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Ohio Nurses Association

2012-2013 Provider Manual

**For Provider Units Located Outside of Ohio**

Revised November, 2012

**Statement of Philosophy on Continuing Nursing Education**

Nurses must continually update their knowledge and skills to promote and improve health care. As professionals, nurses make a commitment to continuing education as a lifelong process. The Ohio Nurses Association (ONA) endorses the concept of planned continuing education for all nurses as one means by which nurses can maintain competence, meet the standards of practice developed by the profession, advance the discipline of nursing and facilitate professional growth.

Quality continuing education prepares the nurse to meet the challenge of rapid changes in knowledge, technology, and societal needs. We believe the *Nursing Professional Development: Scope and Standards of Practice* (ANA, 2010) guides the continuing education process for learners, educators and the Approver Unit.

ONA is committed to enhancing CE through accreditation as an approver by ANCC Commission on Accreditation and as an approver by the Ohio Board of Nursing. We believe as an approver unit that we must take into consideration the needs and characteristics of potential applicants. (Rev 3/2012)

ONA Approver Unit’s Purposes:

1. To approve individual activities and provider applications according to the ANCC Commission on Accreditation criteria and the Ohio Board of Nursing rules.
2. To set policy within the guidelines of the ANCC Commission on Accreditation, the Ohio Board of Nursing, and the Ohio Nurses Association Board of Directors.
3. To monitor the quality and consistency of the Approver Unit program. (Rev 3/2012)

**Ohio Nurses Association**

Continuing Education Department

4000 East Main Street

Columbus, OH 43213

614-237-5414

www.ohnurses.org

**2012-2013 Provider Manual**

**For Provider Units Located**

**Outside of Ohio**

Revised November, 2012



Ohio Nurses Association

4000 E. Main Street

Columbus, Ohio 43213-2983

[www.ohnurses.org](http://www.ohnurses.org)

CONTINUING EDUCATION APPROVER COUNCIL

Roster 2012

(chair) Stephanie Clubbs, MSN, RN-BC, CNS

Judy Beeler, MSN, RN

Lucinda Cave, MSN, RN, BC

Susan Copeland, MS, RN, BC

Pam Dickerson, PhD, RN-BC

Ronda Hunter, MS, RN

Pam McCabe, EdD, RN, BC

Nancy McManus, MEd, RN-BC, CGRS

Terry Pope, MS, RN

Gail Rhodes, MS, RN, OCN

Lori Starnes, MPH, RN

**Ohio Nurses Association**

**Continuing Education Department**

**Zandra Ohri, MA, MS, RN, Director (614) 448-1027, zohri@ohnurses.org**

**Sandy Swearingen, Administrative Assistant (614) 448-1030, sswearingen@ohnurses.org**

**Table of Contents**

Chapter 1 - Approved Provider Unit Process 4

Introduction 4

Defintions 4

ONA's Authority as an Approver 4

CE Chart 5

Difference between Providing and Approving 5

Who Can Be a Provider Unit? 5

Verifying Eligiblity 7

Applications and Related Policies and Process 7

Application Process 7

Review Process 7

Types of action taken by CEAC 8

Approval of Individual Activities During the Initial Application Process 8

Withdrawal and Resubmission of an Application 8

Length of Approval 8

Suspension and Revocation of Approval 9

Reconsideration and Appeal 9

Reporting of Data 9

Provider Unit Changes 9

What if These Things Happen Once Your Provider Unit is Approved? 10

Major Changes in Learning Activities 10

Repetition of Portions of Classes 10

Refresher or Reactivation Courses 10

Keeping Up to Date 10

Chapter 2 -Approval Provider Unit for Continuing Education 11

Introduction 11

Applicant and Approved Provider Responsibilites 13

Intent to Apply as a Provider Unit 13

Part One of Provider Application 13

Structural Capacity

001. Demographics 14

002. Lines of Authority and Administrative Support 14

Educational Design Process

003. Data Collection and Reporting 14

Quality Outcomes

004. Evidence 14

Approved Provider Criterion 1: Strucutural Capacity (SC) 15

Approved Provider Criterion 2: Education Design Process (EDP) 17

Approved Provider Criterion 3: Quality Outcomes (AO) 20

Part Two of the Provider Application: Individual Activity Files

For Currently Approved Provider Units 21

For First Time Applicants Only 21

Roles and Responsibilities each Provider Unit Must Follow 23

Part Three of the Provider Application: Attestation Statement

Submitting the Provider Application 27

Annual Reports 27

Schedule/Times of Activities 28

Chapter 3: Education Design Process 29

Types of Activities

Planning Process: Determining Ability to Award Contact Hours 29

Assessment of Learner Needs 30

Planning Education Activities 31

Design Principles 31

Awarding Contact Hours 33

Evaluation 33

Evaluation Methods 33

Approval Statement 33

Documentation of Completion 34

Commercial Support and Sponsorship 34

Conflicts of Interest Evaluation and Resolution 35

Conflict of Interest Decision Tree 36

Disclosures Provided to Participants 37

Recording Keeping 38

Co-Providing Continuing Nursing Education Activities 39

Chapter 4: Faculty Directed Activities for Approved Provider Units

Documentation Form and Demographics 40

Learning Needs 40

Planning Committee and Faculty/Presenters 40

Effective Design Principles 41

Contact Hours 42

Evaluation 43

Approval Statement as Noted on Advertising Material 43

Documentation of Completion/Certificate 44

Commercial Support and Sponsorship 44

Disclosures 45

Recordkeeping 46

Co-providership 47

Quality Improvement Tool 47

Chapter 5: Independent Study Activities for Approved Provider Units

Documentation Form 48

Learning Needs 48

Planning Committee and Faculty/Presenters 48

Copyright 49

Feedback Personnel 49

Effective Design Principles 49

Contact Hours 50

Effectivenes of the Independent Study 51

Contact Hour Calculation 51

Evaluation 51

Approval Statements as Noted on Advertising Material 51

Documetation of Completion/Certificate 52

Commercial Support and Sponsorship 52

Disclosures 53

Recordkeeping 54

Co-providership 55

Quality Improvement Tool 55

Independent Study Addendum 55

APPENDICES 56

[APPENDIX A – Differentiation Between Levels of Education](#_Toc223321961) 57

APPENDIX B - Organizational Chart for Provider Unit 58

APPENDIX C - Sample Position/Role Descriptions 59

APPENDIX D - Behavioral Objectives 60

APPENDIX E - Co-Providership for Approved Providers 62

APPENDIX F - Sample Disclosure Statements 66

APPENDIX G - Conflict of Interest and Resolution 67

APPENDIX H - ANCC's Content Integrity Standards for Industry Support

in Continuing Nursing Educational Activities 71

APPENDIX I - Sample Summative Evaluation 80

APPENDIX J - Glossary 81

**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 Ohio Board of Nursing (OBN) form the basis of the manual and its associated forms. The Continuing Education Approver Council of the Ohio Nurses Association (ONA) is responsible for approving provider units.

Our goal is to help you be successful in completing the provider application and providing quality continuing education. Please contact the Director of Continuing Education at ONA at 614-448-1027 at any time if you have questions or need further information.

**Definitions**

**Continuing education** **(CE)** in nursing consists of planned, organized learning experiences designed to improve the knowledge, skills and attitudes of nurses. It enhances nursing practice, education, theory development, research and administration. The outcome of continuing education should be to improve the health of the public and nurses’ pursuit of their professional career goals.

**In-service education or staff development** consists of planned instruction or training to assist the nurse to acquire, maintain and/or increase competence in fulfilling the assigned responsibilities specific to the expectations of the employer. It is designed to maintain or increase competency and 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.

**ONA’s Authority as an Approver**

The Ohio Nurses Association (OBN-001-91) 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 international in scope.

Within Ohio, the Board of Nursing approves approvers, one of which is ONA. Approved approvers have the responsibility of ensuring that approved activities and Approved Provider Units are operating according to Ohio Board of Nursing rules.

**CE Chart for ONA’s Approver Unit**

ANCC

(Accredits Approvers)

Ohio Board of Nursing

(Approves Approvers)

ONA

(Approves Providers)

Provider Unit

(Provides CE)

Provider Unit

(Provides CE)

**Difference between Providing and Approving**

ONA is authorized through both national accreditation and state approval to be an approver of continuing nursing education. Your organization, upon achieving approval as a provider unit, is authorized to assess, 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,” or “applicant” should never be used in connection with any activity your provider unit plans and presents.

**Who Can Be A Provider Unit?**

**A. 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) qualifications of:
   1. Minimum of BSN
   2. Knowledge of adult learning, ANCC Accreditation criteria, and OBN rules (see Note 1 below)
3. Have been functioning for at least six months, using accreditation criteria and Ohio Board of Nursing rules. During that time, at least three separate activities must have been planned, approved by ONA, 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. After this requirement has been completed, you may submit an “Intent to Apply as a Provider Unit” form, presuming that all other eligibility criteria have been met. (See Note 2 below)
4. Target audience\*:
5. If you are based in Ohio, you must target more than 50% of your learning activities to nurses within the states of Ohio, Pennsylvania, West Virginia, Kentucky, Indiana, Illinois, Iowa, Michigan, Minnesota, Missouri, North Dakota, South Dakota and Wisconsin. (See Note 3 below)
6. If your provider unit is based outside of Ohio, you must target more than 50% of your learning activities to nurses within the geographic range of your provider unit. Check [www.hhs.gov/about/regionmap.html](http://www.hhs.gov/about/regionmap.html) for the identification of your region plus the states contiguous to your region.
7. 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)

**B. Verifying Eligibility**

Eligibility forms are included in the last section labeled “Forms.” For first time provider applicants, review Intent to Apply as a Provider Unit – Initial Application. For currently approved provider units, review the Intent to Reapply as a Provider Unit – Currently Approved Provider. Reviewing the applicable form will help you determine if your organization is eligible to be a provider unit. This form must be submitted to and reviewed by the Director of Continuing Education prior to submitting a provider application. Please contact ONA’s Director of Continuing Education with any questions about this process.

**Note 1**

**Additional Information about Nurse Planner**. The Nurse Planner must be a currently licensed registered nurse with a minimum of a baccalaureate degree in nursing. In some organizations there may be more than one Nurse Planner. One Nurse Planner should then be selected/identified as the Primary 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; and
* To guarantee that ANCC Accreditation Program criteria [and OBN 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 Nurse Planners. These other nurses do not have the same responsibilities, accountabilities or educational requirements as the Nurse Planners. They are only responsible for participating in the planning of one particular educational event. (2013 ANCC Primary Accreditation Application Manual, 2011)

**Note 2**

For those organizations approved or accredited as a provider through another OBN approver or ANCC, please contact the Director of the Continuing Education Department for a variation on this requirement.

**Note 3**

If your target audience is broader than the areas identified above in #4, you are not eligible to apply to be an Approved Provider Unit through ONA. Please contact the ANCC Accreditation Program to apply for accreditation as a provider unit.

Activities offered over the internet are usually considered to be targeted to nurses in multiple regions covering more states than listed in item A-4A.

If you offer activities over the internet and they are targeted to an area outside the geographical region listed in item A-4A, then you need to apply to ANCC Accreditation Program as an accredited 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 in Appendix H, p. 79. A “commercial interest” is any entity 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 Unit 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 Unit. In this case ONA would expect that the Approved Provider Unit would have an adequate corporate firewall in place to prohibit any influence or control by the “sister company” over the continuing education program.

**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 feel that you meet these criteria, submit the form "Intent to Apply as a Provider Unit - Initial Application" as found on the web site ([www.ohnurses.org](http://www.ohnurses.org), click on Education, click on becoming an approved provider). Submit this form to the Director, Continuing Education, at ONA at least 3 months prior to when you plan to submit the provider application.

Once the Director, Continuing Education, notifies you that you are eligible, prepare and submit the provider application. Applications are accepted at any time of the year.

**Step 1**

**For currently Approved Provider Units through ONA:**

Submit the form "Intent to Reapply as a Provider Unit - Currently Approved Provider Unit" as soon as you receive the reminder notice (sent six months prior to your expiration date). (You can also find at the end of the manual in the “Forms” section).

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. THE PAGES NEED TO BE COLLATED. Bind your application securely. Comb binding or spiral binding is recommended. Please do not use large 3-ring binders, rubber bands, staples or clips.

To be accepted for review, all applications MUST be submitted on current ONA 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 reviewed at meetings of the Continuing Education Approver Council (CEAC). The CEAC meets about every eight weeks. You may call ONA staff for the meeting dates. In order to be reviewed at a particular meeting, applications must be submitted at least 30 days prior to the meeting date.

**B. Review Process**

**Step 1**

You will be notified by email that your application has been received at ONA. A preliminary review will be conducted, and you will be advised that the application is complete or that additional information is needed. If you are a first-time provider, you will be assigned an application number. This application number is very important and MUST be included on any subsequent correspondence or additional material related to your provider application. Once you have been approved as a provider, this application number becomes your provider number. For currently approved providers seeking re-approval 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 members of the CEAC for review. Reviewers independently assess your provider application and prepare comments for discussion at the next CEAC meeting.

**Step 3**

The two reviewers who have assessed your provider application discuss their findings at the CEAC meeting and present a recommendation for action to the full Council. The Council takes action as noted below. You will be notified in writing as to the action of the Council. If further information is needed, a specific due date will be set for return of the information to ensure follow-up discussion and action at the next CEAC meeting.

**Step 4**

One copy of your entire application, all correspondence to and from you related to the application, the CEAC review forms, and meeting minutes reflecting discussion and action on your application are kept on file at ONA for six years. Only authorized personnel have access to the files. Accreditation and regulatory bodies such as the ANCC Accreditation Program and the Ohio Board of Nursing may review files.

As you proceed through the approval process, help is available. Phone calls or email to the ONA staff 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 CEAC**

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 CE 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 CEAC can confer approval for the remainder of the three year approval period or deny approval.

4. **Denial of Approval** occurs when written application materials indicate that your provider unit:

1. Is not in adherence with the criteria of the ANCC Accreditation Program, the rules of the Ohio Board of Nursing, and/or requirements of the ONA approval process and will not be able to adhere within an identified period of time; or
2. Has not demonstrated adherence to or improvement in relation to CEAC 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 CE applications must be submitted to ONA 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 completion of the approval process without prejudice to any future applications. The provider unit applicant must notify the ONA Continuing Education Department in writing of the decision to withdraw the application. One complete application and a copy of all correspondence will be kept on file in the ONA 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, 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 CE activities without submitting documentation forms for individual activities to ONA. However, the ONA criteria must be met by the provider unit for each individual CE activity. Documentation of meeting the criteria must be done on the CE planning documentation forms included with this manual.

#### G. 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 CEAC of written complaints or charges by consumers or others;
3. Refusal to comply with an investigation by the CEAC;
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.

#### H. Reconsideration and Appeal

If your organization does not agree with the CEAC decision of suspension, revocation or denial, you may appeal the decision in writing within ten business days of the date the notification is sent. Applicants may not appeal eligibility requirements, criteria or rules upon which the Approver Unit program is based, the scoring rubric, the setting of passing scores, or the reviewers’ conclusions regarding the evaluation of the applicant’s written documentation.

The applicant must submit an appeal in writing within ten business days of the notification of the adverse decision being sent. The appeal must briefly state the reason(s) the applicant contests the decision. There is a nonrefundable appeal fee. For further information about the appeal process, please contact the Nurse Peer Review Leader (the Director of Continuing Education) at ONA.

## I. Reporting of Data

Approved Provider Units will be asked to submit annual survey data and periodic monitoring requests. (An example of a monitoring request will be a review of an activity documentation file mid-approval cycle). ***Failure to respond to monitoring requests will result in suspension of approval as a Provider Unit.***

#### J. Provider Unit Changes

Must notify ONA in writing, within seven business days of the discovery or occurrence of the following:

* Significant changes or events that impair their ability to meet or continue to meet Accreditation Program requirements or that make them ineligible for Approved Provider status
* Loss of status as a state nurses association of the ANA
* Any event that might result in adverse media coverage related to the delivery of CNE
* Change in commercial interest status

The Primary Nurse Planner or designee must notify ONA, in writing and within 30 days, of any change within the Approved Provider organization, including but not limited to:

* Changes that alter the information provided in the Approved Provider application, including change of address or name
* A decision not to submit a provider application after the intent to apply is approved
* Change in Primary Nurse Planner or suspension, lapse, revocation, or termination of the Primary Nurse Planner’s registered nursing license
* Change in Nurse Planners or suspension, lapse, revocation, or termination of any of the Nurse Planners registered nursing licenses
* Change in ownership
* Indication of potential instability (e.g., labor strike, reduction in force, bankruptcy) that may impact the organization’s ability to function as an Approved Provider

**What if These Things Happen Once Your Provider Unit is Approved?**

## A. 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 ONA staff.

## B. 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 CE form that learners may attend one or more sessions. (**Just as a note:** You might also wish to include the information on the advertising material.)

3. On the certificate, identify the sessions the learner attended, the date and the contact hours awarded for those sessions (e.g., “Learner name successfully completed Critical Care Course Sessions 1 Acute Respiratory Disease, 5 Congestive Heart Failure, & 7 MI on date.”).

