



Vermont State Nurses Association Committee on Education 2009 Provider 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 (VSNA-COE) is to provide a defined approval process that promotes quality continuing education for nurses which assists in developing and maintaining their professional competence."

Dear Provider Applicant:

Thank you for your interest in becoming an approved provider unit of continuing nursing education (CNE) .Enclosed you will find:

- ✚ The Vermont State Nurses Association Committee on Education Approver Committee Provider Manual
- ✚ An Approved Provider application form and additional 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-CNE process. As the 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.

You'll find step-by-step directions provided in this manual and on the accompanying forms. 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,

The members of the Continuing Education Approver Committee

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

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Chapter 1

APPROVED PROVIDER UNIT PROCESS

Introduction

This manual includes information about operation of an approved provider unit for continuing nursing education. 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. 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.

Definitions

Continuing nursing education (CNE) 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.

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.

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.

Difference between Providing and Approving

VSNA-COE is authorized through ANCC accreditation to be an approver of continuing nursing education. Your organization, upon achieving approval as a provider unit, is authorized to plan, implement, and evaluate continuing education activities according to the criteria and rules and award contact hours for those activities. **Provider units never have the authority to approve their own or anyone else's activities.** The words "approved",

“application”, “applicant”, or “submitted” should never be used in connection with any activity your provider unit plans and presents.

Who Can Be A Provider Unit?

In order to be eligible, your provider unit must:

1. Have a clearly defined unit or department administratively and operationally responsible for continuing nursing education
2. Have nurse planner(s) who meet(s) the qualifications of:
 - a. minimum of BSN
 - b. knowledge of adult learning, ANCC COA criteria, and VSNA-COE rules (see Note 1 below)

See Appendix B for detailed information about Nurse Planner (s) qualifications.

3. Have been functioning for at least six months, using accreditation criteria and VSNA-COE rules. During that time, at least three separate activities must have been planned, approved by VSNA-COE implemented, and evaluated with direct involvement of a qualified nurse planner. Each activity must be at least 60 minutes in length. Co-provided activities are not acceptable as sample activities of the provider unit applicant. The sample activities must have been approved by the VSNA-COE or meet the criteria for approval. (See Note 2 below)
4. Target audience:
 - a. If you are based in Vermont, you must target more than 50% of your learning activities to nurses within the states of Maine, New Hampshire, Massachusetts, Connecticut, Rhode Island, and the contiguous states. Check www.hhs.gov/about/regionmap.html for the identification of the states contiguous to HHS Region 1. (See Note 3 below)
 - b. If your provider unit is based outside of Vermont, you must target more than 50% of your learning activities to nurses within the geographic range of your provider unit location. Vermont is in region 1. Check www.hhs.gov/about/regionmap.html for the identification of your region plus the states contiguous to your region.
5. Be separate from any commercial entity that produces, markets, re-sells or distributes a product used on or by patients (See Note 4 below for further clarification)

NOTE 1: Additional information about nurse planner: The nurse planner must be a registered nurse with a minimum of a baccalaureate degree in nursing. In some organizations there may be more than one designated nurse planner. One nurse planner should then be selected/identified as the primary or lead nurse planner. All nurse planners must meet the educational criteria of a minimum of a baccalaureate degree in nursing. Nurse planners may work for the Provider Unit as staff members, consultants or volunteers.

In addition to meeting the minimum educational requirement, nurse planners must maintain expertise in educational design and adult learning theories, receive orientation to, and maintain responsibility for implementing criteria and rules in their performance of the nurse planner role. The essence of the nurse planner requirement is twofold:

- ✚ To ensure that a qualified nurse planner is involved in the entire process of delivery—from needs assessment through planning, implementation, evaluation and follow-up—for every continuing nursing education activity offered by the provider unit.
- ✚ To guarantee that the ANCC Accreditation Program criteria and VSNA-COE rules guide the development and implementation of every continuing nursing education activity offered by a provider unit.

Other nurses may serve on an individual activity planning committee along with one of the designated nurse planners. These other nurses do not have the same responsibilities, accountabilities or educational requirements as the designated nurse planners. They are only responsible for participating in the planning of one particular educational event. (ANCC Application Manual, 2009)

NOTE 2: For those applicants who have received approval of their activities from another accredited approver, please contact VSNA-COE to request a variation on this requirement.

NOTE 3: If your target audience is broader than the areas identified above in #4, you may not be eligible to apply to be an approved provider unit through VSNA-COE. You are, however, eligible to contact the ANCC Accreditation Program to apply for accreditation as a provider unit.

NOTE 4: Your organization is ineligible for approval as a provider unit 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-sells 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 the approved provider had and maintained adequate corporate firewalls to prohibit any influence or control by the “sister company” over the continuing education program of the approved provider. In this case VSNA-COE would expect that the 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. Currently approved commercial entities will retain their approved status until July 31, 2010. They will not be eligible for re-approval. (ANCC Application Manual, 2009)

Application and Related Policies and Processes

A. Application Process

For individuals interested in first time approval as a provider unit:

Review the eligibility criteria as listed above. If you think that you meet these criteria, submit the application.

Applications are accepted at any time of the year. If there are any questions about eligibility, please contact the VSNA-COE at 802-651-8886.

For currently approved provider units through VSNA-COE:

Step 1: To ensure continuity of your provider unit's activities, submit the provider application at least three months before your current provider approval expires. All criteria must

be met before approval is granted. If approval expires, your provider unit may not award contact hours.

Step 2: Submit three complete typed copies of the provider unit application packet and the application fee. Each copy of the application must include a table of contents and have pages clearly numbered consistent with the table of contents. Bind your application securely. Comb binding is suggested. Please do not use 3-ring binders, rubber bands, or clips.

To be accepted for review, all applications **MUST** be submitted on current VSNA-COE 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.

Step 3: Provider applications are independently reviewed by two reviewers and then the findings are discussed with the VSNA-COE Education Coordinator.

B. Review Process

Step 1: You will be notified by email that your application has been received. A preliminary review will be conducted, and you will be advised that the application is complete or that additional information is needed. Once you have been approved as a provider, you will be assigned a provider number. This provider number is very important and **MUST** be included on any subsequent correspondence. For currently approved providers seeking reapproval please be sure your provider number is on all correspondence or other material related to your provider application.

Step 2: Your provider application is sent to two peer reviewers of the VSNA-COE for review. Reviewers independently assess your provider application and findings are discussed at the next VSNA-COE meeting. No peer reviewer of the VSNA-COE shall review an application for which there is an identified conflict of interest, actual or perceived. No peer reviewer who has an identified conflict of interest, actual or perceived, may sit as a member of an appeals process committee or board.

Step 3: The two reviewers who have assessed your provider application discuss their findings with the VSNA-COE Education Coordinator and present a recommendation for action to the full committee. You will be notified by email for further clarifications or approval.

Step 4: One copy of your entire application, all correspondence to and from you related to the application, the VSNA-COE review forms, and meeting minutes reflecting discussion and action on your application are kept on file at VSNA-COE for six years. Only authorized personnel have access to the files. Representatives from the ANCC Accreditation program as well as members of the VSNA-COE will have access to your files for review purposes.

As you proceed through the approval process, help is available. Phone calls or email to the VSNA-COE Education Coordinator are encouraged. Consultation can be arranged. The goal is for you to be successful at providing quality continuing education.

C. Types of Action taken by VSNA-COE

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

1. **Approval** for three years occurs when your written application materials indicate that the criteria and rules are met.
2. **Decision Deferred Pending** receipt of additional information occurs when there is insufficient information provided to complete the review and approval process. If information is not received in time for a decision to be made prior to an approved provider unit's expiration date, the Provider Unit will be required to discontinue awarding contact hours for CNE activities until Provider Unit approval is received.
3. **Provisional Approval** occurs when your written application materials indicate limitations in meeting criteria and rules that are expected to be resolved within six months or less. You will be required to submit a written progress report. After review of the progress report, the VSNA-COE can confer approval for the remainder of the three year approval period, extend the provisional approval for up to an additional six months, or deny approval.
4. **Denial of Approval** occurs when written application materials indicate that your provider unit:
 - a. Is not in adherence with the criteria of the ANCC Commission on Accreditation and/or requirements of the VSNA-COE approval process and will not be able to adhere within an identified period of time; or
 - b. Has not demonstrated adherence to or improvement in relation to VSNA-COE documented areas of concern on the provisional approval progress report.

