appropriate response to this question.)**

Yes

No

If yes, you must disclose this information during your presentation. How will you do this?

1. Information provided on handouts
2. Information provided in audiovisuals (slides, overhead, power point, etc.)
3. Other: Describe: _____

Section 7

Signature _____ Date: _____

Electronic Signature acceptable

Note to nurse planner: If signature is not obtained, describe how this data was collected: _____