**C. Refresher or Reactivation Courses**

“Contact hours may not be awarded for review or refresher courses that focus on functioning in a particular facility or reinforcing basic knowledge. However, contact hours may be awarded for refresher courses that provide nurses re-entering the job market with advanced knowledge or a new skill set required to function in the role as RN.” (2013 ANCC Primary Accreditation Application Manual for Providers and Approvers, 2011, p. 20)

**D. Keeping Up to Date**

It is the responsibility of the Nurse Planners to stay up to date with the most current OBN rules ANCC Accreditation criteria. You can do this by:

1. Attending the annual Provider Update Conference presented by ONA. (**Note**: Attendance is strongly encouraged as new criteria, new rules, interpretations, and other information will be provided.)
2. Reviewing the Provider Newsletters.
3. Reviewing the most current Provider Manual.
4. Reviewing the ONA, Approved Provider – Existing Provider Unit Resources - on the website ([www.ohnurses.org](http://www.ohnurses.org)), Education. **Note:** Updates will be posted here periodically.
5. Contacting the Director, Continuing Education, at ONA with any questions.
6. Primary Nurse Planners are responsible for incorporating all criteria and rules changes on the specified date within their provider units.

**F. Other Questions or Concerns?**

If other issues arise that generate questions, please contact the Nurse Peer Review Leader (ONA’s Continuing Education Director), 614-448-1027 ([zohri@ohnurses.org](mailto:zohri@ohnurses.org)) or her assistant at 614-448-1030. ([sswearingen@ohnurses.org](mailto:sswearingen@ohnurses.org)).

**Chapter 2 - Approved Providers**

*(Adapted with permission from the 2013 ANCC Primary Accreditation Application Manual for Providers and Approvers)*

This chapter outlines the application requirements for providers approved by the Ohio Nurses Association to offer CNE, including the criteria for submitting the narrative component of the application and the application process. This chapter includes both the criteria of the ANCC Accreditation Program and the Ohio Board of Nursing rules.

The chapter is divided into several sections:

* Introduction
* Eligibility in general
* Applicant and Approved Provider Responsibilities
* Intent to Apply as a Provider Unit
* Provider Application
* Organizational Overview (OO)
* Approved Provider Criterion 1: Structural Capacity (SC)
* Approved Provider Criterion 2: Educational Design Process (EDP)
* Approved Provider Criterion 3: Quality Outcomes (QO)
* Roles and Responsibilities
* Attestation Statement
* Individual Activity Files
* Submission of the Provider Application
* Mid Cycle Submission of an Individual Activity
* Annual Reporting
* Schedule/Timeline of Activities

**Introduction**

**Provider Unit**

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

**multi-focused organization (MFO)**

An organization that exists for other purposes in addition to providing CNE.

**primary nurse planner** A currently licensed RN with a baccalaureate degree or higher in nursing who is designated as the Primary Nurse Planner and serves as the liaison between the Ohio Nurses Association and the Approved Provider Unit.

**nurse planner**

A currently licensed RN with a baccalaureate degree or higher in nursing who is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity. The Nurse Planner is responsible for ensuring that appropriate educational design principles are used and processes are consistent with the requirements of the ANCC Primary Accreditation Program.

**key personnel**

Individuals who contribute to the overall functioning of the Provider/Approver Unit in a substantive, measurable way, without regard to pay or employment status.

An Approved Provider is comprised of the members of the organization who support the delivery of continuing nursing education activities. The **Provider Unit** may be a single focused organization devoted to offering continuing nursing education activities or a separately identified unit within a larger organization. If the Provider Unit is within a larger organization, the larger organization is defined as a **multi-focused organization** (MFO). (For example, the Provider Unit may be placed within the Education Department of a hospital or school of nursing.)

The applicant applying for approval is the Provider Unit (PU). The MFO organization is not the applicant. Within a MFO organization, the Provider Unit structure must be identified with clear lines of authority and be clearly delineated for accountability and responsibility. Therefore, all criteria that pertain to the applicant are demonstrated by the functions of the **Primary Nurse Planner**, **Nurse Planners** (if applicable), and **key personnel** of the PU. Provider Units assess learners’ needs and plan, implement, and evaluate CNE activities according to Ohio Nurses Association’s guidelines, which are based on ANCC accreditation criteria and Ohio Board of Nursing rules. Provider Units are responsible for developing individual education activities and awarding contact hours to nurses for use in fulfilling their own goals for professional development, licensure, and certification.

Each educational activity is led by a Nurse Planner in collaboration with at least one other planner. Contact hours may not be awarded for CNE activities developed without the direct involvement of a Nurse Planner. Provider Units may co-provide activities, but they may not approve activities. (See page 43 in Chapter 3 and Appendix E, page 72, for more detail.)

To be eligible to apply for Approved Provider status, an organization must: (Refer to p. 5 or more detail about eligibility)

* Be one of the following:
* State Nurses Association of the American Nurses Association
* College or University
* Healthcare Facility
* Health-Related Organization
* Multidisciplinary Educational Group
* Professional Nursing Education Group
* Specialty Nursing Organization
* Be administratively and operationally responsible for coordinating the entire process of planning, implementing, and delivering CNE
* Identify one Nurse Planner who will act as the Primary Nurse Planner and serve as the liaison between Ohio Nurses Association and the Approved Provider Unit
* Have a Primary Nurse Planner who holds a current, valid license as an RN and a baccalaureate degree or higher in nursing
* Have a Primary Nurse Planner who has authority within the organization to ensure compliance with ONA’s guidelines in the provision of CNE
* Have a Primary Nurse Planner who is responsible for the orientation of all Nurse Planners and key personnel in the organization to ONA’s guidelines
* Ensure that all other Nurse Planners in the Approved Provider Unit hold current, valid licenses as RNs with a baccalaureate degree or higher in nursing
* Ensure that each CNE activity has a qualified Nurse Planner who is an active participant in the planning, implementing, and evaluation process
* Be operational for a minimum of six months prior to application
* **Initial applicants** must have completed the process of assessment, planning, implementation, and evaluation for at least three separate educational activities provided at separate and distinct events:
* With the direct involvement of a Nurse Planner
* That adhered to ONA’s guidelines
* That were each a minimum of one hour (60 minutes) in length
* That were not co-provided
* That were approved by ONA and presented
* *Not* be a commercial interest as defined in the glossary and the American Nurses

Credentialing Center’s Content Integrity Standards for Industry Support in Continuing

Nursing Educational Activities

* Marketing the majority (>50%) of their CNE activities to nurses in their *local geographic region*; if marketing >50% of their CNE activities to nurses in multiple regions, or in states other than those within or contiguous to a single region, they may not be an **Approved** Provider and must apply to ANCC as an **Accredited** Provider through the accreditation process (based on the DHHS regions: <http://www.hhs.gov/about/regions>)
* Be in compliance with all applicable federal, state, and local laws and regulations that affect the organization’s ability to meet ONA’s guidelines
* Disclose previous denials, suspensions, and/or revocations

**Applicant and Approved Provider Responsibilities**

* Must be in compliance with all applicable federal, state, and local laws and regulations that affect the organization’s ability to meet ONA’s guidelines
* Must identify a Primary Nurse Planner who holds overall responsibility for Approved Provider Unit compliance with ANCC criteria and OBN rules
* Must identify a Primary Nurse Planner who is responsible for orienting Nurse Planners and key personnel to ONA’s guidelines
* Must ensure that a Nurse Planner is an active participant in the planning, implementing, and evaluation of each educational activity
* Must ensure that Planning Committees have a **minimum** of a Nurse Planner and one other planner to plan each educational activity; the Nurse Planner is knowledgeable about the CNE process and is responsible for adherence to ONA’s guidelines; one planner needs to have appropriate subject matter expertise for the educational activity being offered

* Must ensure that the Nurse Planner is responsible for ensuring completion and review of Biographical/Conflict of Interest forms by each Planning Committee member, planner, faculty, presenter, author, and content reviewer, to ensure appropriate qualifications and evaluation of actual or potential bias
* Must notify ONA in writing, within seven business days of the discovery or occurrence of the following:
* Significant changes or events that impair their ability to meet or continue to meet Accreditation Program requirements or that make them ineligible for Approved Provider status
* Loss of status as a state nurses association of the ANA
* Any event that might result in adverse media coverage related to the delivery of CNE
* Change in commercial interest status
* The Primary Nurse Planner or designee must notify ONA, in writing and within 30 days, of any change within the Approved Provider organization, including but not limited to:
* Changes that alter the information provided in the Approved Provider application,
* including change of address or name
* A decision not to submit a provider application after the intent to apply is approved
* Change in Primary Nurse Planner or suspension, lapse, revocation, or termination of the Primary Nurse Planner’s registered nursing license
* Change in Nurse Planners or suspension, lapse, revocation, or termination of any of the Nurse Planners registered nursing licenses
* Change in ownership
* Indication of potential instability (e.g., labor strike, reduction in force, bankruptcy) that may impact the organization’s ability to function as an Approved Provider

**Intent to Apply as a Provider Unit**

Each organization who wishes to become an Approved Provider Unit or who wishes to apply again as a provider unit must first complete and submit an intent to apply or re-apply. The Director of Continuing Education will review your intent form and notify you if you are eligible to apply to ONA as a provider unit. Once you receive approval, you may begin working on the provider application. The Intent to Apply or Re-apply form should be submitted at least three months prior to submitting the provider application.

**PART ONE of Provider Application**

The following four sections are required written documentation for new Approved Provider Unit applicants and those organizations currently approved as provider units and reapplying to maintain their status:

* Organizational Overview (OO)
* Approved Provider Criterion 1: Structural Capacity (SC)
* Approved Provider Criterion 2: Educational Design Process (EDP)
* Approved Provider Criterion 3: Quality Outcomes (QO)

**Note:** All documents will be reviewed for adherence to Accreditation criteria, OBN rules and ONA’s guidelines at the time educational activities were planned, implemented, and evaluated.

**Approved Provider Organizational Overview**

The Organizational Overview (OO) is an essential component of the application process that provides a context for understanding the Approved Provider Unit/organization. The applicant must submit the following documents and/or narratives:

**Structural Capacity**

**OO1. Demographics**

* Submit a description of the features of the Approved Provider Unit, including but not limited to scope of services, size, geographical range, target audience(s), content areas, and the types of educational activities offered. If the Approved Provider Unit is part of a multi-focused organization, describe the relationship of these scope dimensions to the total organization.

**OO2. Lines of Authority and Administrative Support**

**position description**

description of the functions specific to the role of Lead Nurse Planner, Nurse Planner, Nurse Peer Review Leader, Nurse Peer Reviewers, and Key Personnel that relate to the Provider Unit

* Submit a **list** of the names, credentials, positions, and titles of the Primary Nurse Planner, other Nurse Planner(s) (if any), and all key personnel in the Approved Provider Unit.
* Submit **position descriptions** of the Primary Nurse Planner, Nurse Planners (if any), and key personnel in the Approved Provider Unit. Position descriptions should be specific to your role in the provider unit, not your “job description”, unless they are the same. See examples in the appendix.
* Submit a **chart** depicting the structure of the Approved Provider Unit, including the Primary Nurse Planner, other Nurse Planner(s) (if any), and all key personnel.
* If part of a larger organization, submit an organizational chart, flow sheet, or similar kind of image that depicts the organizational structure and the Approved Provider Unit’s location within the organization.

**Educational Design Process**

**OO3. Data Collection and Reporting**

Approved Provider organizations report data, at a minimum, annually to ONA:

* Submit a complete list of all CNE offerings provided in the past 12 months, including activity dates; titles; target audience; total number of participants; number of contact hours offered for each activity; co-provider status; and any sponsorship or commercial support, including monetary or in-kind amount;
* *New applicants: Submit a list of the CNE offerings approved by ONA and provided within the past 12 months. If available, include the items listed above* *and the assigned ONA number.*

**Quality Outcomes**

**OO4. Evidence**

* List Approved Provider Unit’s strategic goals with respect to CNE for the past 12 months. (**Note**: These goals should not include goals for orientation, in-services or staff development.) Submit a list of the quality outcome measures the Approved Provider Unit collects, monitors, and evaluates specific to the Approved Provider Unit. Examples of outcome measures include, but are not limited, to the following:
* Cost savings for customers
* Cost savings for Provider Unit
* Volume of participants in educational activities
* Volume of educational activities provided
* Satisfaction of staff and volunteers
* Satisfaction of learners
* Satisfaction of faculty
* Change in format of CNE activities to meet the needs of learners
* Change in operations to achieve strategic goals
* Operational improvements
* Quality/cost measures
* Turnover/vacancy for Provider Unit staff and volunteers
* Professional development opportunities for staff and volunteers
* Submit a list of the quality outcome measures the Approved Provider Unit collects, monitors, and evaluates specific to Nursing Professional Development. Examples of outcome measures include but are not limited to the following:
* Professional practice behaviors
* Leadership skills
* Critical thinking skills
* Nurse accountability
* Nurse competency
* High-quality care based on best-available evidence
* Improvement in nursing practice
* Improvement in patient outcomes
* Improvement in nursing care delivery

**Note:** New applicants should develop and submit with their application a list of strategic goals for the Initial three years after achieving approval and a list of quality outcome measures that will be collected, monitored, and evaluated.

Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

All of the remaining criteria ask you for descriptions and examples.

1. Your narrative should clearly and concisely describe your process for addressing the criteria so the reviewer will have a clear picture of what you do in relation to the criterion listed.
2. Your example should describe one instance where the process was implemented.

**Approved Provider Criterion 1: Structural Capacity (SC)**

The capacity of an Approved Provider Unit is demonstrated by commitment, identification and responsiveness to learner needs, continual engagement in improving outcomes, accountability, leadership, and resources. Applicants will write narrative statements that address each of the criteria under Commitment, Accountability, Leadership, and Resources to illustrate how structural capacity is operationalized.

**Commitment.** The Primary Nurse Planner demonstrates commitment to ensuring RNs’ learning needs are met by evaluating Approved Provider Unit goals in response to data that may include but is not limited to aggregate individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

Describe and, using an example, demonstrate:

**SC 1.** The Primary Nurse Planner’s (PNP) commitment to learner needs, including how Approved Provider Unit processes are revised based on data.

**Note**: This item relates to the overall functioning of the provider unit and the PNP’s commitment to learner needs, not specifically to the individual activity planning. Examples might include suggestions based from multiple requests; discussions to increase attendance opportunities at CE events – done by offering more classes convenient to the night shift; offering podcasts; getting commercial support or sponsorship to be able to get national speakers, etc.

Questions to consider might include:

* How do you as the PNP use feedback from your learners to change or improve PU processes or learning activities?
* How do you know what your learners want?
* What do you do about it?

*Complete SC2 only if Provider Unit is part of a larger organization.*

**SC 2.** How the organization’s leadership is committed to supporting the goals of the Approved Provider Unit.

**Questions to consider might include:**

* How does your organization (your manager) allocate material, financial and human resources for the provider unit?
* Does your organization support your participation in events such as the Provider Update or other activities which support your staying up to date with criteria?
* How does your organization help your provider unit achieve your goals?
* How does your organization assist you in maintaining the integrity of your provider unit?

**Accountability.** The Primary Nurse Planner is accountable for ensuring that all Nurse Planners and key personnel in the Approved Provider Unit adhere to the ANCC accreditation criteria.

Describe and, using an example, demonstrate:

**SC3.** How the Primary Nurse Planner ensures that all Nurse Planner(s) and key personnel of the Approved Provider Unit maintain adherence to the ANCC accreditation criteria.

Examples might include first we orient new Nurse Planners, then have them work with a preceptor, and then monitor their performance to ensure adhering to the criteria; sharing Provider Newsletters; becoming certified as a Nursing Professional Development Specialist; description of how keep up to date with the criteria and rules; etc.

**Questions to consider might include:**

* As the PNP, how do you orient new people to your PU
* How do you keep them updated?
* How do you ensure they are doing the right things?
* How do you ensure that key personnel have the knowledge they need to function (e.g. secretaries, administrative assistants, IT personnel, content reviewers, etc.)

**SC 4.** How the Primary Nurse Planner is accountable for resolving issues related to providing CNE.

**Questions to consider might include:**

* Think about the common questions or situations that may occur day to day.
* How do you handle problems that arise in a PU?

**Leadership.** The Primary Nurse Planner demonstrates leadership of the Approved Provider Unit through direction and guidance given to individuals involved in the process of assessing, planning, implementing, and evaluating CNE activities in adherence to ANCC accreditation criteria.

Describe and, using an example, demonstrate:

**SC 5.** How the Primary Nurse Planner ensures that every Nurse Planner maintains accreditation standards and guides the Planning Committee or team for an individual educational activity.

Examples might include monitoring every third activity that each Nurse Planner plans; having a Nurse Planner Education Committee that reviews what has happened in the past month and what is occurring in the next month in relation to planning and documentation; how keep self up-to-date on the criteria if you are the sole Nurse Planner, etc.