D. Approval of Individual Activities during the Initial Application Process

If a first time applicant wishes to award contact hours for an activity while the initial provider application is in process, individual CNE applications must be submitted to VSNA-COE following the appropriate criteria and accompanied by the required application fee.

E. Withdrawal and Resubmission of an Application

A provider unit 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 provider unit 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 within six months of the original application submission. If more than six months has elapsed, you must again meet eligibility criteria as a new applicant (submit 3 activities,

etc). If the fee was returned, then a new fee must accompany the request to continue with the application process.

F. Length of Approval

The maximum approval period for provider units is three years. During the approval period, the provider unit is authorized to award contact hours for CNE activities without submitting documentation to VSNA-COE. However, the VSNA-COE criteria must be met by the provider unit for each individual CNE activity. Documentation of meeting the criteria must be done on the CNE planning documentation forms included with this manual.

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 E** for the reconsideration and appeal procedure.

H. Suspension and Revocation of Approval

Approval may be suspended and/or revoked from an approved provider unit 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 annual survey or follow-up information.

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

I. Reporting of Data

Approved provider units will be asked to submit annual survey data and periodic monitoring requests in order to help evaluate and monitor the VSNA-COE approval program and/or ANCC Commission on Accreditation requirements. ***Failure to respond to monitoring requests may result in suspension of approval as a Provider Unit.***

J. Provider Unit Changes

The approved provider unit must maintain communications with VSNA-COE during the period of approval. At a minimum the following must be reported:

1. Reports of data requested by VSNA-COE within the time frame specified when the data is requested.
2. Within 30 days, information about change in
 - a. name, ownership or structure of the organization, or
 - b. the nurse planner(s), or
 - c. the name of the contact person.
3. Information about termination of approved provider unit activities within 30 days of the decision to terminate. Once approval is terminated, the provider unit may no longer use statements concerning approved provider unit status on publicity material or certificates of attendance and may not award contact hours.

What if These Things Happen Once Your Provider Unit 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. *Session 1: Acute Respiratory Distress; Session 2: Chronic Respiratory Distress, etc.*).
2. Identify in Key Element 3, item F-1 of the CNE 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 Critical Care Course Sessions 1 Acute Respiratory Disease, 5 Congestive Heart Failure, & 7 MI on date.").

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 CNE 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 CNE 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 CNE 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. Keeping Up to Date

It is the responsibility of the nurse planners and peer reviewers to stay up to date with the most current VSNA-COE rules regarding CE and the ANCC Commission on Accreditation criteria. You can do this by:

1. Attending updates presented by VSNA-COE or ANCC.
2. Reviewing the most current Provider Manual.
3. Attending CNE/CE activities on adult education and/or developing educational activities.
4. Reading journals relevant to continuing education and/or adult education.

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 05403-6241 www.vsna-inc.org

Chapter 2

CRITERIA FOR APPROVAL AS A PROVIDER UNIT FOR CONTINUING EDUCATION

Submitting Your Application

1. Follow the instructions on the application form. Complete all areas. When additional pages need to be attached (e.g., the organizational chart/s), add the pages right after the application form. Number the pages sequentially.
2. Attach three complete samples of educational activities you have planned, reviewed, implemented, and evaluated.
 - a. Note 1: For provider applications submitted between August 1, 2009, and January 1, 2010, submit **only** activities that have been planned, reviewed, implemented, and evaluated *since January 1, 2007*.
 - b. Note 2: For new provider applicants, submit materials as indicated in the provider application.
3. Bind your application securely. Comb binding is suggested. Please do not use 3-ring binders, rubber bands, or clips.
4. Enclose the required fee. Your fee is not refundable once the review process has begun. If you are a current provider, be sure your application is submitted at least 3 months before the end of your current provider period. This will allow adequate time for the VSNA-COE to review your application and any additional materials that may be required.

Meeting ANCC Criteria and VSNA-COE Rules

Following the requirements specified in your provider application ensures that you are meeting the ANCC Criteria and VSNA-COE rules. Remember that you need to continue to do so throughout your entire three-year period of approval. The information below supplements the provider application by providing specific information about selected requirements. If you have a question about something not listed below, please contact the VSNA-COE for further information.

1. *Language on marketing materials, certificates, web sites, and any other places where you state that contact hours will be awarded for an activity*

You are required to use the following language as your official provider statement. The statement must always be written exactly this way. No information may appear on the same line as any part of the provider statement.

(Name of your provider unit) is an approved provider of continuing nursing education by the Vermont State Nurses Association's Committee on Education an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Example:

XYZ Hospital is an approved provider of continuing nursing education by the Vermont State Nurses Association an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

2. Recordkeeping

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

- a. Provider documents:
 - i. Provider application
 - ii. Associated correspondence with VSNA-COE regarding your provider application and approval
 - iii. Additional correspondence with VSNA-COE during your period of approval, if applicable. This includes notification of changes in the name or address of your provider unit, name(s) of new nurse planners, 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)
 - i. Title / date / location of the activity, or title and dates activity to be available to learners for an independent study
 - ii. Description of the target audience
 - iii. Method and findings of your needs assessment
 - iv. Names, titles, and appropriate expertise of planners and presenters/content specialist(s) on biographical data forms
 - v. Conflict of interest disclosure and resolution information from planners and presenters/content specialist(s) on biographical data forms
 - vi. Learning activity purpose, objectives, and content
 - vii. Instructional strategies, delivery methods, learner feedback mechanisms, and resources to be used
 - viii. Method for determining the number of contact hours to be awarded
 - ix. Methods / processes to verify participation
 - x. 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
 - xi. 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
 - xii. Co-provider agreement, if applicable, specifying division of responsibilities and including required provider unit responsibilities (see co-providership section of this chapter).
 - xiii. Method for insuring content integrity in the presence of any commercial support or sponsorship, if applicable
 - xiv. Commercial support and/or sponsorship agreement, if applicable, including required provider unit responsibilities (see commercial support/ sponsorship section of this chapter).
 - xv. A copy of the evaluation tool used for the activity, including summative evaluation data after the activity has occurred

- xvi. Peer review form(s) indicating that criteria and rules have been met prior to awarding contact hours
- xvii. Evidence of any changes made prior to implementation of the learning activity based on reviewer feedback
- xviii. Learner names and unique identifier information
- xix. Sample certificate of completion
- xx. Number of contact hours awarded to each learner

3. *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 provider unit statement must appear on marketing materials, and your provider unit name and address must appear on the learner's certificate of completion.

You may choose to co-provide with other organizations that are also approved or accredited providers. In that case, any one of the organizations may become the provider of record and will assume responsibility for the above items.

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 A.

4. *Commercial Support/Sponsorship*

You may choose to accept commercial support or sponsorship for a learning activity planned and implemented by your provider unit. 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 CNE 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

5. 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.

6. Quality Improvement

A quality improvement process must be conducted after each activity to ensure that the activity initially presented or provided to learners was on target with the assessed needs of the target audience, had appropriate objectives and content, had appropriate speakers/content specialists, etc. The nurse planner is required to complete this review at the conclusion of a learning activity and add the QI tool to the activity file. When submitting your provider application, be sure to include the QI form completed at the end of the activity.

The QI tool can be found with both the faculty directed and independent study documentation forms.

Chapter 3

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;
2. A sample of a completed form with attachments.

General Information

A faculty directed CNE 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 CNE 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.

The sample forms have been completed to illustrate one possible approach to meeting the criteria/rules.

Repetition of Courses: A faculty directed CNE activity may be repeated as often as desired and as determined by the nurse planner. There must be a mechanism in place for periodic review of activities to determine that content is still relevant, objectives are addressing needs of the target audience, faculty are appropriate, etc. The designated nurse planner is accountable for establishing and implementing this process. If approval as a provider unit expires, the activity may no longer be repeated with contact hours being awarded to attendees.

Completing the Faculty Directed Documentation Form

Use form labeled "FACULTY DIRECTED ACTIVITY DOCUMENTATION FORM FOR APPROVED PROVIDER UNITS 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].)

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.

Faculty/Presenters:

The 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.

Objectives:

The objectives for the CNE 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 F 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."

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. See p. 18 for a sample objective/content outline.

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 three 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 CNE activity is three 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
Total time	350 min

350 min. divided by 60 = 5.83 contact hours

Approved Provider 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, your provider statement, must also appear on that advertising. The statement must stand alone—no other wording can be on the same line(s) as any part of the statement. If you want to indicate how many contact hours are to be awarded, that information goes on a separate line.

Samples:

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

(Provider name) is an approved provider of continuing nursing education by the Vermont State Nurses Association's Committee on Education an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

An approved provider unit may not state that an application has been submitted or is pending or use the word "approved." This indicates an approval process which is not permitted in a provider unit.

Chapter 4

CRITERIA FOR INDEPENDENT STUDY CE ACTIVITIES

This chapter has been developed to supplement the independent study documentation form and the independent study addendum documentation form and the instructions provided on these forms. This chapter has been organized into two sections:

1. General and supplemental information to highlight selected areas of the independent study documentation form, and
2. A sample of a completed form with attachments.

General Information

An independent study CNE 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.

Repetition of Courses

An independent study activity may be repeated as often as desired and as determined by the nurse planner. There must be a mechanism in place for periodic review of activities to determine that content is still relevant, objectives are addressing needs of the target audience, etc. The designated nurse planner is accountable for establishing and implementing this process. If approval as a provider unit expires, the activity may no longer be repeated with contact hours being awarded to attendees.

Completing the Independent Study CE Documentation Form

Use form labeled "INDEPENDENT STUDY PLANNING DOCUMENTATION FORM FOR APPROVED PROVIDER UNITS BASED ON 2009 CRITERIA."

Demographic Data

This section includes title of the event, date form completed, contact hours to be awarded

Key Element

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;
- d. One LPN if LPNS are expected in 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

Content specialists/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 bio 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

Objectives for the CNE 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 content specialists.

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 G 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.

Key Element 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.

Key Element 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, and
3. Describes the method the learner is to use to gain access to or interact with the provider of the independent study.

Key Element

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 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 (i.e. 1.45, 0.91, etc.). They may not be rounded up!

Key Element: Approved Provider 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 (your provider statement) must also appear on that advertising. The statement must stand alone - no other wording can be on the same line(s) as any part of the statement. If you want to indicate how many contact hours are to be awarded, that information goes on a separate line.

Samples:

Participants, who successfully complete the entire activity, receive at least 75 % on the post-test and complete an evaluation form will earn 1 contact hour. **or** This activity will provide 1 contact hour.

(Provider name) is an approved provider of continuing nursing education by the Vermont State Nurses Association's Committee on Education an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

An approved provider unit may not state that an application has been submitted or is pending or use the word "approved." This indicates an approval process which is not permitted in a provider unit.

Co-providership, Commercial Support, Sponsorship

For additional information regarding conflict of interest, commercial support, sponsorship, and co-providership, please review Chapter 2 and the applicable appendices.

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 Chapters 2, 3 and 4 and on the provider application and the individual activity documentation forms. These have been divided into sections related to the approved provider unit functioning and the individual activities planned and presented.

Approved Provider Unit:

- Appendix A discusses co-providership for approved providers and includes a sample agreement.
- Appendix B includes sample position descriptions for the Lead Nurse Planner, Nurse Planners and reviewers.
- Appendix C is Resolution of Conflict of Interest, an appendix from the 2009 ANCC Application Manual.
- Appendix D includes the standards for commercial support, a sample agreement of commercial support and one of sponsorship.
- Appendix E includes the reconsideration and appeal process.
- Appendix F discusses how to write objectives and verbs commonly used in the three domains of learning.
- Appendix G includes a glossary of terms included in the manual.
- Appendix H is the forms.

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 Nurses Association #NPD-20, Washington, DC. 2000.
3. Permission granted by Ohio Nurses Association to adapt forms and manual November 2009.

APPENDIX A

CO-PROVIDERSHIP FOR APPROVED PROVIDERS

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. If the primary provider for the event is also an approved provider unit, this unit must have one of their designated nurse planners actively involved in the planning from the beginning. This 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 vs. 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...”

Frequent Questions: There are several instances when an approved provider unit is asked to co-provide an activity and it is not appropriate to do so. For example, when an employee is also involved in an outside organization and wants the approved provider unit to give the contact hours; when an outside organization asks for contact hours for an event they planned, etc.

The approved provider unit must ask certain questions to determine if what they are being asked to do is truly co-providership or an approval process request. (Remember, approved provider units provide continuing education activities; they do not approve activities.)

Questions to be considered are:

1. Who is included in the provider unit? Is the group asking for co-providership part of the provider unit or outside of the provider unit?
2. Has one of your designated nurse planners been actively involved in planning since the beginning?
3. Who is putting on the event – your organization or another organization?

If your answer is **NO** to one or more of the above questions, this is not co-providership.

As an approved provider unit, one of your designated nurse planners listed on p. 5 of your provider application must be involved in planning each Educational event. The internal peer review process described by your agency must be followed. Your provider unit may provide continuing education and award contact hours for this activity.

If an employee of your organization is working with a group outside of the work setting, the employee must involve a designated nurse planner to see if it would be beneficial or appropriate for your approved provider unit to co-provide with this outside group. The nurse planner will develop the co-provider agreement with the group, facilitate the planning process and proceed with the development of the co-provided event. The approved provider unit's name must be included as one of the event providers on the advertising material, not just in the provider statement. If the co-provider relationship is not desired or appropriate, the nurse planner may refer the employee and group to an approver.

If one of your employees participates in a local chapter of a professional nursing organization and that organization wants to offer contact hours, the employee should contact the nurse planner to see if it would be beneficial and feasible to develop a co-provider arrangement with said professional nursing organization. The nurse planner would be in contact with the other agency/organization to plan and implement the co-provided activity. The approved provider unit's name must be prominently included on the advertising material. If the co-provider relationship is not desired or appropriate, the nurse planner may refer the employee and group to an approver.

If the nurse planner is approached by an entity that has planned and developed a CNE activity and is seeking a contact hour approval process, the nurse planner must refer this entity to an approver. In this instance, the nurse planner has not been involved in the planning process and, therefore, cannot co-provide.

If the approved provider unit has a co-provider agreement with an organization to put on an event and the co-provider now wants to offer the co-provided activity in another venue without the provider entity, the approved provider unit must refer the organization to an approver. That organization will then need to submit an application to get approval to offer contact hours for the activity from an approver.

In any or all situations, an approved provider unit has the right to say no, we do not want to co-provide.

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.

Fees for Co-providing

There are no ANCC COA criteria or VSNA-COE rules that prevent you from charging a fee for your time, expertise and resources to participate in planning an event, issuing certificates, keeping records, etc. However, be very careful that it is clear to all parties that the fee covers your involvement, not your “approval” of someone else’s activity.

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-Providership Situations

A designated RN Planner must be involved in planning each Educational event.

The internal review process described by your agency must be followed. Your agency may provide education and award contact hours for this education to nurses.

If your employees are working with a group outside of the work setting:

The employee must involve an RN Planner to see if it would be beneficial and appropriate to co-provide with the group.

The nurse planner will develop the co-provider agreement with the group, facilitate the planning process and proceed with the development of a co-provided event. The nurse planner may refer employee and group to an approver (such as VSNA-COE) if the co-provider relationship is not desired.

If an employee participates in a local chapter of a professional nursing organization and that organization wants to offer CNE:

The employee can notify the nurse planner to see if it would be beneficial and feasible to develop a co-provider arrangement with said professional nursing organization. The nurse planner in contact with other agency would plan and implement the co-provided event.