**Questions to consider might include:**

* How do you as the PNP make sure that you maintain standards and rules?
* If there are other Nurse Planners, how do you ensure that they maintain criteria & rules?
* How do you as the PNP assume leadership for supporting the other Nurse Planners in individual activity planning,

**SC 6.** How the Nurse Peer Review Leader (NPRL) of ONA’s Accredited Approver Unit (Director, Continuing Education) is used as a resource for the Primary Nurse Planner and/or other Nurse Planner(s) in the Approved Provider Unit.

**Questions to consider might include:**

* Who is your NPRL?
* Under what circumstances would you contact her? Have you ever done so?
* What resources do you use that are provided by the NPRL that are helpful to you (e.g., email, call, newsletter, website, updates, etc.)

**Resources.** The Primary Nurse Planner advocates for and utilizes available human, material, and financial resources to ensure that the Approved Provider Unit achieves its goal of meeting identified quality outcome measures.

Describe and, using an example, demonstrate:

**SC 7.** How the Primary Nurse Planner advocates for resources to ensure that the Approved Provider Unit achieves its goals related to quality outcome measures.

**Questions to consider might include:**

* What is the process to advocate for resources to help you achieve your goals? For example, updated AV equipment, more or different personnel, etc. – the things that you need to move your provider unit forward.
* Does the provider unit have a budget?
* Have you requested/advocated for additional human, material and financial resources for the provider unit?
* Do you have input into the budget process?

**Approved Provider Criterion 2: Educational Design Process (EDP)**

The Approved Provider Unit has a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating CNE. CNE activities are designed, planned, implemented, and evaluated in accordance with adult learning principles, professional education standards, and ethics.

Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit

Examples for the narrative component of the provider application (EDP 1-13) may be chosen from but are not limited to those contained in the submitted activity files. Evidence must demonstrate how the Approved Provider Unit complies with each criterion.

All of the remaining criteria ask you for descriptions and examples.

1. Your narrative should clearly and concisely describe your process for addressing the criteria so the reviewer will have a clear picture of what you do in relation to the criterion listed.
2. Your example should describe one instance where the process was implemented.

**Assessment of Learning Needs.** CNE activities are developed in response to, and with consideration for, the unique educational needs of the target audience.

Describe and, using an example, demonstrate each of the following:

**EDP 1.** The Nurse Planner’s methods of assessing the current learning needs of the target audience.

* Examples might include annual needs assessment, review of literature, QI data, review of summative evaluations, requests from learners or management, organizational initiatives, etc.

**EDP 2.** How the Nurse Planner uses data collected to develop an educational activity that addresses the identified gap in knowledge, skills, and/or practices.

**Questions to consider might include:**

* How do you use the data collected above to determine the gap in where the learners are now and where they should be. This gap is in knowledge, skills, attitude and/or practice. This gap will then be used to create an activity and determine your outcome.
* Remember: Addressing the gap should help to improve nursing practice and professional development

**Planning.** Planning for each educational activity must include one Nurse Planner and one other planner. One of the planners must have appropriate subject matter expertise for the educational activity.

Describe and, using an example, demonstrate each of the following:

**EDP 3.** The process used to select a planning team/committee for an educational activity, including why an individual member was chosen.

**EDP 4.** The process used to identify all actual and potential conflicts of interest for all members of the Planning Committee, presenters, authors, and content reviewers.

**Note**: Refer to the appendix on COI and the bio form

**EDP 5.** The process for resolution of an actual or potential conflict of interest and the outcome achieved.

**Note**: Refer to the appendix on COI and the bio form

**EDP 6.** The process utilized during the *planning phase* of the educational activity to determine how participants will successfully complete the learning activity.

**Questions to consider might include:**

* Think about why you would select a particular criterion for successful completion. Examples of criteria for successful completion might include attendance, passing a post-test, completing an evaluation, returning a demonstration, etc.
* Do you ever award partial credit? Under which instances have you done so?

**Design Principles.** The educational design process incorporates measurable educational objectives, best-available evidence, and appropriate teaching methods.

Describe and, using an example, demonstrate each of the following:

**EDP 7.** How measurable educational objectives are developed that address the change in nursing practice or nursing professional development.

**Questions to consider might include:**

* How do your objectives address the gap in knowledge, skills, attitude and/or practice?
* How do your objectives achieve your outcomes for any activity?
* How do you ensure that your objectives are measurable and learner centered?

**EDP 8.** How the content of the educational activity is selected based on best-available current evidence (e.g., clinical guidelines, peer-reviewed journals, experts in the field, etc.)

**Questions to consider might include:**

* How do you ensure that the content is really CE?
* How do you know the content is based on the best available current evidence? (It’s not outdated information.)
* How are you validating that the faculty/authors are using the best-available current evidence?
* Have you ever used a content reviewer to evaluate content to ensure best-available evidence will be presented?
* How do you know that the faculty/authors have the qualifications to address the topic?

**EDP 9.** How content integrity is maintained for CNE activities, including what precautions are taken to prevent bias and how those precautions are implemented.

**Questions to consider might include:**

* How do you maintain content integrity?
* What steps do you take to prevent bias?
* Have you used a content reviewer to evaluate bias?
* Have you ever monitored/observed/proctored an event to evaluate if there was bias?
* Have you ever had a speaker promote his/her book, company, products? If this happened, what did you do? What would you do if it did?

**EDP 10.** In the presence of commercial support/sponsorship, how additional precautions are taken to maintain content integrity for CNE activities, including what precautions are taken to prevent bias and how those precautions are implemented.

**Note:** If the applicant or Approved Provider **never** accepts commercial support/sponsorship, do not provide a narrative for EDP10, simply state that you never receive commercial support or sponsorship, and proceed to EDP11.

**Note**: Refer to appendix to review commercial support/sponsorship.

**Questions to consider might include:**

* How do you make sure that commercial support or sponsorship doesn’t interfere with the quality of the content?
* Have you ever monitored/observed/proctored an event to evaluate if there was bias or violation of content integrity when commercial support or sponsorship was provided?
* What do you say in your commercial support or sponsor agreements regarding content integrity and bias?
* Have you ever had to take additional steps to ensure that commercial support or sponsorship didn’t bias the content?

**EDP 11.** How teaching methods were chosen that are appropriate to achieve the purpose and objectives of the CNE activity.

**Questions to consider might include:**

* Based on your needs assessment, gap analysis, outcome statement, how did you select the teaching methods for your activities?
* How did you think these teaching methods would contribute to nursing practice and professional development?
* How do you engage learners in active participation and how do you give feedback to your learners?
* How do you ensure that the objectives, content and teaching methods are congruent with each other?

**Achievement of Objectives**. A clearly defined method that includes learner input is used to evaluate the effectiveness of each educational activity. Results from the activity evaluation are used to guide future activities.

Describe and, using an example, demonstrate each of the following:

**EDP 12.** How summative evaluation data for an educational activity were used to guide future activities.

**Questions to consider might include:**

* How do you collect evaluation data? How do you summarize it in a way that is useful?
* What do you do with that data then? Who is involved in taking this data and developing future activities**?**

**EDP 13.** How evaluation data were collected to measure change in nursing practice or nursing professional development.

**Questions to consider might include:**

* How does your method of collecting evaluation data relate to your needs assessment, gap analysis and desired outcome?
* How do you relate this data to the outcome related to change in nursing practice or nursing professional development?
* Short term evaluation methods might include evaluation form, post-test; return demonstration, Q&A, case study analysis, role play, etc.
* Long term evaluation methods could include quality improvement performance measures, anecdotal reports from managers, follow-up survey, self-reported changes in practice, observation of performance, increased patient satisfaction measures, etc.

**Approved Provider Criterion 3: Quality Outcomes (QO)**

The Approved Provider Unit engages in an ongoing evaluation process to analyze its overall effectiveness in fulfilling its goals and operational requirements to provide quality CNE.

Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

All of the remaining criteria ask you for descriptions and examples.

1. Your narrative should clearly and concisely describe your process for addressing the criteria so the reviewer will have a clear picture of what you do in relation to the criterion listed.
2. Your example should describe one instance where the process was implemented.

**Approved Provider Unit Evaluation Process.** The Approved Provider Unit must evaluate the effectiveness of its overall functioning as an Approved Provider Unit.

Describe and, using an example, demonstrate each of the following:

**QO1.** The process utilized for evaluating effectiveness of the Approved Provider Unit in delivering quality CNE.

**Questions to consider might include:**

* What is your plan to evaluate effectiveness of the provider unit beyond evaluating individual activities?
* What is included when evaluating the effectiveness of the provider unit? What do you evaluate? How often are these components evaluated?
* How do you measure the effectiveness of the provider unit?

**QO2.** How the evaluation process for the Approved Provider Unit resulted in the development or improvement of an identified quality outcome measure. (Refer to identified quality outcomes list in OO4.)

**Question:** What were the results of your internal evaluation process?

**Approved Provider Unit Evaluation Participants.** The Approved Provider Unit shall include a variety of stakeholders, comprising those with a vested interest in Approved Provider Unit outcomes, in the evaluation process.

Describe and, using an example, demonstrate:

**QO3.** Why the Approved Provider Unit selects specific stakeholders to participate in the evaluation process.

**Questions to consider might include:**

* Who are your stakeholders (e.g. learners, faculty/authors, administrators, Nurse Planners, key personnel, external interested parties, etc.)?
* What value do you see that they can add to your provider unit?

**Approved Provider Unit Quality Outcome Measures.** The Approved Provider Unit must demonstrate quality improvement efforts including identifying strategies for working on targeted goals, evaluating progress toward goals, and revising or establishing new goals.

Describe and, using an example, demonstrate:

**QO4.** How input from stakeholders resulted in development of or an improvement in quality outcome measures for the Approved Provider Unit. (Refer to identified quality outcomes list in OO4.)

**Note**: This is improvement in the PU itself, not the individual activities.

**Value/Benefit to Nursing Professional Development.** The Approved Provider Unit shall evaluate data to determine how the Approved Provider Unit, through the learning activities it has provided, has influenced the professional development of its nurse learners.

Describe and, using an example, demonstrate:

**QO5.** How, over the past 12 months, the Approved Provider Unit has enhanced nursing professional development. (Refer to identified quality outcomes list in OO4.)

**Note**: The response to this question is dependent upon what you wrote in 004.

**PART TWO of the Provider Application: Individual Activity Files**

As a component of the educational design process, the Approved Provider Unit applicant should select and submit CNE activity files to ONA that have been planned within 12 months of the Approved Provider Unit application date and comply with ANCC criteria and OBN rules.

**For Currently Approved Provider Units**

*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, and reference list/bibliography
* Summative evaluation
* Nurse planner QI form
* Sample of a completed sign in sheet (or equivalent) that shows how you collected the names and unique identifiers for those who attended.

**Note: For First Time Applicants Only**: If you are a first time applicant for provider status, submit:

* Acknowledgement and approval letters from ONA for the 3 activities ONA has approved
* A copy of the FINAL certificate that was given to learners for each of these 3 activities
* Sample of a completed sign in sheet (or equivalent) that shows how you collected the names and unique identifiers for those who attended.
* A summative evaluation for each of these 3 activities
* Documentation for an activity that has been planned and will be presented **after** provider status has been achieved. Include all required attachments – bio data forms, marketing sample, certificate, evidence of disclosures to be made, commercial support/sponsorship agreement if applicable, and reference list/bibliography. 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.

(Provider name) (OH-###, expiration date) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

**Note:** The provider number will be assigned when your provider application is received. The expiration date (e.g., 6/1/2014) will be provided once you are approved as a provider unit.

Each activity file must include evidence of:

**Note:** Most of the information listed here will be in the Individual Activities Documentation Form.

∙ Title and location (if live) of activity

∙ Type of activity format: live or enduring (Independent Study)

∙ Date live activity presented or, for ongoing enduring activities, date first offered and subsequent re-evaluation dates

∙ Description of the target audience

∙ Method of the needs assessment

∙ Findings of the needs assessment

∙ Names, titles, and expertise of activity planners

∙ Role held by each Planning Committee member (must include identification of the Nurse Planner and content expert(s))

∙ Names, titles, and expertise of activity presenters, faculty, authors, and/or content reviewers

∙ Conflict of interest disclosure statements from planners

∙ Resolution of conflicts of interest for planners, if applicable

∙ Conflict of interest disclosure statements from presenters, faculty, authors, and/or content reviewers

∙ Resolution of conflicts of interest for presenters, faculty, authors, and/or content reviewers, if applicable

∙ Purpose of activity

∙ Objectives of activity

∙ Evidence of gap in knowledge, skill, or practice for the target audience

∙ Content of activity: an Educational Planning Table (Objective, Content, Time Frame, Speaker and Teaching Strategy grid)

∙ Instructional strategies used

∙ Evidence of learner feedback mechanisms

∙ Rationale and criteria for judging successful completion

∙ Method or process used to verify participation of learners

∙ Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant)

∙ Template of evaluation tool(s) used

∙ Marketing and promotional materials

∙ Means of ensuring content integrity in the presence of commercial support (if applicable)

∙ Commercial support agreement with signature and date (if applicable)

∙ Means of ensuring content integrity in the presence of sponsorship (if applicable)

∙ Sponsorship agreement with signature and date (if applicable)

∙ Evidence in writing of disclosing to the learner:

* Purpose and/or objectives and criteria for successful completion
* Presence or absence of conflicts of interest for all members of the Planning Committee, presenters, faculty, authors, and content reviewers
* Sponsorship or commercial support (if applicable)
* Non-endorsement of products (if applicable)
* Expiration date (enduring materials only)

∙ Documentation of completion must include:

* Title and date of the educational activity
* Name and address of provider of the educational activity (web address acceptable)
* Number of contact hours awarded
* Approved Provider statement
* Participant name

∙ Summative evaluation (A summative evaluation is a listing of the raw data collected from the participants on the evaluation form.)

∙ List of participant names with unique identifier (Include a representative sample of data collected in activity file to be reviewed. The provider must maintain all participant data in a safe and secure manner.) The unique identifier could be employee number, birth date, home address, or other identifier.)

∙ Division of responsibilities among co-providers (if applicable)

∙ Co-provider agreement with signature and date (if applicable)

∙ Completed QI tool and final decision about activity.

**Roles and Responsibilities Each Provider Unit Must Follow:**

In preparation for becoming an Approved Provider Unit and throughout your approval, you must meet each of the roles and responsibilities listed below. Each activity file will be reviewed to ensure that this is occurring.

**1. Awarding Contact Hours**

Contact hours are determined in a logical and defensible manner. Contact hours are awarded to participants for those portions of the educational activity devoted to the learning experience and time spent evaluating the activity. One contact hour = 60 minutes. No fewer than 0.5 contact hours can be awarded for an educational activity. If rounding is desired in the calculation of contact hours, the provider must round down to the nearest 1/10th or 1/100th. Educational activities may also be conducted “asynchronously” and contact hours awarded at the conclusion of the activity.

Contact hours may **not** be awarded retroactively *except* in the case of a pilot study.

Participants in the pilot study assist in determining the length of time required for completing an educational activity in order to calculate the number of contact hours to award. Those participants may be awarded contact hours once the number is determined.

**2. Approved Provider Statement**

All communications, marketing materials, and other documents that refer to the Approved Provider status must contain the official approval statement, begin and end on a line separate from other text, and be written as follows:

*[Name of Approved Provider Unit][Assigned Provider Number, Expiration Date] is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.*

**3. Documentation of Completion**

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

- Title and date of the educational activity

* Name and address of provider of the educational activity (web address acceptable)
* Number of contact hours awarded
* Approved Provider statement
* Participant name

**4. Commercial Support and Sponsorship**

The Provider Unit must adhere to the American Nurses Credentialing Center’s Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities at all times.

The Provider Unit must have a written policy or procedure and a signed, written agreement if commercial support or sponsorship is accepted.

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

**5. Conflicts of Interest**

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

**Note:** Refer to Chapter 3: Educational Design Process, section titled *Conflicts of Interest*.

**6. Disclosure Responsibilities**

**Disclosures in the *Planning Process*:**

**Signed Conflict of Interest Disclosure Form.** All planners, presenters, faculty, authors, and content reviewers must disclose any conflicts of interest related to planning of an educational activity. Forms must be signed and dated. Disclosure must be relative to each educational activity. If a potential or actual conflict is identified, the planning process must include a mechanism for resolution.

**Disclosures provided to the *Learner*:**

Learners must receive disclosure of required items prior to the start of an educational activity. In live activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring print materials or Web-based activities, disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may not occur or be located at the end of an educational activity. Evidence of the disclosures to the learner must be retained in the activity file. All disclosures must be made in writing.

Disclosures always required include:

* **Notice of requirements for successful completion of the educational activity:**

Prior to the start of an educational activity, learners must be informed of the **purpose and/or objectives** of the educational activity and the **criteria used to determine successful completion**, which may include but are not limited to:

* Required attendance time at activity (e.g., 100% of activity, or miss no more than 10 minutes of activity)
* Successful completion of post-test (i.e., attendee must score X% or higher)
* Completed evaluation form
* Return demonstration
* **Presence or absence of conflict of interest for planners, presenters, faculty, authors, and content reviewers.** Any influencing relationships, *or lack thereof*, of planners, presenters, faculty, authors or content reviewers in relation to the educational activity.