If you are approached by an entity, who has planned and developed a CNE event and is seeking a contact hour approved process:

You must refer this entity to an approver (such as VSNA-COE). In this instance, the approved provider has not been involved in the planning process: therefore, cannot co-provide.

If the approved provider has a co-provider who now wants to offer the co-provided program in another venue without the provider entity:

The RN Planner must refer the former co-provider to an approver (such as VSNA_COE if contact hours are to be awarded).

Sample CO-PROVIDERSHIP AGREEMENT

ACTIVITY TITLE: _____

PROGRAM DATE(S): _____ (THROUGH) _____

This agreement made the _____ day of _____ by and between the (name of organization/s) and represents the mutual understanding of said providers and recognition of specific responsibilities set forth hereinafter.

In signing this agreement, the said providers will assume final responsibility for designated activities listed as follows:

ACTIVITY	RESPONSIBLE PARTY
Administration of the activity budget (including collection of all monies and payment of all expenses)	Organization
Determination of objectives and content	Organization /Co-Provider
Selection of faculty/presenters	Organization /Co-Provider
Determination of number/awarding of contact hours	Organization
Record keeping for activity	Organization
Learner evaluation	Organization
Negotiating/Contracting of meeting location	Organization
Negotiating faculty compensation	Organization /Co-Provider
Arranging faculty travel arrangements	Organization /Co-Provider
Arranging faculty lodging	Organization /Co-Provider
Transporting faculty from airport to hotel/site	Organization /Co-Provider
Development of brochure	Organization
Printing and mailing of brochure	Organization /Co-Provider
Obtaining mailing labels	Organization /Co-Provider
Media announcement other than brochure	Organization /Co-Provider
Handling registration/refunds/exhibits	Organization
Providing refreshments, working with caterer	Organization /Co-Provider
Obtaining audiovisuals	Organization /Co-Provider
Copying Handouts	Organization /Co-Provider
Registration on day of activity	Organization /Co-Provider
Conference Management	Organization

Please describe below in detail the sharing .not sharing in net profit of designated event.

Organization	Responsible Individual	Title

Co-Providers: Organization	Responsible Individual	Title

Signature, Organization Responsible Individual: _____ Date _____

Signature, Co-Provider: _____ Date _____

APPENDIX B

SAMPLE POSITION/ROLE DESCRIPTIONS

Some provider units may have nurse planners and/or reviewers who are in a position other than continuing education/staff development or are volunteers in an association type of provider unit. In these situations, there may be no job description or the person's job description may not describe his/her role in the provider unit. Below are samples of a lead nurse planner's, a nurse planner's and a reviewer's position/role description in such an organization as described above. Note: These position/role descriptions are only an example of meeting the criteria.

Position Description for Lead Nurse Planner

Qualifications:

1. A minimum of a BSN
2. Experience with the Assessment, Planning, Implementation and Evaluation of continuing education activities

Responsibilities:

1. Participate in and ensure that the ANCC COA/VSNA-COE criteria are met in regards to the assessment, planning, implementation and evaluation of all continuing education events offered for nurses.
2. Serve as resource and/or content expert when asked.
3. Select and orient new nurse planners and reviewers.
4. Oversee the functioning of the provider unit.
5. Implement the overall evaluation plan for the provider unit.

Position Description for Nurse Planners

Qualifications:

1. A minimum of a BSN
2. Experience with the Assessment, Planning, Implementation and Evaluation of continuing education activities

Responsibilities:

1. Participate in and ensure that the ANCC COA/VSNA-COE criteria are met in regards to the assessment, planning, implementation and evaluation of all continuing education events offered for nurses.
2. Serve as resource and/or content expert when asked.
3. Discuss concerns/issues regarding programming with the Lead Nurse Planner.
4. Provide the Lead Nurse Planner with ideas/issues that may be developed into continuing education for nurses.
5. May be called upon, under extraordinary circumstances, to serve as a reviewer when not involved in the planning of that event.

Position Description for Nurse Reviewers

Qualifications:

1. Registered nurse volunteers who have not participated in the planning of a particular activity.
2. Experienced in the CE process as well as the required criteria as delineated in the latest VSNA-COE Provider CNE Manual.
3. Nurses who maintain confidentiality related to the documentation forms of the programs they review.

Responsibilities:

1. To review program documentation forms for adherence to the criteria as defined by the ANCC COA/VSNA-COE.
2. Utilize the appropriate review forms from the latest VSNA-COE Provider CE Manual.
3. Discuss concerns about a review with the Lead Nurse Planner.
4. Offer suggestions and comments to the Lead Nurse Planner regarding review process improvements and enhancements.

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 CNE activity is ALSO in a position to influence the content, design, or implementation of the CNE activity.

- 1.1 If an organization or an individual within the organization is in a position which affords him/her the opportunity to affect CNE 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 CNE 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 CNE 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 CNE 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

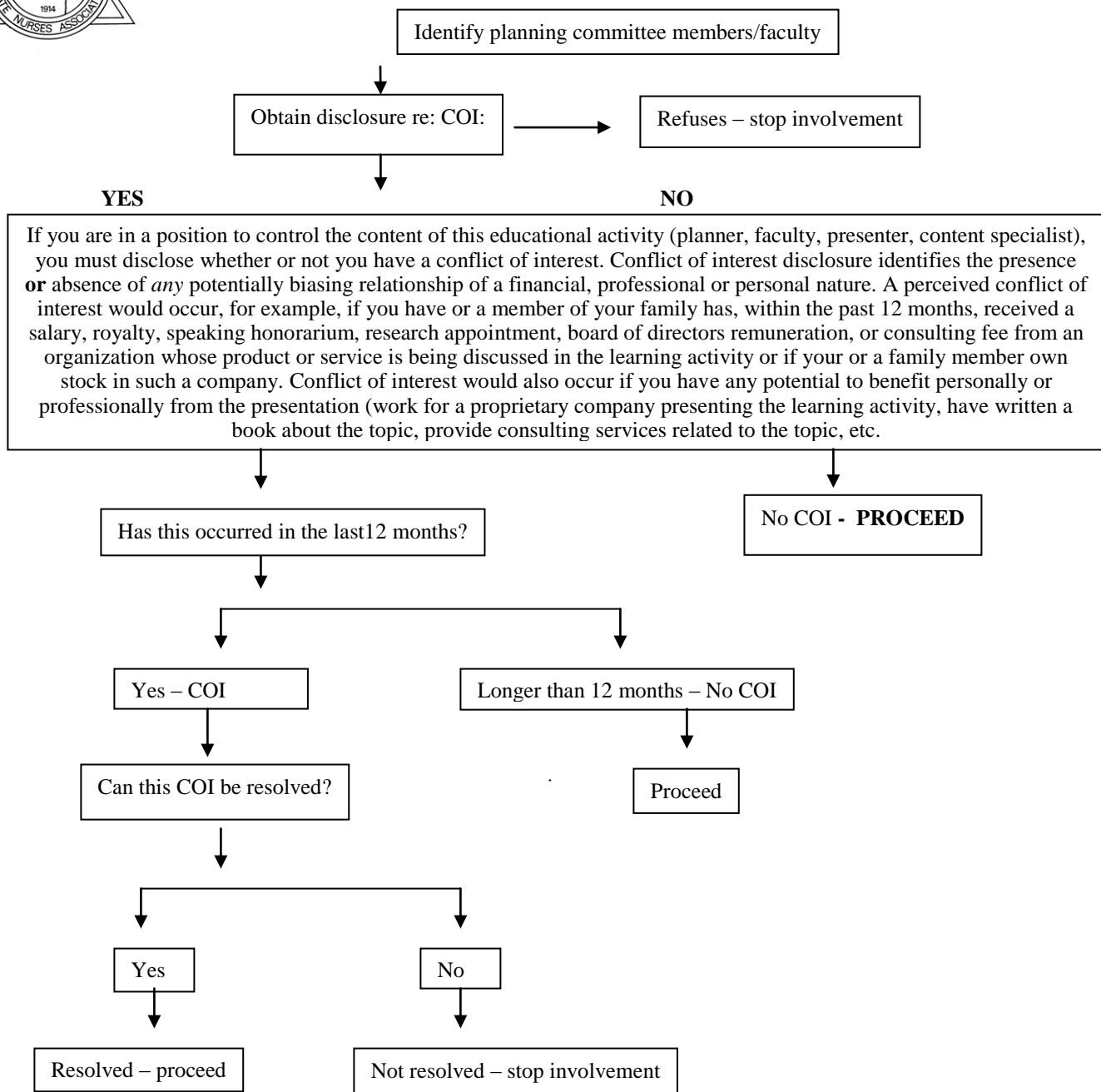
Having the person sign an agreement that says they:

- 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.



Conflict of Interest Decision Tree



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

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.

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

- *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 CNE 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 CNE 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 of those with control over continuing nursing education content. 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.

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

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):

- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for-profit and not-for-profit)
- For-profit rehabilitation centers
- For-profit nursing homes
- Universities with nursing development and continuing nursing education programs
- Specialty Nursing Organizations
- Constituent Member Associations
- Federal Nursing Services
- National nurses organizations based outside the United States
- 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 CNE 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.

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 _____

SAMPLE SPONSOR AGREEMENT

Date:

Parties Involved in Agreement: _____

Provider name and representative's name: _____

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

Sponsor's name: _____

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

(Sponsor's name) will provide: _____. The (sponsor's name) will be recognized as a sponsor in the advertising. They have not been nor will be involved in the planning, implementation or evaluation of this activity.

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

Provider Unit Representative _____ Date _____

Co-provider (if applicable) representative _____ Date _____

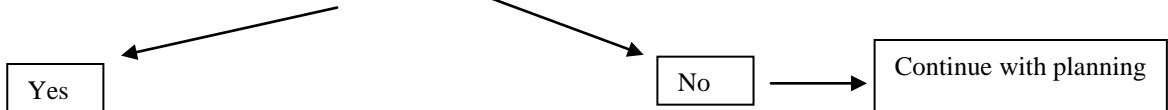
Sponsor Representative _____ Date _____



VERMONT STATE NURSES ASSOCIATION CONTINUING EDUCATION APPROVER COUNCIL

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 CNE 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

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 CNE Approver Committee. An Appeal Panel will consist of two of the regular members of the VSNA-COE who *were not original reviewers of the CNE 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 CNE 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 CNE 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 a 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.

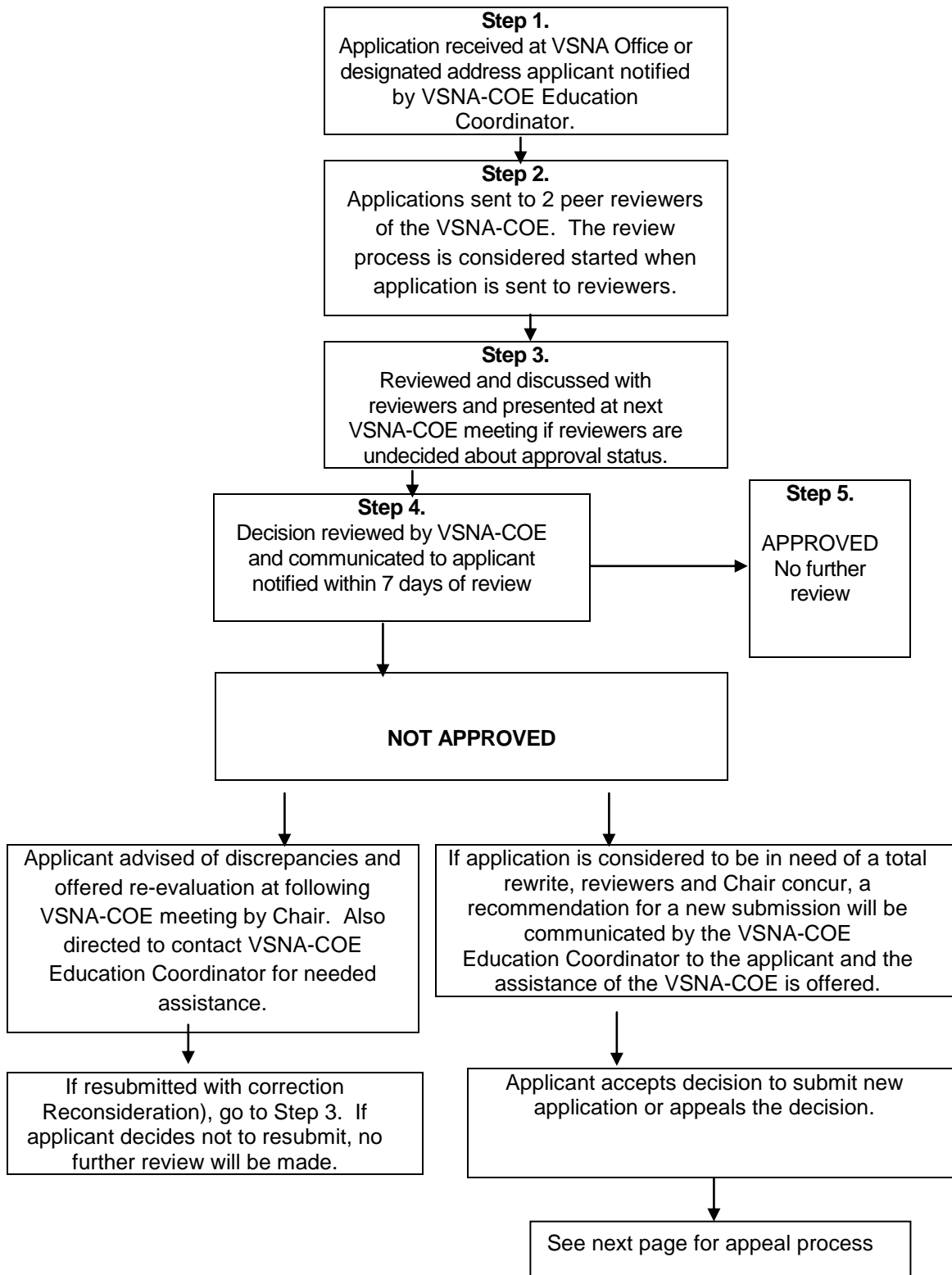
The VSNA Board of Directors shall consider properly filed final appeal at its next regularly scheduled meeting. The applicant and/or representative of the applicant may be present, at the applicant's option and expense, at the meeting at which the final appeal is heard. If the applicant and/or representative 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.