Individuals must disclose:

* Name of individual
* Name of commercial interest
* Nature of the relationship the individual has with the commercial interest

Disclosures required, if applicable, include:

* **Commercial Support.** Learners must be informed if a commercial interest has provided financial or in-kind support for the educational activity.
* **Sponsorship.** Learners must be informed if an entity has provided financial or in-kind support for the educational activity.
* **Non-Endorsement of Products.** Learners must be informed that accredited status does not imply endorsement by the provider of the educational activity, ONA, OBN or ANCC of any commercial products discussed/displayed in conjunction with the educational activity.
* **Expiration of Enduring Material.** Educational activities provided through an enduring format (e.g., print, electronic, Web-based) are required to include an expiration date documenting how long contact hours will be awarded. This date must be visible to the learner ***prior to the start***of the educational content. The period of expiration of enduring material should be based on the content of the material but cannot exceed three years. ANCC requires review of each enduring material at least once every three years, or more frequently if indicated by new developments in the field specific to the enduring material. Upon review of enduring material for accuracy and current information, a new expiration date is established.

**7. Approved Provider Unit Recordkeeping**

The Approved Provider Unit is responsible for maintaining activity file records in a retrievable file (electronic or hard copy) accessible to authorized personnel for six years. The criteria delineated under the Provider Educational Design process must be followed consistently during the period of approval, and the recordkeeping files must include evidence in the form of:

**Note**: Most of the information listed here will be in the Individual Activities Documentation Form.

∙ Title and location (if live) of activity

∙ Type of activity format: live or enduring (Independent Study)

∙ Date live activity presented or, for ongoing enduring activities, date first offered and subsequent re-evaluation dates

∙ Description of the target audience

∙ Method of the needs assessment

∙ Findings of the needs assessment

∙ Names, titles, and expertise of activity planners

∙ Role held by each Planning Committee member (must include identification of the Nurse Planner and content expert(s))

∙ Names, titles, and expertise of activity presenters, faculty, authors, and/or content reviewers

∙ Conflict of interest disclosure statements from planners

∙ Resolution of conflicts of interest for planners, if applicable

∙ Conflict of interest disclosure statements from presenters, faculty, authors, and/or content reviewers

∙ Resolution of conflicts of interest for presenters, faculty, authors, and/or content reviewers, if applicable

∙ Purpose of activity

∙ Objectives of activity

∙ Evidence of gap in knowledge, skill, or practice for the target audience

∙ Content of activity: an Educational Planning Table (Objective, Content, Time Frame, Speaker and Teaching Strategy grid)

∙ Instructional strategies used

∙ Evidence of learner feedback mechanisms

∙ Rationale and criteria for judging successful completion

∙ Method or process used to verify participation of learners

∙ Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant)

∙ Template of evaluation tool(s) used

∙ Marketing and promotional materials

∙ Means of ensuring content integrity in the presence of commercial support (if applicable)

∙ Commercial support agreement with signature and date (if applicable)

∙ Means of ensuring content integrity in the presence of sponsorship (if applicable)

∙ Sponsorship agreement with signature and date (if applicable)

∙ Evidence in writing of disclosing to the learner:

* Purpose and/or objectives and criteria for successful completion
* Presence or absence of conflicts of interest for all members of the Planning Committee, presenters, faculty, authors, and content reviewers
* Sponsorship or commercial support (if applicable)
* Non-endorsement of products (if applicable)
* Expiration date (enduring materials only)

∙ Documentation of completion must include:

* Title and date of the educational activity
* Name and address of provider of the educational activity (web address acceptable)
* Number of contact hours awarded
* Approved Provider statement
* Participant name

∙ Summative evaluation (A summative evaluation is a listing of the raw data collected from the participants on the evaluation form).

∙ List of participant names with unique identifier (Include a representative sample of data collected in activity file to be reviewed. The provider must maintain all participant data in a safe and secure manner.) The unique identifier could be employee number, birth date, home address, or other identifier.)

∙ Division of responsibilities among co-providers (if applicable)

∙ Co-provider agreement with signature and date (if applicable)

∙ Completed QI tool and final decision about activity.

**Note:** First-time applicants should prepare and submit a sample certificate of completion containing the Approved Provider statement to be used once approval is attained.

**8. Co-Providing Activities for Continuing Nursing Education**

When an activity is co-provided, the Approved Provider is referred to as the provider of the educational activity. The other organization(s) are referred to as the co-provider(s) of the educational activity. The co-providing organization may not be a commercial interest or sponsor. The Approved Provider Unit’s Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria and OBN rules.

When an educational activity is co-provided, the Provider Unit’s Nurse Planner is responsible for:

* Signed co-provider agreement
* Ensuring that the Approved Provider Unit name is prominently displayed in all marketing material and certificate
* The name(s) of the organizations acting as the co-provider(s)
* Statement of responsibility of the provider, including:
* Determining educational objectives and content
* Selecting planners, presenters faculty, authors, and content reviewers
* Awarding of contact hours
* Recordkeeping procedures
* Developing evaluation methods
* Managing commercial support or sponsorship
* Name and signature of the individual legally authorized to enter into contracts on behalf of the Approved Provider Unit
* Name and signature of the individual legally authorized to enter into contracts on behalf of the co-provider(s)
* Date the agreement was signed

In the event that two or more organizations are Approved Providers, one will act as the provider of the educational activity and the other(s) will act as the co-provider(s). If collaborating providers are all approved, one is designated to retain the provider responsibilities by mutual, written agreement. The Approved Provider Unit designated to retain these responsibilities is referred to as the provider, and the other collaborating providers are referred to as co-providers.

**9. The Nurse Planner(s) of the Approved Provider Unit plans and provides CE activities.** The Approved Provider Unit may not approve its own activities or the activities planned by outside entities.

**Part Three of the Provider Application: Attestation Statement**

The provider application will require a signed attestation statement from the Primary Nurse Planner which addresses the following responsibilities:

I attest that I will adhere to the following criteria of ANCC and the rules of the Ohio Board of Nursing as defined in the ONA Provider Manual:

1. Awarding of contact hours
2. Use of the Approved Provider Statement
3. Certificate/documentation of completion
4. Disclosures
5. Recordkeeping
6. Co-providing
7. Adhering to laws/rules/ethical business practices
8. Educational requirements and responsibilities of the primary nurse planner and nurse planners
9. Timely communication about core changes and responses to requests for information from ONA
10. Process to ensure meeting of all criteria

**Submitting the Provider Application:**

1. Before completing the provider application, be sure you have submitted your Intent to Apply as a Provider Unit (first time applicants) or Intent to Re-apply as a Provider Unit (currently approved provider units) to ONA and have received approval to continue.

2. Complete the narrative component of the provider application. It should be limited to 50 pages.

3. Include the attachments to the provider application as described throughout this chapter.

4. Number the pages sequentially. Collate all pages.

5. Include a table of content so that reviewers can easily find information.

6. Ensure that all pages are legible and that abbreviations are explained.

7. Bind the application securely. Comb binding or a light inexpensive binder is recommended for each copy of the complete application. Staples, rubber bands and paper clips are not acceptable.

8. Submit a total of three copies along with the application fee to the Ohio Nurses Association. Please check the ONA website for the current application fee for Approved Provider Units. ([www.ohnurses.org](http://www.ohnurses.org), Education, Approval for CE Programs, Approved Providers). Your fee is not refundable once the review process has begun. If a refund is issued prior to the start of the review, an administrative fee of $25.00 will be deducted.

9. If you are applying again as a provider unit, be sure to submit the application by the due date (three months before expiration). Also be sure to include your provider number on all correspondence.

**Annual Reporting**

Each Approved Provider Unit is required to submit an annual report by January 30. Information includes any changes, statistical data and additional information as determined by the CE Approver Council.

**Timelines**

|  |  |  |
| --- | --- | --- |
| **Newly Approved Providers** | First Six Months | * Establish process and structure to create a provider unit. * Plan at least three activities totaling 3 contact hours or more, get them approved and presented * Submit an Intent to Apply as a Provider Unit |
|  | After Six Months | * Submit provider application |
|  | First Year | * Submit annual provider survey. * Review your progress in achieving your outcome measures. |
|  | Second Year | * Submit annual provider survey |
|  | Six months prior to expiration | * Submit an Intent to Reapply as a Provider Unit |
|  | Three months prior to expiration | * Submit new provider application |
|  | | |
| **Currently Approved Providers** | Six months prior to expiration | * Submit an Intent to Reapply as a Provider Unit |
|  | Three months prior to expiration | * Submit new provider application |
|  | First Year | * Submit annual provider survey. * Review your progress in achieving your outcome measures. |
|  | Second Year | * Submit annual provider survey. * Review your progress in achieving your outcome measures. |

**Chapter 3: Educational Design Process**

*(This chapter was adapted from the 2013 ANCC Primary Accreditation Manual…. With permission)*

This chapter outlines the process of developing and/or evaluating individual educational activities according to ANCC Accreditation Program criteria.

The educational design expectations described in this chapter and applicable at the individual activity level are fundamental to high-quality continuing nursing education. Accordingly, applicants must ensure that these expectations are met and the ANCC criteria for accreditation are applied in such a manner that ensures the applicant’s individual educational activities meet these criteria.

**contact hour**

A unit of measurement that describes 60 minutes of an organized learning activity.

One contact hour = 60 minutes.

**continuing nursing education (CNE) activities**

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

**in-service educational activities**

Activities intended to assist the professional nurse to acquire, maintain, and/or increase competence in fulfilling the assigned responsibilities specific to the expectations of the employer.

ANCC’s Accreditation Program specifies a comprehensive set of educational design criteria to ensure that individual education activities are effectively planned, implemented, and evaluated according to educational standards and adult learning principles.

CNE involves “systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses, and therefore enrich nurses’ contributions to quality health care . . .” (ANA, 2010, p. 43). The knowledge, skills, or attitudes gained from CNE activities can be applied regardless of the activity participant’s employer. See Figures 4 (“Awarding **Contact Hours**”) and 5 (“Evaluating Activities for Awarding Continuing Education Credit”).

In contrast, staff development activities are typically designed to enhance performance in participants’ current job roles and are based on a specific facilities/organization’s policies and procedures, equipment, and resources. When staff development learning activities convey new content knowledge that would be transferable to other job settings, the organization may be able to award contact hours. Some in-service programs, based on their content, may include new, transferable knowledge.

Staff development departments may offer both **CNE** activities and **in-service activities**. For instance, orientation programs are typically facility or organization-specific. Contact hours may not be awarded for the employer-specific content.

Contact hours may not be awarded for review or refresher courses that focus on functioning in a particular facility or reinforcing basic knowledge. However, contact hours may be awarded for refresher courses that provide nurses re-entering the job market with advanced knowledge or a new skill set required to function in the role as RN.

**Types of Activities:**

**Provider-directed, provider-paced: (In Ohio, these are called Faculty Directed activities.)** The provider controls all aspects of the learning activity. The provider determines the learning objectives based on needs assessments, the content of the learning activity, the method by which it is presented, and evaluation methods. (Examples include live activities and live webinars.)

**Provider-directed, learner-paced: (In Ohio, these are called Independent Study activities.)** The provider controls the content of the learning activity, including the learning objectives based on needs assessment, the content of the learning activity, the method by which it is presented, and the evaluation methods. The learner determines the pace at which the learner engages in the learning activity. (Examples include print articles, online courses, e-books, and self-learning modules/independent studies.)

Chapter 3

**Planning Process: Determining Ability to Award Contact Hours activity** designed to orient a new

|  |
| --- |
| **ANCC GUIDELINES: Evaluating Activities for Awarding Continuing Education Credit** |
| **Educational activities must meet the following guidelines in order to be eligible for awarding of continuing education credit (contact hours):**   * Content must be beyond basic knowledge * Content must be generalizable regardless of employer of the nurse * Content must enhance professional development or performance of the nurse |
| **Determination of whether to award continuing education credit may be dependent on the learner, for example:**   * If the course is the same course repeated every year for nurses, the nurse has taken the course previously, and no new content is included, it should not be classified as continuing education * If the class is being offered to a new nurse, and the content is new and is generalizable knowledge, it can be classified as continuing education * If the class is being repeated to nurses who have taken the course previously and a portion is new and updated information, the new information can be classified as continuing education |
| **Content must be:**   * Evidence-based or based on the best-available evidence * Presented without promotion or bias * At least 30 minutes in duration |
| An educational activity may include content that is eligible for continuing education credit and content that is not eligible for continuing education credit. In that circumstance, continuing education credit may be awarded for the content of the activity that is appropriate, based on the guidelines stated above. |

**Table 3.** Evaluating Guidelines for Awarding Continuing Education Credit

The fundamental basis for all CNE activities is the educational design process. This chapter outlines the required components of an individual education activity in accordance with ANCC accreditation criteria. Whether used by a provider to develop individual activities or by an approved provider unit for their individual activities, the educational design process remains consistent.

**needs assessment**

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

**Assessment of Learner Needs**

CNE activities are developed in response to, and with consideration for, the unique educational needs of the target audience.

Each educational activity is based on a **needs assessment** that may be conducted using a variety of methods that may include but are not limited to:

* Surveying stakeholders, target audience members, subject matter experts, or similar individuals
* Requesting input from stakeholders such as learners, managers, or subject matter experts
* Reviewing quality studies and/or performance improvement activities to identify opportunities for improvement
* Reviewing evaluations of previous educational activities
* Reviewing trends in literature, law, and health care

Sources of supporting evidence for needs assessment data may include but are not limited to:

* Annual employee survey data
* Literature review
* Outcome data
* Survey results from stakeholders
* Quality data
* Requests (via phone, in person, or by e-mail)
* Written evaluation summary requests

Assessment data is evaluated by the Nurse Planner and is used to validate the need for each educational activity. Assessment data is used to identify and validate a gap in knowledge, skills, or practice that the educational activity is designed to improve or meet. Data is then used to formulate the objectives for the educational activity. The purpose and objectives address current needs of the learners in the target audience related to their practice or professional development. The faculty/presenters/authors, if applicable, work with the Nurse Planner and Planning Committee to develop objectives, content, and teaching methods for the target audience of nurses, including advanced practice and specialty nurses.

**Planning Committee**

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

**Content**

“Subject matter of education activity that relates to the education objectives.”

(Nursing Professional

Development: Scope and Standards of Practice, ANA, 2010)

**Planning Educational Activities**

Planning Committees must have a minimum of one Nurse Planner and one other planner to plan each educational activity. The Nurse Planner is knowledgeable about the CNE process and is responsible for adherence to ANCC criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered.

If additional individuals, such as faculty, presenters, or authors, will be creating or delivering **content** for the educational activity, Planning Committee members must identify the needed qualifications of the individuals chosen. The qualifications identified for faculty/presenters/authors for the educational offering may include but are not limited to:

* Content expertise
* Demonstrated comfort with teaching methodology (e.g., Web-based, etc.)
* Presentation skills
* Familiarity with target audience

The Nurse Planner is responsible for ensuring completion and review of **Biographical/Conflict of Interest** forms by each Planning Committee member and each faculty/presenter/author to ensure appropriate qualifications and evaluation of actual or potential **bias**. Faculty/presenters/authors must have documented qualifications that demonstrate their education and/or experience in the content area they are developing or presenting. Expertise in subject matter may be evaluated based on characteristics such as education, professional achievements and credentials, work experience, honors, awards, professional publications, or similar. The qualifications must address how the individual is knowledgeable about the topic and how the individual gained that expertise.

The Planning Committee, during the planning process, may also identify individual(s) who function as content reviewer(s). The purpose of a **content reviewer** is to evaluate an educational activity during the planning process or after it has been planned but prior to delivery to learners, for quality of content, potential bias, and any other aspects of the activity that may require evaluation. Content reviewers must also complete biographical and conflict of interest forms that are reviewed by the Nurse Planner.

The Nurse Planner is responsible for evaluating actual or potential conflicts of interest and applying the resolution process to an actual or potential conflict of interest, if present.

During the planning phase, the Planning Committee is responsible for determining how participants will successfully complete the learning activity. The committee also evaluates whether the activity has or will have **sponsorship** or **commercial support** and, if so, how content integrity will be maintained, including what/how precautions should be taken to prevent bias in the educational content, and the methods that will be used to ensure full disclosure to activity participants.

**Design Principles**

The educational design process incorporates measurable educational objectives, best-available evidence, and appropriate teaching methods.

Once a gap in knowledge, skills, and/or practice has been identified through the needs assessment findings, thereby validating the need for the educational activity, the purpose can be developed. The purpose should be written as an outcome statement related to the learner at the conclusion of the activity (i.e., “The purpose of this activity is to enable the learner to . . .”).

**conflict of interest**

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

**bias**

The process of causing partiality, favoritism, or influence.

**content reviewer**

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

**sponsorship**

Financial or in-kind contribution from an organization that does not fit the category of a commercial interest.

**commercial support**

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

**educational objectives**

Derived from the overall purpose of the activity, educational objectives are written statements that describe learner oriented outcomes that may be expected as a result of participation in the educational activity.

These statements describe knowledge, skills, and/or attitude changes that should occur upon successful completion of the educational activity.