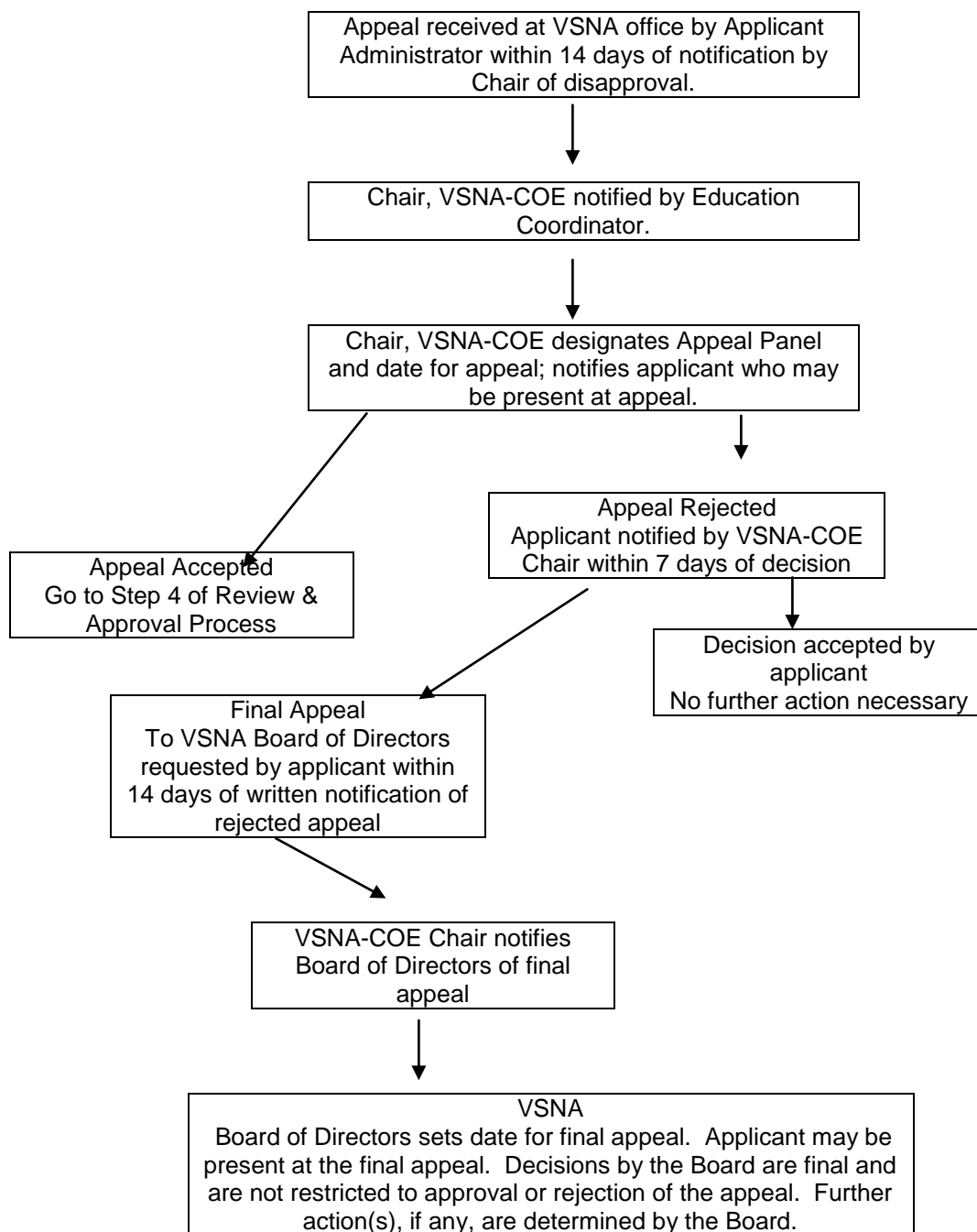
All meetings for consideration, review and action are considered confidential. Aside from VSNA-COE members, only those invited or, in the case of requested attendance, those permitted shall be in attendance. Then, these guests shall only be present for that portion of the discussion that pertains to 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 CNE 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 F

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. Self-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 G

GLOSSARY OF TERMS

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 indepth 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 nonhealthcare 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 CNE 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).

Education 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 process 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.) provided 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 whom 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 transdisciplinary.*

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 CNE 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 CNE 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 accord 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

Appendix H

Application Forms

VSNA Application for Provider Unit Approval

Faculty Directed Planning Documentation Form for Approved Provider Units

Faculty Directed Activity (Objective) Form

VSNA Biographical Data Form (2009 Criteria)

VSNA Independent Study Planning Documentation Form for Approved Provider Units

VSNA Independent Study Education Activity (Objective) Form



Vermont State Nurses Association

Application for Provider Unit Approval (2009 Criteria)

DIRECTIONS: Please review Chapter 2 of the Provider Manual for additional information to complete the provider application. Some of the information will be typed directly on the form, some will be attached. If more space is needed than provided on the form in any section, clearly identify where to find the continuation.

Submit three complete typed, collated copies of the provider unit application packet and the application fee. Each copy of the application must include a table of contents and have pages clearly numbered consistent with the table of contents. Bind your application securely. Comb binding is recommended. Please do not use 3-ring binders, rubber bands, or clips.

Demographic Data

Date of this application: _____

Name of organization: _____ Provider #: _____

Address: _____

Identify the person with whom VSNA should correspond.

Contact person: _____

Title or position: _____

Role in provider unit: Administrator Primary Nurse Planner Other (Specify)

Phone Number including area code: _____ Fax Number: _____

Email Address: _____

Does your provider unit have a website? Yes No

If yes, the address is: _____

For those provider units transferring from another approver unit:

- Name of previous provider unit: _____
- Submit a composite list of each activity from the past 6 months including title of event, date approved, date(s) presented, assigned provider number (if applicable) and number of contact hours awarded for each activity. Found on page _____.

Criterion 1: Mission Statement

The documented beliefs and goals of the provider unit reflect the importance of continuing education for nurses and the needs and characteristics of the provider unit's potential learners. The provider unit is clearly defined and, in multi-focused organizations, supported by the administrative structure.

Key Element: Beliefs and goals of the provider unit are relevant and appropriate to prospective learners.

A. Our provider unit's prospective learners are:

- Employees of our organization
- Nurses in our community
- Other: describe _____

B. To meet the needs of our prospective learners, our provider unit believes that: _____

C. The current goals of our provider unit are to: _____

Fee Schedule

Initial VSNA Provider Application	\$1,200
Renewal Provider Application	\$1,125
Late Fee if less than 90 days	\$.125
Annual Report Fee (Due April)	\$ 100
Late Fee for Annual Report	\$ 100

OFFICE USE ONLY:

Date Received _____

Check Number _____

Amt. Rec'd: _____

- D. The outcomes we hope to achieve are:
- Learner satisfaction
 - Change in participants' knowledge
 - Change in participants' practice
 - Change in patient outcomes
 - Other: describe: _____
- E. We measure achievement of these outcomes by:
- Learner satisfaction surveys
 - Testing
 - Return demonstrations
 - Performance and/or process improvement initiatives
 - Follow-up surveys of previous participants
 - Other: _____
- F. Our provider unit is:
- A free-standing organization (omit the next question)
 - Part of a larger organization: the organization does more than provide continuing education (answer the next question)
- G. The beliefs and goals of our provider unit link with the mission, goals, and purpose of the larger organization by: _____
- H. 1. If based in Vermont, the geographic range of our provider unit is (where we target more than 50% of our marketing):
- Our facility
 - Our city
 - Our county
 - Our state
 - Our region (Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island and contiguous states)
- OR
2. If based outside of Vermont, the geographic range of our provider unit is (where we target more than 50% of our marketing):
- Our facility
 - Our city
 - Our county
 - Our state
 - Our region (check www.hhs.gov/about/regionmap.html for the identification of your region plus the states contiguous to your region)
- NOTE:** If you target the marketing for more than 50% of your learning activities to people outside this region, you are NOT eligible to apply as a provider. Please contact the VSNA-COE for additional information.
- I. Our usual target audience includes:
- RNs
 - Advanced Practice RNs
 - Multidisciplinary participants
 - Other (describe) _____
- J. Our usual content areas are:
- Clinical topics: describe
 - Nonclinical topics: describe

Other: describe_____

K. The types of educational activities we typically offer include:

- Face-to-face / real-time learning (conferences, workshops, webinars, etc.)
 Independent studies

Key Element: Organizational structures and lines of authority support the operation of the provider unit.

A. An organizational chart for the provider unit is on page _____. This chart shows *both*:

- The organizational structure of the provider unit
 Names and credentials of the people in each position

B. If our provider unit is part of a larger organization, an organizational chart of the whole organization, showing how the provider unit links with the rest of the system, is on page _____.

Criterion: Educational Design

The provider unit has a clearly defined process for assessing need, planning, implementing, and evaluating continuing nursing education. Adult learning principles, professional education standards, and ethical considerations guide the way educational activities are conducted. There are procedures for protecting educational content from bias, providing learners appropriate information and documentation related to their participation, and maintaining records in a secure and confidential manner.

Key Elements: Learning activity development, implementation, and evaluation

Submit documentation for three sample activities. Each activity must be at least one hour in length. Include:

- Documentation form with all required attachments – bio forms, marketing sample, certificate, evidence of disclosures, co-provider agreement if applicable, commercial support/sponsorship agreement if applicable
- Completed reviewer(s) form(s)
- Summative evaluation

NOTE FOR FIRST TIME APPLICANTS ONLY: If you are a first time applicant for provider status, submit:

- Copies of 3 activities that have been approved by the VSNA-COE or meet the criteria for approval by the VSNA-COE
- A copy of the certificate that was given to learners for each of these 3 activities
- A summative evaluation for each of these 3 activities
- Include all required attachments – bio data forms, marketing sample, certificate, evidence of disclosures to be made, commercial support/sponsorship agreement if applicable. The marketing material and certificate should contain the provider statement that will be used by your organization once provider status has been achieved.
- The sample certificate that you will use once you become an approved provider unit. The provider statement must be included on the certificate.

Key Element: Documentation for each educational activity, as noted in the provider manual, Chapter 2, is kept in a secure, confidential, and retrievable manner for six years.

A. We assure the consistent collection of all required documents & information by using the forms provided by VSNA-COE and following the directions to include additional required information in the files.

- Yes
 No

B. We assure maintenance of all required documentation for six years through (check all that apply):

- File checklist
- Regular file audits
- Other: describe _____

C. Security of files is maintained by (check all that apply):

- Locked file cabinets
- Locked offices
- Restricted access
- Computer passwords
- Other: describe _____

D. Confidentiality of files is maintained by:

- Access only by (describe who) _____
- Following facility policy
- Other: describe: _____

E. Files can be retrieved by:

- Request of nurse planner
- Other (describe) _____

F. The physical address where files are maintained is: _____

Key Element: Co-provided activities are conducted with the approved provider maintaining responsibility for:

- Determination of educational objectives and content
- Selection of content specialist planners & activity presenter(s)
- Awarding of contact hours
- Recordkeeping procedures
- Evaluation methods and categories
- Management of sponsorship and/or commercial support

A. Our provider unit co-provides continuing education activities.

- No
- Yes (answer next question)

B. We maintain responsibility for the above activities by:

- Standard co-provider agreement signed by all parties which identifies responsibilities of each party (required)
- Additional actions, if any: _____

APIE PROCESS: Describe (or attach a page) the process of **assessment, planning, implementation and evaluation (APIE)** that you use in planning and providing CE activities. _____

Criterion: Unit Operations

The provider unit ensures the quality of continuing nursing education by following an established process involving a qualified nurse planner for developing, delivering, and evaluating the effectiveness of the educational activities it offers. Adequate resources are provided and utilized to support the provider unit's full range of functions.

Key Element: Nurse Planner

A. Our lead nurse planner is: (name and credentials) _____

B. The qualifications of our lead nurse planner include:

- BSN (required)
- Higher degree in nursing
- Higher degree in another field

- Certification in nursing professional development
 Other: describe_____
- C. The functions of the lead nurse planner are to:
 Assess, plan, implement, and evaluate continuing nursing education activities
 Oversee the work of other nurse planners
 Coordinate evaluation of the provider unit (required)
 Manage the continuing education office/department
 Other: describe_____
- D. The lead nurse planner maintains awareness of current criteria/rules through:
 Attending provider update workshops or other relative workshops
 Reading relevant journals
 Participating in internal educational activities related to the planning and review processes.
 Other: describe_____
- E. A copy of the position description for the lead nurse planner is on page _____or listed here

- F. There are additional nurse planners in our provider unit.
 No
 Yes (answer next question before proceeding to next key element)
- G. The lead nurse planner assures that other nurse planners are prepared, oriented, and updated to function in the nurse planner role by:
 Sharing information from provider update workshops
 Encouraging participation of other nurse planners in provider updates
 Sharing relevant journal articles
 Conducting regular internal workshops
 Doing inter-rater reliability analyses
 Other: describe_____

Key Element: Resources

- A. The position description, including qualifications, for the nurse planner role (in addition to lead nurse planner already addressed above (if applicable) is on page_____
- B. Names and credentials for other nurse planners are:_____
- C. Biographical forms for current nurse planners and the lead nurse planner are on pages _____.
 (Use VSNA-COE biographical form)
- D. Other key personnel in our provider unit include:
 Administrative assistant
 Reviewers (if used by the provider unit)
 Other: describe_____
- E. Names of these other key personnel (excluding reviewers) are_____
- F. Names and credentials for reviewers are: _____
- G. The position description, including qualifications, for the reviewer role is on page _____.
- H. Biographical forms for current reviewers are on pages _____.
- I. Position descriptions for other key personnel are on pages _____.

- J. Biographical form for other key personnel are on pages _____.
- K. Material resources that support the provider unit include:
 Computers and other technology support
 Adequate office space
 Conference / meeting rooms
 Other: describe _____
- L. Sources of financial support include:
 Registration fees from learners
 Internal department funding
 Funding from larger organization
 Commercial support and/or sponsorship
 Other: describe _____
- M. We anticipate that financial support for the provider unit will be sustained throughout the period of approval by:
 Continuation of above source(s) of funding
 Other: describe _____
- N. Our organization receives commercial support from companies producing or selling products that are used in patient care.
 No
 Yes (answer the following questions)
- O. The amount of commercial support that has been received during the current provider approval period is approximately \$ _____
- P. The frequency with which commercial support has been received is:
 Less than 10% of our learning activities
 10-25% of our learning activities
 26-50% of our learning activities
 51-75% of our learning activities
 76-100% of our learning activities

Key Element: Business Practices

Our provider unit complies with all applicable local, regional, state, and national laws and regulations and operates its business in an ethical manner.

Our provider unit complies with all ANCC Commission on Accreditation criteria and VSNA-COE rules as specified in the current Provider Manual.

As the nurse planner, I agree with both compliance statements listed here.

Signature of nurse planner (required): _____

Other signatures appropriate to provider unit (if any): _____

Criterion: Provider Unit Evaluation

The provider unit engages in an ongoing evaluation process to analyze its overall effectiveness in fulfilling its beliefs, goals, and functions, and in providing quality continuing nursing education. Plans and goals for the provider unit's future development in continuing nursing education are identified and re-evaluated on a regular basis.

Key Element: Provider unit evaluation process

Our sample 4-column evaluation plan includes:

- What is evaluated
- When evaluation occurs
- Who participates
- Findings (results) of most recent evaluation, including what needed changed. If no changes were needed, the rationale is stated.
- The date of the most recent evaluation.

SAMPLE PROVIDER UNIT EVALUATION PLAN

WHAT IS EVALUATED	WHEN IT IS EVALUATED	WHO PARTICIPATES	FINDINGS OF MOST RECENT EVALUATION & DATE DONE

Key Element: Provider unit evaluation participants

People who participate in evaluation of our provider unit include:

- Lead nurse planner (required)
- Other nurse planners
- Other organizational representatives (identify)
- Learners
- Faculty / content experts
- Others (describe)_____

Key Element: Provider unit evaluation results

Describe how the findings/results have been used to confirm, expand, and improve the operations of your provider unit. (What changes have you made based on these findings?) If no changes were made, explain why not. _____

Key Element: Provider unit goals for improvement

- A. The provider unit's goals for improvement over the past three years (or 6 months for first time applicants) have been addressed by:
 - Regular meetings of provider unit staff
 - Performance improvement / process improvement initiatives
 - Changes in learning activities
 - Changes in provider unit personnel and/or roles
 - Other (describe)
- B. We have made the following progress in achieving these goals: _____
- C. We have identified new goals for improvement. These are: _____
- D. Plans to achieve these new goals are: _____

Thank you for completing this application for provider unit approval. Submit the application form, along with your three sample activities, to Carol Hodges, VSNA Education Coordinator 1315 Hospital Drive PO Box 905 St. Johnsbury, Vermont 05819. You will receive confirmation that your materials have been received by the VSNA-COE and will be notified if any additional information is needed before review by the Committee on Education. Once the committee has completed the review, you will be

informed of the action on your application. See the provider manual, Chapter 1, for a more detailed explanation of this process.