Next are **educational objectives**, which are derived from the overall purpose OR OUTCOME of the activity.

Educational objectives are written statements that describe learner-oriented outcomes that may be expected as a result of participation in the educational activity. These statements describe knowledge, skills, and/or practice changes that should occur upon successful completion of the educational activity.

Specific objectives for the learning activity are developed collaboratively by the planners and faculty/presenters/authors (if applicable) and must relate to the purpose of the activity. Each objective should have one measurable action verb and specify what the learner will know or do once the objective has been completed (the outcome of attaining the objective).

* For an educational activity lasting eight hours or less, with a single focus and purpose, it is appropriate to have objectives that flow from the purpose and reflect the learner’s progression through the activity.
* For an educational activity lasting more than eight hours, or with

multiple “tracks” or purposes, objectives should be specific to each

session in that track.

Content for the educational activity must be congruent with each objective. Descriptions of content may not be a restatement of the objectives.

Content should be selected based on the most current available evidence. Documentation should support quality of evidence chosen for content. Examples include but are not limited to evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content experts/expert opinion.

Following development of objectives and selection of content, teaching-learning strategies are determined. The methods, strategies, and materials to be used by faculty/presenters/authors to cover each educational objective are identified. These must be congruent with both objectives and content.

As part of the design process, the Planning Committee must develop ways in which learners will be provided feedback. This can include but is not limited to having question/answer sessions during or at the conclusion of a learning activity, self-check questions, or comments within an activity, returning pre- and/or post-test questions with answers, or engaging learners in dialogue during or after the learning activity.

Successful completion for both live and enduring material/Web-based activities should be defined for each educational activity that is consistent with the purpose, objectives, and teaching/learning strategies. The criteria for successful completion are based on the format of the educational activity and should indicate what constitutes successful completion, the rationale for the method determining successful completion, and whether or not partial credit is awarded for participation. Criteria for successful completion may include attendance at the entire event or session, attendance for a predetermined percentage of the event, attendance at one or more sessions, completion/submission of the evaluation form, achieving a passing score on a post-test, and/or a return demonstration. The Planning Committee may elect to provide partial credit for educational activities. This could be contact hours awarded based on half-day attendance or on a certain number of sessions attended in a multiday conference.

The Planning Committee must determine how participation will be verified. The attendance/participation verification may include but is not limited to sign-in sheets/registration forms, signed attestation statement by participant verifying completion of an entire activity, or a collection of participation verification via computer log. Recordkeeping requires that the Planning Committee determine the method to collect both the participant’s name and a unique identifier.

**Awarding Contact Hours**

Contact hours are determined in a logical and defensible manner. Contact hours are awarded to participants for those portions of the educational activity devoted to the learning experience and time spent evaluating the activity. One contact hour is a 60-minute hour. Activities must be a *minimum of 30 minutes*. No fewer than 0.5 contact hours can be awarded for an educational activity. If rounding is desired in the calculation of contact hours, the provider must round **down** to the nearest 1/10th or 1/100th (e.g., 2.758 should be 2.75 or 2.7, not 2.8). Educational activities may also be conducted “asynchronously” and contact hours awarded at the conclusion of the activities.

Time frames must match and support the contact hour calculation for live activities. For enduring materials, print, electronic, Web-based, etc., the method for calculating the contact hours must be identified. The method may include but is not limited to a pilot study, historical data, or complexity of content.

Contact hours may not be awarded retroactively except in the case of a pilot study. Participants in a pilot study assist in determining the length of time required for completing an educational activity in order to calculate the number of contact hours to award. Those participants may be awarded contact hours once the number is determined.

**Evaluation**

A clearly defined method that includes learner input is used to evaluate the effectiveness of each educational activity. The Planning Committee must determine the method(s) of evaluation to be used. The evaluation components and method of evaluation should be relative to the desired outcome of the educational activity. Evaluations may include both short- and long-term methods, as illustrated in Table 4.

Evaluation Methods

|  |  |
| --- | --- |
| **Evaluation Methods** | |
| **Short-Term** | **Long-Term** |
| * Evaluation form with questions related to individual activity objectives.   For example:  Effectiveness of speakers  Anticipated change in practice   * Active participation in learning activity * Post-test * Return demonstration * Case study analysis * Role play | * Longitudinal study with self-reported change in practice * Data collection related to quality outcome measures * Observation of performance |

**Table 4.** Evaluation Methods

Once the evaluations are complete, a summative evaluation is generated. The Planning Committee and/or Nurse Planner review the summative evaluation to assess the activity’s effectiveness and to identify how results may be used to guide future educational activities.

**Approval Statement**

The approval statement is the mark of an ANCC-approved organization. All Approved Providers, and Individual Activity Applicants are required to include the approval statement provided by Ohio Nurses Association in all communications, marketing materials, certificates, and other documents that refer to awarding contact hours or CNE credit and when referring to the organization as approved by the Ohio Nurses Association.

The approval statement must be displayed clearly to the learner and worded correctly according to the most current Accreditation Manual. The accreditation/approval statement must stand alone on its own line(s) of text.

Please see page 24 of the Approved Provider Manual for the appropriate statement.

When referring to contact hours, the term “accredited contact hours” should **never** be used. An organization is *accredited or approved*; contact hours are *awarded*.

**Documentation of Completion**

A document or certificate of completion is awarded to a participant who successfully completes the requirements for the individual education activity.

The document or certificate must include:

* Title and date of the educational activity
* Name and address of the provider of the educational activity (web address acceptable)
* Number of contact hours awarded
* Accreditation/approval statement
* Participant name
* For special activities in Ohio, please see the individual activity instructions for either the approved provider unit or the individual activity applicant.

**Commercial Support and Sponsorship**

A commercial interest, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Exceptions are made for nonprofit or government organizations, non-healthcare-related companies and healthcare facilities.

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

**Sponsorship** is financial or in-kind contributions from an organization that does not fit the category of a commercial interest and that are used to pay for all or part of the costs of a CNE activity.

**Organizations providing commercial support or sponsorship may not provide or co-provide an educational activity.**

Content integrity of the educational activity must be maintained in the presence of commercial support or sponsorship. The provider developing the educational activity is responsible for ensuring content integrity. Providers developing educational activities must develop written policies and/or procedures for managing commercial support and/or sponsorship if the provider accepts commercial support or sponsorship. Written policies and/or procedures related to managing commercial support and sponsorship must address the following:

* Template of an agreement to be used for commercial support (Commercial Support Agreement) or Sponsorship (Sponsorship Agreement)
* The agreement must include:
  + - * Statement that the provider of commercial support or sponsorship may not participate in any component of the planning process of an educational activity, including:
* Assessment of learning needs
* Determination of objectives
* Selection or development of content
* Selection of presenters or faculty
* Selection of teaching/learning strategies
* Evaluation
  + - * Statement of understanding that the commercial support or sponsorship will be disclosed to the participants of the educational activity
      * Statement of understanding that the provider of commercial support or sponsorship must agree to abide by the provider’s policies/procedures
      * Amount of commercial support or sponsorship and description of “in kind” donation
      * Name and signature of the individual who is legally authorized to enter into contracts on behalf of the provider of commercial support or sponsorship
      * Name and signature of the individual who is legally authorized to enter into contracts on behalf of the provider of the educational activity
      * Date the agreement was signed
* Method of documenting how commercial support or sponsorship was used for the educational activity or activities

**Conflicts of Interest Evaluation and Resolution**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity (see Figure 5). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should excuse himself or herself from the role as Nurse Planner for the educational activity.

\**Commercial interest*, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

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

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

* Relationships with any commercial interest of the individual’s spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
* Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
* Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

**Conflict of Interest Decision Tree**

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

Is there any type of affiliation or relationship to disclose?

to the content of the educational a Activity?

**No**

No Conflict of Interest exists

**Yes**

No Conflict of Interest related to this educational activity

Is the affiliation or relationship related to the **content** of the educational activity?

**No**

**Yes**

Conflict of interest to disclose and a resolution is **required**

**Resolutions** may include, but are not limited to the following:

* Removing individual with conflict of interest from participating in all parts of the educational activity
* Revising the role of the individual with conflict of interest so the financial relationship is no longer relevant
* Not awarding contact hours for a portion or all of the educational activity
* Content of the educational activity evaluated for bias and activity monitored to evaluate for commercial bias
* Content of educational activity evaluated for bias and participant feedback reviewed for commercial bias No Conflict Interest exists

**Evaluation**

The Nurse Planner is responsible for evaluating whether any relationship with a commercial interest is considered relevant to the content of the educational activity. Disclosures may be categorized in the following ways:

* No relevant relationship with a commercial interest exists. No resolution required.
* Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined not to be pertinent to the content of the educational activity. No resolution required.
* Relevant relationship with a commercial interest exists. The relevant relationship is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity. Resolution is required.

**Resolution and Activity Assessment**

Actions taken to resolve conflicts of interest must demonstrate resolution of the identified conflicts of interest **prior to** presenting/providing the educational activity to learners. Such actions must be documented and the documentation must demonstrate (1) the identified conflict, and (2) how the conflict was resolved. Actions may include but are not limited to the following:

**enduring materials**

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

* Removing the individual with conflicts of interest from participating in all parts of the educational activity.
* Revising the role of the individual with conflicts of interest so that the relationship is no longer relevant to the educational activity.
* Not awarding continuing education contact hours for a portion or all of the educational activity.
* Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
* Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

**Disclosures Provided to Participants**

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

Disclosures **always** required include:

* **Notice of requirements for successful completion of the educational activity:**

Learners are informed of the **purpose and/or objectives** of the learning activity and the **criteria that will be used to determine successful completion**, which may include but are not limited to:

* + - * Required attendance time at activity (i.e., 100% of activity, miss no more than 10 minutes of activity)
      * Successful completion of post-test (i.e., attendee must score X% or higher)
      * Completed evaluation form
      * Return demonstration
* **Presence or absence of conflicts of interest for planners, presenters, faculty, authors, and content reviewers:**

Any influencing relationships, *or lack thereof*, of planners, presenters, faculty, authors, or content reviewers in relation to the educational activity.

Individuals must disclose:

* Name of individual
* Name of commercial interest
* Nature of the relationship the individual has with the commercial interest

Disclosures **required, if applicable,** include:

* **Commercial support:**
  + - * Learners must be informed if a commercial interest has provided financial or in-kind support for the educational activity.
* **Sponsorship:**
  + - * Learners must be informed if an entity has provided financial or in-kind support for the educational activity.
* **Non-endorsement of products:**
  + - * Learners must be informed that accredited status does **not** imply endorsement by the provider of the educational activity or ANCC of any commercial products discussed/displayed in conjunction with the educational activity.
* **Expiration of enduring materials: (Called independent studies in Ohio)**
  + - * Educational activities provided through an enduring format (e.g., print, electronic, Web based) are required to include an expiration date documenting how long contact hours will be awarded. This date must be visible to the learner **prior to the start** of the educational content. The period of *expiration of enduring material should be based on the content of the material but cannot exceed three years*. ANCC requires review of the content of each enduring material at least once every three years, or more frequently if indicated by new developments in the field specific to the enduring material. Upon review of enduring material’s content for accuracy and current information, a new expiration date is established.

**Records**

* + - * Activity file records must be maintained in a retrievable file (electronic or hard copy) accessible to authorized personnel for six years.

Required recordkeeping components include:

**Note**: most of the following list is included on the documentation form.

∙ Title and location (if live) of activity

∙ Type of activity format: live or enduring

∙ Date live activity presented or, for ongoing enduring activities, date first offered and subsequent review dates

∙ Description of the target audience

∙ Method of the needs assessment

∙ Findings of the needs assessment

∙ Names, titles, and expertise of activity planners

∙ Role held by each Planning Committee member (must include identification of the Nurse Planner and content expert(s))

∙ Names, titles, and expertise of activity presenters, faculty, authors, and/or content reviewers

∙ Conflict of interest disclosure statements from planners

∙ Resolution of conflicts of interest for planners, if applicable

∙ Conflict of interest disclosure statements from presenters, faculty, authors, and/or content reviewers

∙ Resolution of conflicts of interest for presenters, faculty, authors, and/or content reviewers, if applicable

∙ Purpose of activity

∙ Objectives of activity

∙ Evidence of gap in knowledge, skill, or practice for the target audience

∙ Content of activity: an Educational Planning Table

∙ Instructional strategies used

∙ Evidence of learner feedback mechanisms

∙ Rationale and criteria for judging successful completion

∙ Method or process used to verify participation of learners

∙ Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant)

∙ Template of evaluation tool(s) used

∙ Marketing and promotional materials

∙ Means of ensuring content integrity in the presence of commercial support (if applicable)

∙ Commercial support agreement with signature and date (if applicable)

∙ Means of ensuring content integrity in the presence of sponsorship (if applicable)

∙ Sponsorship agreement with signature and date (if applicable)

∙ Evidence of disclosing to the learner (in writing):

* + - * Purpose and/or objectives and criteria for successful completion
      * Presence or absence of conflicts of interest for all members of the Planning Committee, presenters, faculty, authors, and content reviewers
      * Sponsorship or commercial support (if applicable)
      * Non-endorsement of products (if applicable)
      * Expiration date (enduring materials/independent studies only)

∙ Documentation of completion must include:

* + - * Title and date of the educational activity
      * Name and address of provider of the educational activity (web address acceptable)
      * Number of contact hours awarded
      * Approval statement
      * Participant name

∙ Summative evaluation

∙ List of participant names with unique identifier (Include a representative sample of data collected in the activity file to be reviewed. The provider must maintain all participant data in a safe and secure manner.)

∙ Division of responsibilities among co-providers (if applicable)

∙ Co-provider agreement with signature and date (if applicable)

**Co-Providing Continuing Nursing Education Activities**

Approved Providers and Individual Activity Applicants may co-provide educational activities with other organizations. The co-providing organization may **not** be a commercial interest or sponsor. The Approved Provider or Individual Activity Applicant’s Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria.

The Approved Provider or Individual Activity Applicant is referred to as the *provider* of the educational activity. The other organization(s) are referred to as the *co-provider(s)* of the educational activity. In the event that two or more organizations are Approved Providers, one will act as the provider of the educational activity and the other(s) will act as the co-provider(s).

The Approved Provider or individual activity applicant acting as the provider of the educational activity is responsible for obtaining a written co-provider agreement, signed by an authorized representative of the co-provider that addresses the following:

* Name of Approved Provider or individual activity applicant acting as the provider
* The name(s) of the organization(s) acting as the co-provider(s)
* Statement of responsibility of the provider, including the provider’s responsibility for:
  + - * Determining educational objectives and content
      * Selecting planners, presenters, faculty, authors, content specialists and content reviewers
      * Awarding of contact hours
      * Recordkeeping procedures
      * Evaluation methods
      * Management of commercial support or sponsorship
* Name and signature of the individual legally authorized to enter into contracts on behalf of the provider
* Name and signature of the individual legally authorized to enter into contracts on behalf of the co-provider(s)
* Date the agreement was signed

**Chapter 4 - Faculty Directed Activities for Approved Provider Units**

This chapter has been developed to guide you in completing the Faculty Directed Documentation Form for your Faculty Directed activity.

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

A faculty directed activity may be repeated as often as desired so long as the Nurse Planner determines it is still current unless substantial changes are made.

Chapter 7

**Documentation Form**

The documentation form has items that are numbered from 1 through 19. The following is a description of these items.

Items 1 through 6 are related to **Demographic Data**.

**1. List the title of the activity**. This title needs to appear the same throughout the documentation form and all attachments such as the certificate, advertising, etc.

**2. List the date of the activity.** The date of the event is the date that you will provide the faculty directed presentation in the future. If you are uncertain about the date, you can state “To be scheduled.” **Note:** Contact hours may never be given retroactively. Also, the documentation form must be completed before the start of the event.

**3. List the number of contact hours you wish to provide for your activity.**

**4. List the name and information of the contact person for this activity.**

**5. List the name and contact information for the Nurse Planner in the provider unit**. Check how this RN is knowledgeable in the CE criteria.

**6. Please be sure that this is indeed a continuing education activity and check the appropriate response.** As noted in chapter 1, CE is defined as planned, organized learning experiences designed to improve the knowledge, skills and attitudes of nurses. It enhances nursing practice, education, theory development, research and administration. The outcome of continuing education should be to improve the health of the public and nurses’ pursuit of their professional career goals.

The remaining questions relate to the **Educational Design Process**. You will find Chapter 3 (Educational Design Process) of assistance for the following questions.

**7. This item refers to assessment of the learners and their needs.**

1. Identify who the potential target audience is for this activity.
2. Identify what method(s) you used to assess the potential learners’ needs.
3. Provide a narrative description of what evidence came from the needs assessment.
4. Provide a narrative description of the gap analysis that you conducted based on this information. (Compare where learners are now vs. where they should be.)
5. Identify what outcome you want the learner to achieve based on the information in items B through D above.

**8. Planning Committee and Faculty/Presenters**

1. For the documentation form, list the name and credentials of each person on the planning committee in section A. Include their completed bio forms with the documentation form. DO NOT include resumes or CVs.