Summary: Attach the following to the application:

- Organizational chart for the provider unit with names and credentials
- Organizational chart for the larger organization, showing “fit” of provider unit (if applicable)
- Description of internal review process
- Description of APIE process
- Bio forms for provider unit personnel
- Three sample activities for current provider units
- For first time applicants, three activities that were approved by VSNA-COE or meet the criteria for approval by the VSNA-COE.



**Faculty Directed Planning Documentation Form for Approved
Provider Units based on 2009 Criteria**

Note: Documentation is to be completed as part of the planning process, not retrospectively.

Demographic Data:

Date Form Completed: _____

Title of Event/learning activity: _____

Date and Location of event: _____

Contact hours to be awarded: _____

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.

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: _____

Contact Information: _____

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) : _____
 - Other: Describe: _____

- C. Describe the source of the supporting evidence for the needs assessment and target audience identification. (Check all that apply. Your provider unit 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 planner and planning committee reviewed needs assessment data.
 - Nurse planner and planning committee formulated the objectives based on the data.

- Faculty worked with nurse planner 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); 2) 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.

A. Planning Committee:

1. Designated nurse planner (responsible for adherence to ANCC/ VSNA-COE criteria):

2. This nurse planner is current on CNE criteria through:
 - Reviewed the most current VSNA-COE Provider Manual
 - Reads relevant (e.g., adult education, continuing education) journals
 - Attended VSNA-COE Provider Update conference in past year
 - Updated by Primary nurse planner for the Provider Unit.
3. Target Audience Representative (name, degrees, credentials): _____
4. Content Expert (name, degrees, credentials): _____
5. Others (name, degrees, credentials): _____
- Bio form* including conflict of interest/conflict resolution for each planning committee member is attached.

B. The nurse planner and other planning committee members are involved in the process of ensuring the quality of our continuing education activities through:

- 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. The provider unit assures that the performance of the nurse planner for this event meets the requirements of the provider unit and expectations of ANCC and VSNA-COE by:

- Oversight by the lead nurse planner
- Inter-rater reliability review if there are multiple nurse planners in the provider unit
- Participation of the nurse planner in VSNA-COE Provider Updates
- Participation of the nurse planner in updates within the organization's provider unit
- Nurse planner's response to monitoring requests from VSNA-COE
- Individual consultation and/or educational session with VSNA-COE

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

E. 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.

- F. Manner in which the needed qualifications of faculty is 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: _____
- G. 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: _____
- A.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?: _____
- 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. A contact hour is a 60 minute hour. Activities must be a minimum of 30 minutes (0.5 contact hours). 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 demonstration evaluation tool*)
- 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)
 - 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: Approved Provider 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 in the most current VSNA-COE Provider Manual.

(Name of approved provider) is an approved provider of continuing nursing education by the Vermont State Nurses Association's Committee on Education, 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—Give web site address _____
 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 provider unit
- Title & date of completion of educational activity
- Official approved provider statement (See statement listed in Key Element 6 A above)
- Number of contact hours awarded
- Provider Unit Approval Identification Number and Expiration Date of Activity

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 CNE 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 CNE 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: _____
- 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 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 planner or designee will monitor session to ensure conflict does not arise.
5. Other: Describe: _____
- C. In reviewing the bio forms did the nurse planner 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:

- 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. (*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: "Approved provider status does not imply endorsement by the provider, ANCC or VSNA-COE 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 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 or on the slides. (*Attach copy*)
- Other: Describe: _____ (*Attach copy*)

Key Element 11: Recordkeeping

- Records will be kept according to provider unit policy, as documented in the provider application.

Key Element 12: Co-providership

If not co-providing, check #A. If co-providing, 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 approved 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 documentation 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

Education Activity Form

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 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 nursing CE process 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)?

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:

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, powerpoint, etc.)
3. Other: Describe:

Section 7

Signature (optional)_____ Date: _____
Electronic Signature acceptable

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



Vermont State Nurses Association
Independent Study Planning Documentation Form
for Approved Provider Units based on 2009 Criteria

Note: Documentation is to be completed as part of the planning process, not retrospectively.

Demographic Data:

Date Form Completed: _____

Title of learning activity: _____

This activity will be accepted as an independent study for 3 months 6 months 12 months 24 months
 Other (describe) _____
 (Remember to place the expiration date on the advertising and on the directions for the activity)

Contact hours to be awarded: _____

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, top. here. An activity for nursing contact hours must be CE.

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: _____

Contact Information: _____

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): _____
- Other: Describe: _____

C. Describe the source of the supporting evidence for the needs assessment and target audience identification. (Check all that apply. Your provider unit 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 planner and planning committee reviewed needs assessment data.
 - Nurse planner and planning committee formulated the objectives based on the data.
 - Content Specialist worked with nurse planner & 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 planner); 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.

- A. Planning Committee:
1. Designated nurse planner (responsible for adherence to ANCC & VSNA-COE criteria):

 2. This nurse planner is current on CE criteria through:
 - Reviewed the most current VSNA-COE Provider Manual
 - Attended VSNA-COE Provider Update conference in past year
 - Updated by Primary nurse planner for the Provider Unit.
 3. Target Audience Representative (name, degrees, credentials): _____
 4. Content Expert (name, degrees, credentials): _____
 5. Others (name, degrees, credentials): _____
- Bio form* including conflict of interest/conflict resolution for each planning committee member is attached.
- B. The nurse planner and other planning committee members are involved in the process of ensuring the quality of our continuing education activities through:
- 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. The provider unit assures that the performance of the nurse planner for this event meets the requirements of the provider unit and expectations of ANCC and VSNA-COE by:
- Oversight by the lead nurse planner
 - Interrater reliability review if there are multiple nurse planners in the provider unit
 - Participation of the nurse planner in VSNA-COE Provider Updates
 - Participation of the nurse planner in updates within the organization's provider unit
 - Nurse planner's response to monitoring requests from VSNA-COE
 - Individual consultation and/or educational session with VSNA-COE
- D. 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. _____
 - c. _____
- Bio form* with conflict of interest, conflict resolution and off-label use declaration for each content specialist/author is attached.

- E. 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.
- F. Manner in which the needed qualifications of faculty is 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: _____
- G. 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 education activity form.
- B. What is missing (**gap** in knowledge, skills, practice based on the needs assessment) that tells you there is a need for this activity? _____
- C. **Content:** List the content for each objective in column 2 of 3 column education form. 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 3rd column of education form. 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. **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: Approved Provider 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 provider statement stands alone and is worded as noted in the most current VSNA-COE Provider Manual.

(Name of approved provider) is an approved provider of continuing nursing education by the Vermont State Nurses Association's Committee on Education 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 address _____
 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 provider unit
- Title & date of completion of educational activity
- Official approved provider statement (see statement in Key Element 6 – A)
- Number of contact hours awarded
- Provider Unit Approval Identification Number and Expiration Date of Activity

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 CNE 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 CNE 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 Planner 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.
- d. Other: Describe: _____
- E. *Signed commercial support or sponsor agreement attached.*

Key Element 9: Conflict of interest (COI)

- 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 planner 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 planner and/or planning committee suspect that there might be COI and/or bias for any planning committee members or content specialist/author?
- 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 or VSNA-COE 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

- Records will be kept according to provider unit policy, as documented in the provider application.

Key Element 12: Co-providership

If not co-providing, check A. If you are co-providing, 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 approved 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.*
- E. *Expiration date for awarding contact hours for enduring material*
 - Information provided on advertising. (Required) (*attach copy*)
 - Information provided on directions page. (Required) (*attach copy*)
 - Other: Describe: _____

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

- Bio forms for planning committee members and content specialists
- 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

Vermont State Nurses Association
Independent Study Education Activity Form

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.
		Check category of evaluation to be used: <input type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill &/or attitude change
		Check category of evaluation to be used: <input type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill &/or attitude change
		Check category of evaluation to be used: <input type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill &/or attitude change
		Check category of evaluation to be used: <input type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill &/or attitude change
		Check category of evaluation to be used: <input type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill &/or attitude change