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

1. One Provider Unit Nurse Planner responsible for the activity (currently licensed RN who has at least a baccalaureate or higher degree in nursing, and who is responsible for adherence to criteria, rules and requirements); and
2. One person who has relevant content expertise.

As long as there are at least two people on the planning committee, one person can fill one or more of the required roles listed in items 1 and 2 above.

1. In some instances the planning committee may ask an expert in the content to review the speaker(s) slides and handouts to insure that there is no bias, that there is content integrity, and that the information is the best available evidence at the time of the presentation. This content reviewer will need to provide a bio form and to be evaluated for conflict of interest prior to engaging in the review of the content.

The biographical forms and disclosure about conflict of interest must be updated with each newly planned activity.

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

**Note:** Refer to Chapter 3: Educational Design Process, section titled *Conflicts of Interest*

B. List the names and credentials of the **faculty/presenters**. Include current bio forms for each person.

Faculty/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 that is **relevant and specific to this presentation.**

Each faculty/presenter must also attest that they will provide the best available evidence for this content. A section on the bio form addresses this component.

**9. Effective Design Principles**

1. **Objectives**: List the objectives on the educational grid, p. 7.

Objectives for the CE activity are stated in behavioral terms that define the expected outcomes for the learner.

The objectives are derived from the outcome (item 8-E) 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 D 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.

B. **Content and Time Frame:**  List the content and time frame for each objective.

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

Content should be selected based on the most current available evidence. Documentation should support quality of evidence chosen for content. Examples include but are not limited to evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content expert/expert opinion. (2013 Primary Accreditation Application Manual…, p. 25). The speaker(s) need to include a **list of references** (bibliography) used in the preparation of the presentation so that the nurse planner and/or content reviewer can evaluate if the content is based on best available evidence.

**Pharmacology Hours**: If the activity is being planned specifically for APRNs with prescriptive authority and the content specifically addresses pharmacotherapeutics, the Nurse Planner needs to delineate the exact amount of time on the p. 7 educational grid which is devoted to pharmacotherapeutics. This will allow the number of contact hours related to pharmacotherapeutics to be calculated correctly. The certificate would then include the number of contact hours to be awarded AND the number of Pharm hours. (e.g., 6 contact hours including 2 Pharm contact hours)

C. **Teaching-Learning Strategies**: List all of the teaching strategies in the fifth column of the educational grid on p. 7.

D. **Learner Feedback**. Check the best description or describe how learners will be provided feedback about their progress.

E. **Criteria for Successful Completion:** check the criterion or criteria for successful completion that the learner must meet in order to get a certificate. These criteria must be consistent with the outcome, objectives and teaching/learning strategies. Check the reason or rationale for selecting this (these) criteria.

F. **Verification of Participation**: check how you will verify who participates in the activity.

**10. Contact Hours:**

For the documentation form:

* Include the time frames on the p. 7 including evaluation time if the activity is two hours or less.
* Include the agenda/schedule including evaluation time if the activity is more than two hours long.

Agenda/schedule and contact hours. Contact hours are awarded to participants for those portions of the educational activity devoted to didactic or clinical experience and to evaluating the activity.

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

If the CE activity is two hours or less, a separate schedule does not need to be included. You must, however, clearly delineate the time for introduction/welcome and evaluation time on p. 7 of the documentation form.

**Note:** The time listed on p. 7 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. (not applicable 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 | 60 min. NA |
| 12:15 Panel Discussion | 100 min. |
| 1:55 Break | 15 min. NA |
| 2:10 Talk #3 | 50 min. |
| 3:00 Ques. & Ans. | 15 min. |
| 3:15 Evaluation & Conclusion | 15 min. |
|  | 350 min |
| 350 min. divided by 60 = 5.83 contact hours | |

**11. Evaluation:** Check the method(s) of evaluation for this activity.

It is an expectation that learners provide input into evaluation of each activity. The form of evaluation may vary depending upon the outcome expected, the objectives, content and teaching methods. The Ohio Board of Nursing requires that there be a method of evaluation that addresses achievement of the objectivesand the teaching effectiveness of each speaker. The planning committee may also decide to evaluate whether the participant gained knowledge at the conclusion of the activity through testing, a question (s) on the evaluation form, etc. The learner may also need to return demonstrate knowledge or skills such as in Fetal Monitoring or Basic EKG courses.

The planning committee must identify the method(s) of evaluation that will be done with the activity and provide a copy of this method in the documentation form.

**12. Approval Statement as Noted on Advertising Material**

Check the type of advertising being done for this activity and include a copy of each type of advertising.

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 was used, the final copy of the advertising must be included in the file as soon as it is printed.

If your advertising states that contact hours will be awarded for the activity, the following statement must also appear on that advertising. The 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.

**Sample:**

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.

**ABC Hospital (OH-###, expiration date) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), 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.

**Optional Statement:**

Indiana State Nurses Association and ANA-Illinois are welcome to add the following statement:

The Indiana State Nurses Association has designated ONA as the official approver of CNE Providers and activities for Indiana.

ANA-Illinois has designated ONA as the official approver of CNE Providers and activities for Illinois.

**13. Documentation of Completion/Certificate**

A copy of the completed certificate or documentation of completion to be given to the learner must be included with the documentation form. It must include the following information:

* Name of learner
* Name and address of approved provider unit of the educational activity (web address acceptable)
* Title & date of completion of educational activity
* Number of contact hours awarded
* If the activity is designed for APRNs with prescriptive authority and provides content related to pharmacology and prescribing, then the number of pharmacology hours needs to be designated. (e.g., 6.0 contact hours including 3.0 Pharm hours.)
* Official approved provider statement

**ABC Hospital (OH-###, expiration date) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.**

**14. Commercial Support and Sponsorship**

Check yes or no to whether you have or are seeking commercial support or sponsorship on the documentation form. If you are seeking either one, you need to list complete the section on how you will maintain content integrity and provide a copy of the signed written agreement.

* A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on , patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies.
* Commercial Support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.
* A sponsor is identified as an organization that provides financial or in-kind contributions for a CE activity and does not meet the definition of commercial interest.
* A provider of commercial support or sponsorship may **not** be on an educational planning committee, be a co-provider of the activity, or the provider of the activity.
* If commercial support is provided for a CE activity, an employee from the organization providing commercial support/sponsorship may **not** be a speaker.
* The individual activity applicant must have a signed, written agreement if commercial support or sponsorship is accepted.
* Note: You are not required to have a commercial support or sponsor agreement for those who are only exhibiting at the event.

The Approved Provider Unit must adhere to the American Nurses Credentialing Center’s Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities at all times. These standards are listed in Appendix H, p. 76.

**15. Prevention of Bias:** Check what steps have been taken to prevent bias.

Bias is defined as the process of causing partiality, favoritism or influence. (2013 Primary Accreditation Manual…, 2011). The Nurse Planner is responsible for ensuring that bias does not occur in the planning of the activity or the actual presentation. Several options to manage prevention of bias have been listed in the documentation form.

**16. Disclosures:** Check how disclosures will be made to the learner and include a copy of these written disclosures that are given to the learners.

**Disclosures in the *Planning Process*:**

**Signed Conflict of Interest Disclosure Form.** All planners, presenters, faculty, authors, and content reviewers must disclose any conflicts of interest related to planning of an educational activity. Forms must be signed and dated. Disclosure must be relative to each educational activity. If a potential or actual conflict is identified, the planning process must include a mechanism for resolution.

**Disclosures provided to the *Learner*:**

Learners must receive disclosure of required items prior to the start of an educational activity. In faculty directed activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring print materials or web-based activities, disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may **not** occur or be located at the end of an educational activity. Evidence of the disclosures to the learner **must** be retained in the activity file.

**Disclosures always required include:**

* **Notice of requirements for successful completion of the educational activity:**

Prior to the start of an educational activity, learners must be informed of the **purpose and/or objectives** of the educational activity and the **criteria used to determine successful completion**, which may include but are not limited to:

* Required attendance time at activity (e.g., 100% of activity, or miss no more than 10 minutes of activity)
* Successful completion of post-test (i.e., attendee must score X% or higher)
* Completed evaluation form
* Return demonstration
* **Presence or absence of conflict of interest for planners, presenters, faculty, authors, and content reviewers.** Any influencing relationships, *or lack thereof*, of planners, presenters, faculty, authors, or content reviewers in relation to the educational activity. Individuals must disclose:
* Name of individual
* Name of commercial interest
* Nature of the relationship the individual has with the commercial interest

**Disclosures required, if applicable, include:**

* **Commercial Support.** Learners must be informed if a commercial interest has provided financial or in-kind support for the educational activity.
* **Sponsorship.** Learners must be informed if an entity has provided financial or in-kind support for the educational activity.
* **Non-Endorsement of Products.** Learners must be informed that approved provider status does not imply endorsement by the provider of the educational activity, ONA or ANCC of any commercial products discussed/displayed in conjunction with the educational activity.

**17. Recordkeeping:** You must keep the records as designated here in the Provider Manual and in your Provider Unit policy. Information should be secure, confidential, and retrievable.

You must keep the following information for six years. (**Note**: most of this information is contained on the faculty directed or independent study documentation form plus required attachments)

∙ Title and location (if live) of activity

∙ Type of activity format: live or enduring

∙ Date live activity presented or, for ongoing enduring activities/independent studies, date first offered and subsequent review dates

∙ Description of the target audience

∙ Method of the needs assessment

∙ Findings of the needs assessment

∙ Names, titles, and expertise of activity planners

∙ Role held by each Planning Committee member (must include identification of the Nurse Planner and content expert(s))

∙ Names, titles, and expertise of activity presenters, faculty, authors, and/or content reviewers

∙ Conflict of interest disclosure statements from planners

∙ Resolution of conflict of interest for planners, if applicable

∙ Conflict of interest disclosure statements from presenters, faculty, authors, and/or content reviewers

∙ Resolution of conflict of interest for presenters, faculty, authors, and/or content reviewers, if applicable

∙ Purpose of activity

∙ Objectives of activity

∙ Evidence of gap in knowledge, skill, or practice for the target audience

∙ Content of activity: an Educational Planning Table

∙ Instructional strategies used

∙ Evidence of learner feedback mechanisms

∙ Rationale and criteria for judging successful completion

∙ Method or process used to verify participation of learners

∙ Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant)

∙ Template of evaluation tool(s) used

∙ Marketing and promotional materials

∙ Means of ensuring content integrity in the presence of commercial support (if applicable)

∙ Commercial support agreement with signature and date (if applicable)

∙ Means of ensuring content integrity in the presence of sponsorship (if applicable)

∙ Sponsorship agreement with signature and date (if applicable)

∙ Evidence of disclosing to the learner:

* Purpose and/or objectives and criteria for successful completion
* Presence or absence of conflicts of interest for all members of the
* Planning Committee, presenters, faculty, authors, and content reviewers
* Sponsorship or commercial support (if applicable)
* Non-endorsement of products (if applicable)
* Expiration date (enduring materials only)

∙ Documentation of completion must include:

* Title and date of the educational activity
* Name and address of provider unit of the educational activity (web address acceptable)
* Number of contact hours awarded
* Provider unit approved provider statement
* Participant name
* Representative sample of participant names with unique identifier to be collected (Provider unit must maintain all participant data in a safe and secure manner.)
* Division of responsibilities among co-providers (if applicable)
* Co-provider agreement with signature and date (if applicable)

**18. Co-providership**

* Check if you are or are not co-providing this activity.
* If you are, list who your co-provider is and check that you will maintain the overall responsibilities for the items listed in item C. Attach the signed co-provider agreement.

When an activity is co-provided, the Approved Provider Unit is referred to as the provider of the educational activity. The other organization(s) are referred to as the co-provider(s) of the educational activity. The co-providing organization may **not** be a commercial interest or sponsor. The Approved Provider Unit’s Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria and OBN rules.

When an educational activity is co-provided, the Nurse Planner is responsible for:

* The signed co-provider agreement
* Ensuring that the Approved Provider Unit’s name is prominently displayed in all marketing material and certificate
* The name(s) of the organizations acting as the co-provider(s)
* Statement of responsibility of the provider, including:
* Determining educational objectives and content
* Selecting planners, presenters faculty, authors, and content reviewers
* Awarding of contact hours
* Recordkeeping procedures
* Developing evaluation methods
* Managing commercial support or sponsorship
* Name and signature of the individual legally authorized to enter into contracts on behalf of the Approved Provider Unit
* Name and signature of the individual legally authorized to enter into contracts on behalf of the co-provider(s)
* Date the agreement was signed

**Quality Improvement Tool**

After the completion of the activity, create a summative evaluation from the learners’ evaluations. Then complete the QI Tool. This tool is designed to help you make final decisions about the activity – can it be repeated, is it now done, or do we need to plan something different? Keep the completed tool in your file with the other material.

**Note**: You may use the QI Tool that is attached to the Faculty Directed Documentation Form or adapt it to your provider unit’s needs. You must include these questions but may add others.

**Chapter 5 - Independent Study Activities for Approved Provider Units**

This chapter has been developed to guide you in completing the Independent Study Documentation Form for your independent study activity. This chapter has been organized into two sections:

1. General information to explain what is required in each section of the documentation form.

2. Information about the Independent Study Addendum

An **independent study** CE activity is designed for completion by learners, independently, at the learner’s own pace and at a time of the learner’s choice. The provider designs the educational activity and determines the amount of credit to be awarded. Examples of independent study activities include but are not limited to viewing videotapes or listening to audio tapes and completing post test questions; accessing on-line 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.

An independent study activity may be repeated as often as desired so long as the Nurse Planner determines it is still current unless substantial changes are made.

Chapter 7

**Documentation Form**

The documentation form has items that are numbered from 1 through 20. The following is a description of these items.

Items 1 through 7 are related to **Demographic Data**.

1. List the title of the activity. This title needs to appear the same throughout the documentation form and all attachments such as the certificate, advertising, etc.

2. List the date the documentation form is completed. The documentation form must be completed before the study goes live.

3. List the number of contact hours you wish to provide for your activity.

4. Identify how long this activity will be available to learners. This may be from 3 months up to 2 years.

5. List the name and information of the contact person for this activity.

6. List the name and contact information for the Nurse Planner in the provider unit. Check how this RN is knowledgeable in the CE criteria.

7. Please be sure that this is indeed a continuing education activity and check the appropriate response. As noted in chapter 1, CE is defined as planned, organized learning experiences designed to improve the knowledge, skills and attitudes of nurses. It enhances nursing practice, education, theory development, research and administration. The outcome of continuing education should be to improve the health of the public and nurses’ pursuit of their professional career goals.

The remaining questions relate to the **Educational Design Process**. You will find Chapter 3 (Educational Design Process) of assistance for the following questions.

8. **This item refers to assessment of the learners and their needs.**

A. Identify who the potential target audience is for this activity.

B. Identify what method(s) you used to assess the potential learners’ needs.

C. Provide a narrative description of what evidence came from the needs assessment.

D. Provide a narrative description of the gap analysis that you conducted based on this information. (Compare where learners are now vs. where they should be.)

E. Identify what outcome you want the learner to achieve based on the information in items B through D above.

9. **Planning Committee and Authors**

A. For the documentation form, list the name and credentials of each person on the planning committee in section A. Include their completed bio forms with the documentation form. DO NOT include resumes or CVs.

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

1. One Provider Unit Nurse Planner responsible for the activity (currently licensed RN who has at least a baccalaureate or higher degree in nursing, and who is responsible for adherence to criteria, rules and requirements); and

2. One person who has relevant content expertise.

As long as there are at least two people on the planning committee, one person can fill one or more of the required roles listed in items 1 and 2 above.

3. If the activity is designed specifically for a non-certified CNS or an APRN with prescriptive authority, then one of these individuals must be included on the planning committee.

4. In some instances the planning committee may ask an expert in the content to review the speaker(s) slides and handouts to insure that there is no bias, that there is content integrity, and that the information is the best available evidence at the time of the presentation. This content reviewer will need to provide a bio form and to be evaluated for conflict of interest prior to engaging in the review of the content.

The biographical forms and disclosure about conflict of interest must be updated with each newly planned activity.

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

**Note:** Refer to Chapter 3: Educational Design Process, section titled *Conflicts of Interest*

B. List the names and credentials of the **content specialists/authors and feedback providers**. Include current bio forms for each person.

**Personnel**

**Authors** responsible for the design and content of the learning activity have knowledge and expertise in the content area.

An author may create an independent study from the ground up. S/he may select video tapes, publications, computer programs, or other teach/learning resources that will meet the specific needs of the target audience.

All authors do not have to be nurses, but nurses should address nursing care and nursing implications. Be sure the bio form contains information that is **relevant and specific to this activity**. Do not attach complete professional biographies (CV’s).

Each author must also attest that they will provide the best available evidence for this content. A section on the bio form addresses this component.

**Copyright**. If using material developed by others, it is the responsibility of the author(s) and Nurse Planner to ensure s/he has copyright permission to use the material.

10. **Effective Design Principles**

A. **Objectives**: List the objectives on the educational grid, page 7.

Objectives for the CE activity are stated in behavioral terms that define the expected outcomes for the learner.

The objectives are derived from the outcome (item 8-E) 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 D 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.

B. **Content and Time Frame:**  List the content and time frame for each objective.

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.

Content should be selected based on the **most current available evidence**. Documentation should support quality of evidence chosen for content. Examples include but are not limited to evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content expert/expert opinion. (2013 Primary Accreditation Application Manual…, p. 25). The speaker(s) need to include a **list of references** (bibliography) used in the preparation of the presentation so that the nurse planner and/or content reviewer can evaluate if the content is based on best available evidence.

Content needs to be reviewed for currency and relevance at least every three years.

**Pharmacology Hours**: If the activity is being planned specifically for APRNs with prescriptive authority and the content specifically addresses pharmacotherapeutics, the Nurse Planner needs to delineate the exact amount of time on the page 6 educational grid which is devoted to pharmacotherapeutics. This will allow the number of contact hours related to pharmacotherapeutics to be calculated correctly. The certificate would then include the number of contact hours to be awarded AND the number of Pharm hours. (e.g., 6 contact hours including 2 Pharm contact hours)

C. **Teaching-Learning Strategies:** List all of the teaching strategies in the last column of the educational grid **on page 7.**

D. **Learner Feedback**: Check the best description or describe how learners will be provided feedback about their progress.

E. **Criteria for Successful Completion:** Check the criterion or criteria for successful completion that the learner must meet in order to get a certificate. These criteria must be consistent with the outcome, objectives, and teaching/learning strategies. Check the reason or rationale for selecting this (these) criteria.

1. **Verification of Participation:** Check how you will verify who participates in the activity.
2. **Learning Activity Plan/Process:** Check and describe the entire independent study package which includes an outline of all activities of the learner, materials needed to complete the study and the method the learner is to use to gain access to resources or interact with the provider of the independent study.

11**. Contact Hours**

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. **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. (4723-14, OAC).

Describe how the study’s effectiveness was assessed, the results of the assessment, and the changes you made based on this assessment.

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? Was a recognized formula such as the Mergener Formula used for written materials?

Participants in the pilot study may receive contact hours for their participation once the pilot study is completed and the appropriate number of contact hours to be awarded has been determined.

If this independent study expires and it is being reviewed again for another 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 thisdocumentation form.

Describe the method for calculating the contact hours and show evidence of how contact hours were calculated.

Identify **Pharmacotherapeutic** minutes or hours if the activity is for APRNS and the content relates to pharmacotherapeutics.

12**. Evaluation:** Check the method(s) of evaluation for this activity.

It is an expectation that learners provide input into evaluation of each activity. The form of evaluation may vary depending upon the outcome expected, the objectives, content and teaching methods. The Ohio Board of Nursing requires that there be a method of evaluation that addresses achievement of the objectivesand the teaching effectiveness of each speaker. The planning committee may also decide to evaluate whether the participant gained knowledge at the conclusion of the activity through testing, a question (s) on the evaluation form, etc. The learner may also need to return demonstrate knowledge or skills such as in Fetal Monitoring or Basic EKG courses.

The planning committee must identify the method(s) of evaluation that will be done with the activity and provide a copy of this method in the documentation form.

13**. Approval Statement as Noted on Advertising Material**

Check the type of advertising being done for this activity and include a copy of each type of advertising.

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 was used, the final copy of the advertising must be included in the file as soon as it is printed.

If your advertising states that contact hours will be awarded for the activity, the following statement must also appear on that advertising. The 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.

**Sample:**

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.

**ABC Hospital (OH-###, expiration date) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), 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.

**Optional Statement:**

Indiana State Nurses Association and ANA-Illinois are welcome to add the following statement:

The Indiana State Nurses Association has designated ONA as the official approver of CNE Providers and activities for Indiana.

ANA-Illinois has designated ONA as the official approver of CNE Providers and activities for Illinois.

14. **Documentation of Completion/Certificate**

A copy of the completed certificate or documentation of completion to be given to the learner must be included with the documentation form. It must include the following information:

* Name of learner
* Name and address of Approved Provider Unit of the educational activity (web address acceptable)
* Title & date of completion of educational activity
* Number of contact hours awarded
* If the activity is designed for APRNs with prescriptive authority and provides content related to pharmacology and prescribing, then the number of pharmacology hours needs to be designated. (e.g., 6.0 contact hours including 3.0 Pharm hours.)
* Official approved provider statement

**ABC Hospital (OH-###, expiration date) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.**

15. **Commercial Support and Sponsorship**

Check yes or no to whether you have or are seeking commercial support or sponsorship on the documentation form. If you are seeking either one, you need to list complete the section on how you will maintain content integrity and provide a copy of the signed written agreement.

* A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on , patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies.
* Commercial Support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.
* A sponsor is identified as an organization that provides financial or in-kind contributions for a CE activity and does not meet the definition of commercial interest.
* A provider of commercial support or sponsorship may **not** be on an educational planning committee, be a co-provider of the activity, or the provider of the activity.
* If commercial support is provided for a CE activity, an employee from the organization providing commercial support/sponsorship may **not** be a speaker.
* The individual activity applicant must have a signed, written agreement if commercial support or sponsorship is accepted.
* **Note**: You are not required to have a commercial support or sponsor agreement for those who are only exhibiting at the event.

The Approved Provider Unit must adhere to the American Nurses Credentialing Center’s Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities at all times. These standards are listed in Appendix H, page 72.

16. **Prevention of Bias:** Check what steps have been taken to prevent bias.

Bias is defined as the process of causing partiality, favoritism or influence. (2013 Primary Accreditation Manual…, 2011). The Nurse Planner is responsible for ensuring that bias does not occur in the planning of the activity or the actual presentation. Several options to manage prevention of bias have been listed in the documentation form.

17. **Disclosures:** Check how disclosures will be made to the learner and include a copy of these written disclosures that are given to the learners.

**Disclosures in the *Planning Process*:**

**Signed Conflict of Interest Disclosure Form.** All planners, presenters, faculty, authors, and content reviewers must disclose any conflicts of interest related to planning of an educational activity. Forms must be signed and dated. Disclosure must be relative to each educational activity. If a potential or actual conflict is identified, the planning process must include a mechanism for resolution.

**Disclosures provided to the *Learner*:**

Learners must receive disclosure of required items prior to the start of an educational activity. In live activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring print materials or Web-based activities, disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may **not** occur or be located at the end of an educational activity. Evidence of the disclosures to the learner **must** be retained in the activity file.

**Disclosures always required include:**

* **Notice of requirements for successful completion of the educational activity:**

Prior to the start of an educational activity, learners must be informed of the **purpose and/or objectives** of the educational activity and the **criteria used to determine successful completion**, which may include but are not limited to:

* Required attendance time at activity (e.g., 100% of activity, or miss no more than 10 minutes of activity)
* Successful completion of post-test (i.e., attendee must score X% or higher)
* Completed evaluation form
* Return demonstration
* **Presence or absence of conflict of interest for planners, presenters, faculty, authors, and content reviewers.** Any influencing relationships, *or lack thereof*, of planners, presenters, faculty, authors, or content reviewers in relation to the educational activity. Individuals must disclose:
  + - Name of individual
    - Name of commercial interest
    - Nature of the relationship the individual has with the commercial interest

**Disclosures required, if applicable, include:**

* **Commercial Support.** Learners must be informed if a commercial interest has provided financial or in-kind support for the educational activity.
* **Sponsorship.** Learners must be informed if an entity has provided financial or in-kind support for the educational activity.
* **Non-Endorsement of Products.** Learners must be informed that approved provider status does not imply endorsement by the provider of the educational activity, ONA, OBN, or ANCC of any commercial products discussed/displayed in conjunction with the educational activity.
* **Expiration of Enduring Material (Independent Studies)** Educational activities provided through an enduring format (e.g., print, electronic, web-based) are required to include an expiration date documenting how long contact hours will be awarded. This date must be visible to the learner *prior to the start* of the educational content. The period of expiration of enduring material should be based on the content of the material but cannot exceed three years ANCC requires review of the content of each enduring material at least once every three years, or more frequently if indicated by new developments in the field specific to the enduring material. Upon review of enduring material for accuracy and current information, a new expiration date is established.

18. **Recordkeeping:** You must keep the records as designated here in the Provider Manual in your Provider Unit’s policy.

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

Information that you must keep include the following: (note that most of this information is contained on your faculty directed or independent study documentation form plus required attachments)

∙ Title and location (if live) of activity

∙ Type of activity format: live or enduring

∙ Date live activity presented or, for ongoing enduring activities/independent studies, date first offered and subsequent review dates

∙ Description of the target audience

∙ Method of the needs assessment

∙ Findings of the needs assessment

∙ Names, titles, and expertise of activity planners

∙ Role held by each Planning Committee member (must include identification of the Nurse Planner and content expert(s))

∙ Names, titles, and expertise of activity presenters, faculty, authors, and/or content reviewers

∙ Conflict of interest disclosure statements from planners

∙ Resolution of conflict of interest for planners, if applicable

∙ Conflict of interest disclosure statements from presenters, faculty, authors, and/or content reviewers

∙ Resolution of conflict of interest for presenters, faculty, authors, and/or content reviewers, if applicable

∙ Purpose of activity

∙ Objectives of activity

∙ Evidence of gap in knowledge, skill, or practice for the target audience

∙ Content of activity: an Educational Planning Table

∙ Instructional strategies used

∙ Evidence of learner feedback mechanisms

∙ Rationale and criteria for judging successful completion

∙ Method or process used to verify participation of learners

∙ Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant)

∙ Template of evaluation tool(s) used

∙ Marketing and promotional materials

∙ Means of ensuring content integrity in the presence of commercial support (if applicable)

∙ Commercial support agreement with signature and date (if applicable)

∙ Means of ensuring content integrity in the presence of sponsorship (if applicable)

∙ Sponsorship agreement with signature and date (if applicable)

∙ Evidence of disclosing to the learner:

* Purpose and/or objectives and criteria for successful completion
* Presence or absence of conflicts of interest for all members of the
* Planning Committee, presenters, faculty, authors, and content reviewers
* Sponsorship or commercial support (if applicable)
* Non-endorsement of products (if applicable)
* Expiration date (enduring materials only)

∙ Documentation of completion must include:

* Title and date of the educational activity
* Name and address of provider of the educational activity (web address acceptable)
* Number of contact hours awarded
* Official approved provider statement
* Participant name

∙ Representative sample of participant names with unique identifier to be collected (Provider must maintain all participant data in a safe and secure manner.)

∙ Division of responsibilities among co-providers (if applicable)

∙ Co-provider agreement with signature and date (if applicable)

19. **Co-providership**

* Check if you are or are not co-providing this activity.
* If you are, list who your co-provider is and check that you will maintain the overall responsibilities for the items listed in item C. Attach the signed co-provider agreement.

When an activity is co-provided, the Approved Provider Unit is referred to as the provider of the educational activity. The other organization(s) are referred to as the co-provider(s) of the educational activity. The co-providing organization may **not** be a commercial interest or sponsor. The Approved Provider Unit’s Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria and OBN rules.

When an educational activity is co-provided, the Nurse Planner is responsible for:

* The signed co-provider agreement
* Ensuring that the Approved Provider Unit’s name is prominently displayed in all marketing material and certificate
* The name(s) of the organizations acting as the co-provider(s)
* Statement of responsibility of the provider, including:
* Determining educational objectives and content
* Selecting planners, presenters faculty, authors, and content reviewers
* Awarding of contact hours
* Recordkeeping procedures
* Developing evaluation methods
* Managing commercial support or sponsorship
* Name and signature of the individual legally authorized to enter into contracts on behalf of the Approved Provider Unit
* Name and signature of the individual legally authorized to enter into contracts on behalf of the co-provider(s)
* Date the agreement was signed

**Quality Improvement Tool**

After the completion of the activity, create a summative evaluation from the learners’ evaluations. Then complete the QI Tool. This tool is designed to help you make final decisions about the activity – can it be repeated, is it now done, or do we need to plan something different? Keep the completed tool in your file with the other material.

**Note**: You may use the QI Tool that is attached to the Independent Study Documentation Form or adapt it to your provider unit’s needs. You must include the questions on the tool, but may add others.

**Independent Study Addendum**

An Independent Study Addendum has been designed **only** for Approved Provider Units through the Ohio Nurses Association. If you have a faculty directed activity taped and wish to present it as an independent study, you can complete this form to meet the additional criteria for an independent study. The faculty directed activity has to have been completed and met all criteria before using this form to turn the activity into an independent study. This addendum replaces the full independent study form that you have been using only when you transfer a faculty directed activity to an independent study format. (If you develop the independent study as only a study and not as a faculty directed activity first, then you must use the full independent study documentation form.) This addendum is to be used when there are no changes/differences in the objectives and content of the activity as identified on the Faculty Directed Documentation Form. For example, you could use this form if you tape the live program without any changes, if you tape the live program but do not include the Q&A time at the end of the session or if you tape the program and add a post-test. If there are any significant changes, then a regular Independent Study Documentation Form must be used.

**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 includes a chart which compares continuing education, in-service, orientation and basic educational preparation.
* Appendix B Sample organizational chart for the provider unit.
* Appendix C includes sample position descriptions for the Primary Nurse Planner and Nurse Planners.

**Appendices related specifically to individual activities:**

* Appendix D discusses how to write objectives and verbs commonly used in the three domains of learning.
* Appendix E discusses co-providership and provides an algorithm that could be used by the provider unit and a sample agreement.
* Appendix F is sample disclosure statements.
* Appendix G is Conflict of Interest and Resolution.
* Appendix H includes ANCC’s content integrity standards for industry support in continuing nursing educational activities
* Appendix I is a sample summative evaluation.
* Appendix J includes a glossary of terms included in the manual.

**Please note**: The samples included in this manual are meant to be examples only.

**References & Resources:**

* + - 1. 2013 Primary Accreditation Application Manual, American Nurses Credentialing Center’s Commission on Accreditation, Silver Spring, MD, 2011.
      2. Rules promulgated from the Ohio Law Regulating the Practice of Nursing, (Chapter 14), February 1, 2012.
      3. Ohio Board of Nursing, [www.nursing.ohio.gov](http://www.nursing.ohio.gov)
      4. Nursing Professional Development: Scope and Standards of Practice. American Nurses Association #NPD-20, Silver Spring, MD, 2010.

**APPENDIX A**

**DIFFERENTIATION BETWEEN LEVELS OF EDUCATION**

**BASIC EDUCATION**

Basic educational information

Prepares for entry level into practice

Addresses basic standards of practice

Target audience: nurses preparing for entry level into the profession

**ORIENTATION**

Educates for work at specific institution

Teaches and tests for skill competency

Addresses institution-based standards of practice

Target audience: nurses preparing for a new employer or a new career role

**INSERVICE**

Educates to new procedure or equipment

Enables or increases skill competency

Involves practice previously learned skills

Addresses institution-based standards of practice

Target audience: nurses preparing to utilize new tools or utilize information

specific to the work setting

**CONTINUING EDUCATION**

Acquires new knowledge and skills to enable advanced decision making

Acquires greater depth of knowledge and skills in a particular area of nursing

Enhances professional attitudes and values

Advances career goals and promotes professional development

Supports innovation and creativity in practice

Implements change within the individual’s practice and within healthcare in general

Addresses new standards of practice, laws and rules

Target audience: nurses seeking enhanced professionalism and utilization of

advanced nursing decisions and actions

**APPENDIX B**

45

**SAMPLE**

**ORGANIZATIONAL CHART FOR THE PROVIDER UNIT**

XYZ College of Nursing

CE Provider Unit

**Organizational Chart**

Betty Smith, PhD

President

**Continuing Education**

**Advisory Council**

(Nurse Planners)

Stephanie Baker, MSN, RN, BC, CNS

Judy Wilkins, MSN, RN

Sue Walden, BSN, RN

Christina McNeil, MS, RN- BC

Lisa Trotter, PhD, RN-BC

Molly Moore, BSN, RN- BC

Mary Jackson, MS, RN-BC

Primary Nurse Planner

Director, CE Department

Janet Mathews, PhD, RN

Dean, College of Nursing

Dean

Administrative Assistant

Sandy Williams

**APPENDIX C**

**SAMPLE POSITION/ROLE DESCRIPTIONS**

Some provider units may have Nurse Planners who are paid staff, volunteers or consultants or who are in a position other than continuing education/staff development. 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. The position description for the Nurse Planners and other key people in the provider unit must relate specifically to the person’s role in the provider unit, not the job description. Below are samples of a Primary Nurse Planner’s and a Nurse Planner’s position/role description in such an organization as described above. **Note**: These position/role descriptions are only one example of meeting the criteria.

**Position Description for Primary Nurse Planner**

**Qualifications:**

1. A minimum of a baccalaureate degree in nursing.
2. Hold a current, valid license as a registered nurse.
3. Experience with the assessment, planning, implementation and evaluation of continuing education activities.
4. Knowledge of and experience with adult learning principles.

**Responsibilities:**

1. Participate in and ensure that the ANCC accreditation criteria, and ONA guidelines 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 other key personnel in the provider unit.
4. Ensure that all Nurse Planners hold current, valid licenses as registered nurses and have a minimum of a baccalaureate degree in nursing.
5. Monitor the actions of the nurse planners in relation to the provider unit.
6. Oversee the functioning of the provider unit.
7. Implement the overall evaluation plan for the provider unit.

**Position Description for Nurse Planners**

**Qualifications:**

1. A minimum of a baccalaureate degree in nursing.

2. Hold a current, valid license as a registered nurse.

2. Experience with the assessment, planning, implementation and evaluation of continuing education activities.

3. Knowledge of and experience with adult learning principles.

**Responsibilities:**

1. Participate in and ensure that the ANCC accreditation criteria, and ONA guidelines 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 Primary Nurse Planner.

4. Provide the Primary Nurse Planner with ideas/issues that may be developed into continuing education for nurses.

**APPENDIX D**

**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:  "After this offering, the participants will 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 Comprehension Application Analysis Synthesis Evaluation**

define translate interpret distinguish compose judge

repeat restate apply analyze plan evaluate

record discuss employ differentiate propose rate

list describe use calculate design compare

recall explain demonstrate experiment formulate value

name express dramatize test arrange revise

underline identify relate compare assemble score

identify locate illustrate contrast collect select

recognize report operate solve construct choose

review schedule diagram create assess

tell shop inspect set up estimate

conclude sketch debate organize measure

detect develop inventory prepare appraise

predict generalize question classify critique

differentiate examine organize validate

select categorize

interpret criticize

estimate

cite examples of

demonstrate use of

E**.  Suggested verbs in the affective domain**

**Receiving Responding Valuing Organization Characterization of**

**values by value**

acknowledge acts accepts argues acts consistently

shares willingly acclaims debates is accountable

shows awareness listens to agrees declares stands for

of cooperates defend s takes a stand

with helps

responds respects

selects supports

shows interest

**F.  Suggested verbs in the psychomotor domain**

**Imitation Manipulation Precision Articulation Naturalization**

follows example carries out demonstrates carries out is competent

of according to skill in is skillful in is skilled

follows lead of procedure using using carries out

follows uses

procedure

practices

Adopted from:

Johnson & Johnson.  Assuring Learning with Self‑Instructional Packages.  Sel­Instructional Packages, Inc., 1973.

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

**APPENDIX E**

**CO-PROVIDERSHIP FOR APPROVED PROVIDERS**

(1st two paragraphs excerpted from 2013 Primary Accreditation Application Manual)

**When an activity is co-provided, the Approved Provider is referred to as the provider of the educational activity. The other organization(s) are referred to as the co-provider(s) of the educational activity. The co-providing organization may not be a commercial interest or sponsor. The Approved Provider Unit’s Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria [and OBN rules].**

When an educational activity is co-provided, the Provider Unit’s Nurse Planner is responsible for:

* Signed co-provider agreement
* Ensuring that the Approved Provider name is prominently displayed in all marketing material and certificate
* The name(s) of the organizations acting as the co-provider(s)
* Statement of responsibility of the provider, including:

a. Determining educational objectives and content.

b. Selecting planners, presenters/faculty, authors and content reviewers;

c. Awarding of contact hours;

d. Record keeping procedures;

e. Developing evaluation methods; and

f. Managing commercial support or sponsorship.

* Name and signature of the individual legally authorized to enter into contracts on behalf of the Approved Provider
* Name and signature of the individual legally authorized to enter into contracts on behalf of the co-provider(s)
* Date the agreement was signed.

**Definition:** To co-provide is the process for planning, developing and implementing an educational activity by two or more organizations or agencies. (ANCC 2013 Primary Accreditation Application Manual, 2011) 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.

**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 Nurse Planners actively involved in the planning from the beginning. This Nurse Planner will be the person responsible for assuring that ANCC accreditation/OBN educational design criteria/rules as provided by ONA 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 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 which is only allowed by a recognized approver unit. 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 Situations:**

A. 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.

**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 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 Nurse Planners must be involved in planning each educational event. Your provider unit may provide continuing education and award contact hours for this activity.

B. If an employee of your organization is working with a group outside of the work setting, the employee must involve a Nurse Planner to see if it would be beneficial or appropriate for your Approved Provider Unit to co-provide with this outside group. If the answer is yes, then 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.

C. 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.

D. If the Nurse Planner is approached by an entity that has planned and developed a CE 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.

E. 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.

See the algorithm for a diagrammed copy of the above content on the next page.

**Commercial Support/Sponsorship:** Commercial interests (entities) may not co-provide. Commercial support and/or sponsorship, however, 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 accreditation criteria or OBN 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 accreditation criteria do not use the terms 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. A sponsor is a non-commercial interest who provides money or in-kind services to help support the activity. For example, a foundation might provide a grant or a university might provide a free room for your event. These groups are not commercial interests but are still providing assistance so that you can provide your activity.

**Repetition of a Learning Activity by a Co-provider**

If an approved provider unit and an outside entity (individual, company, etc.) plan a CE activity together (co-provide), the Approved Provider Unit should plan and complete the planning documentation form with one of its Nurse Planners as part of the planning process. If the co-provider then wishes to repeat the CE activity separately from the Approved Provider Unit, the co-provider must submit an application through an approver such as ONA. The Approved Provider Unit may not approve the activity for the organization that was previously a co-provider for that activity, nor may the approved provider allow the outside entity to use the provider unit’s contact hours for repetition of the activity.

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

**SAMPLE CO-PROVIDER AGREEMENT**

(Approved Provider Unit name) and (co-provider’s name) agree to plan and present a CE activity entitled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

As the Approved Provider Unit, we will maintain responsibility for determination of educational objectives and content; selection of planners, presenters/faculty, authors and content reviewers; awarding of contact hours; record keeping procedures; development of evaluation methods; and management of any commercial support or sponsorship.

(Co-provider name) will assist by ……

The advertising will state that this event is presented by (Approved Provider Unit name) and (co-provider’s name).

Approved Provider Unit Nurse Planner’s Signature (or person legally authorized to sign):

Co-provider’s Signature (or person legally authorized to sign):

Date:

**Co-Providership Situations**

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

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

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

**If you are approached by an entity who has planned and developed a CNE event**

**and is seeking contact hours:**

* 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.
* Nurse Planner in contact with other agency would plan and implement the co-provided event.

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

* The employee must involve a Nurse 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 ONA) if the co-provider relationship is not desired.

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

The Nurse Planner must be involved in planning each educational event.

* Your agency may provide education and award contact hours for this education, to nurses and dialysis techs.

**As An Approved Provider:**

**APPENDIX F**

**SAMPLE DISCLOSURE STATEMENTS**

The following are brief examples of how disclosures might be made prior to the start of the event. These disclosures can be made on the advertising, the confirmation letter, the agenda on top of the handouts received on the day of the event, etc. They could also be in multiple ways – e.g., purpose or objectives and criteria for successful completion on advertising, and then the remainder on the agenda received on the day of the event.

**Conflict of Interest**

* The planners and faculty have declared no conflict of interest.
* The planners and all but one faculty have declared no conflict of interest. Janet Smith has a conflict of interest. She received a research grant on this topic from ABC Pharmaceutical Company.

**Commercial Support/Sponsorship**

* ABC Health Products Company provided an unrestricted grant for this activity.

**Sponsorship**

* Lunch is being sponsored by The XYZ Hospital of Central Ohio.

**Non-endorsement**

If products are being displayed during exhibits or in a session, the statement below must be included. CE activities may not promote any products or services. Some providers choose to include this statement also when they receive sponsorship and/or commercial support regardless if products are being displayed.

* Approved provider status does not imply endorsement by [insert provider’s name], ANCC, OBN or ONA of any products displayed in conjunction with an activity.

**Criteria for Successful Completion**

* Criteria for successful completion include attendance at the entire event and submission of a completed evaluation form.
* Criteria for successful completion include attendance of at least 80% of the event and submission of a completed evaluation form.
* Criteria for successfulcompletioninclude attendance at one or more sessions.

**Outcome**

[Simply state the outcome as you listed it in the documentation form, **Item 8.E]**

**Objectives**

[Simply list the objectives as you listed them on **page 7** (objective/content grid) of the Faculty Directed Documentation Form **or page 7** of the Independent Study Documentation Form].

**APPENDIX G**

**CONFLICT OF INTEREST AND RESOLUTION**

**(***Excerpt from the 2013 Primary Accreditation Application Manual***)**

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

\**Commercial interest*, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

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

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

* Relationships with any commercial interest of the individual’s spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
* Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
* Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

**Evaluation**

The Nurse Planner is responsible for evaluating whether any relationship with a commercial interest is considered relevant to the content of the educational activity. Disclosures may be categorized in the following ways:

* No relationship with a commercial interest exists. No resolution required.
* Relationship with a commercial interest exists. The relationship with the commercial interest is evaluated by the Nurse Planner and determined not to be relevant to the content of the educational activity. No resolution required.
* Relevant relationship with a commercial interest exists. The relevant relationship is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity. **Resolution is required.**

**Resolution and Activity Assessment**

Actions taken to resolve conflicts of interest must demonstrate resolution of the identified conflicts of interest **prior to** presenting/providing the educational activity to learners. Such actions must be documented and the documentation must demonstrate (1) the identified conflict, and (2) how the conflict was resolved. Actions may include but are not limited to the following:

* Removing the individual with conflicts of interest from participating in all parts of the educational activity.
* Revising the role of the individual with conflicts of interest so that the relationship is no longer relevant to the educational activity.
* Not awarding continuing education contact hours for a portion or all of the educational activity.
* Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
* Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

**Disclosure**

Prior to the educational activity, regardless of format or venue, any funding or in-kind support provided by a Commercial Interest Organization for the educational activity is disclosed to the learners/participants.

Individuals refusing to disclose relationships with Commercial Interest Organizations may not participate in any part of the educational activity.

**OHIO NURSES ASSOCIATION**

**CONTINUING EDUCATION APPROVER COUNCIL**

**Conflict of Interest Decision Tree**

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

Is there any type of affiliation or relationship to disclose?

to the content of the educational a Activity?

**No**

No Conflict of Interest exists

**Yes**

No Conflict of Interest related to this educational activity

**No**

Is the affiliation or relationship related to the **content** of the educational activity?

**Yes**

Conflict of interest to disclose and a resolution is **required**

**Resolutions** may include, but are not limited to the following:

* Removing individual with conflict of interest from participating in all parts of the educational activity
* Revising the role of the individual with conflict of interest so the financial relationship is no longer relevant
* Not awarding contact hours for a portion or all of the educational activity
* Content of the educational activity evaluated for bias and activity monitored to evaluate for commercial bias
* Content of educational activity evaluated for bias and participant feedback reviewed for commercial bias No Conflict Interest exists

**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 the Nurse Planner all potentially biasing relationship of a financial nature that exist or have existed within the last 12 months for both myself and my significant other (if applicable). 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 logos from any commercial entity. (The copyright symbol may be included on each of the slides.) |  |  |
| 9. | I understand that the Nurse Planner for this activity 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 (may be electronic) Date

**PRESENTATION TITLE**:

**APPENDIX H**

**American Nurses Credentialing Center’s**

**Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities**

**Table of Contents for this appendix:**

1. Introduction
2. Definition of a Commercial Interest Organization
3. Related Organizations
   1. Separate federal tax ID number
   2. Separate legal entity
   3. Operational structure separation
      1. Phone, fax line, email
      2. Web sites/links to web sites;
      3. Electronic databases and hard copy documents;
      4. Written policies and procedures
      5. Governance structure and personnel;
      6. Independent decision making
   4. Control of educational content
4. Types of Commercial Support for Continuing Nursing Education
   1. Financial Support
   2. “In-Kind” Support
5. Ensuring Content Integrity of an Educational Activity in the Presence of Commercial Support
   1. Written agreement between Commercial Interest and Organization
   2. Payments
   3. Unused Funds
   4. Co-Providing
   5. Accounting of Expenses
6. Conflict of Interest Evaluation and Resolution
7. Additional Criteria for Ensuring Content Integrity
   1. Promotion
   2. Advertisements
   3. Recruitment
   4. Confidentiality
   5. Advertising an Educational Activity
   6. Distribution of the Educational Activity
   7. Content of the Educational Activity
      1. Slides, handouts or other materials
      2. Live (in-person) activities – Logos and trademarks
      3. Enduring materials - Logos and trademarks
      4. Web-based materials – Logos and trademarks
      5. Evaluations
      6. Learner recruitment
8. Exhibits, Promotions and Sales
9. Giveaways
10. Failure to Comply
11. Complaints
12. **Introduction**

The American Nurses Credentialing Center’s Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities serves as a resource for accredited and approved organizations to provide quality continuing nursing education with integrity and free from undue influence from commercial interest organizations. Federal law, core values for the Accreditation Program (2009 and 2013 Application Manuals, Accreditation Program) and the *Code of Ethics for Nurses* (ANA, 2001) provide the foundation for these standards, which are designed to help accredited and approved organizations and those seeking ANCC accreditation comply with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities.

*\*”Provider” refers to an ANCC Accredited Provider or an organization or individual approved by [Ohio Nurses Association] (Approved Provider or Individual Activity Applicant).*

1. **Definition of a Commercial Interest Organization**

The American Nurses Credentialing Center (ANCC) defines an organization as having a commercial interest (“Commercial Interest Organization”)\* if it:

* Produces, markets, sells or distributes health care goods or services consumed by or used on patients;
* Is owned or operated, in whole or in part, by an organization that produces, markets, sells or distributes health care goods or services consumed by or used on patients; or
* Advocates for use of the products or services of commercial interest organizations.

(\*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC’s definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

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

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

* A government entity;
* A non-profit (503(c)) organization;
* A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
* An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems; or
* A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
* Liability insurance providers
* Health insurance providers
* Group medical practices
* Acute care hospitals (for profit and not for profit)
* Rehabilitation centers (for profit and not for profit)
* Nursing homes (for profit and not for profit)
* Blood banks
* Diagnostic laboratories

(\*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC’s definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

1. **Related Organizations**

* Parent Organization – An organization that owns one or more subsidiary organizations. A parent organization that is a Commercial Interest Organization is ***not eligible*** for accreditation [or approval].
* Subsidiary Organization – An organization that is owned by a parent company. A subsidiary of a Commercial Interest Organization is ***not eligible*** for accreditation [approval].
* Sister Organizations – Two organizations that share a common parent owner are “sister organizations.” An organization **may be eligible for accreditation [approval]** if it establishes and maintains an adequate corporate firewall to shield it from the influence of a sister organization that is a Commercial Interest Organization.

Adequacy of a corporate firewall will be evaluated by examining evidence demonstrating independence, based on the following factors:

1. The commercial interest organization and its non-commercial interest sister organization (the “educational organization”) have separate federal tax ID numbers;
2. The commercial interest organization and the educational organization are separate legal entities;
3. The operational structure of the commercial interest organization and the educational organization are separate and distinct, including but not limited to:

* Phone, fax and email communication;
* Web sites/links to web sites;
* Electronic and hard copy documents;
* Written policies and procedures that may impact the delivery of continuing education;
* Separate governance structures and personnel; and
* Independence in decision making;

1. Educational content for activities is planned, developed, implemented and controlled exclusively by the educational organization. The commercial interest organization may have no influence over content of the educational activity.
2. **Types of Commercial Support for Continuing Nursing Education**

Commercial Interest Organizations may provide monetary funding or other support (“Commercial Support”) for continuing nursing education activities in accordance with the following fundamental principles:

1 Commercial Support must not influence the planning, development, content, implementation or evaluation of an educational activity; AND

2 Receipt of Commercial Support must be disclosed to learners.

Commercial Support may be used to pay for all or part of an educational activity and for expenses directly related to the educational activity, including but not limited to: travel, honoraria, food, support for learner attendance and location expenses. Commercial Support may be used to support more than one educational activity at the same time or multiple activities over a period of time.

**Commercial Support is:**

1. **Financial Support** - money supplied by a Commercial Interest Organization to be used by a provider for expenses related to the educational activity. Financial support may be provided as an unrestricted grant, educational grant, donation or scholarship.
2. **“In-Kind” Support** – materials, space or other non-monetary resources or services used by a provider to conduct an educational activity; which may include and is not limited to human resources, marketing services, physical space, equipment such as audio-visual materials and teaching tools (for example, anatomic models). In-kind donations may not bear the trade names, logos or other identifying insignia of the Commercial Interest Organization.

In-kind support may not include promotion of goods or services of the Commercial Interest Organization. In the event that the trade name, logo or other identifying insignia cannot be removed (i.e. embedded in the piece of equipment), the provider must ensure that learners are aware of similar products produced by other companies. In addition, disclosure of the in-kind donation and a disclaimer that neither the provider nor ANCC [nor Ohio Board of Nursing or Ohio Nurses Association] are endorsing the product must be provided to learners.

1. **Ensuring Content Integrity of an Educational Activity in the Presence of Commercial Support**

Commercial Interest Organizations providing Commercial Support for continuing education may not influence the planning, implementation or evaluation of an educational activity. The following requirements to ensure content integrity must be satisfied by the provider when Commercial Support is accepted:

1. Written Agreement. There must be a written agreement between a Commercial Interest Organization providing Commercial Support and the provider utilizing Commercial Support. The written agreement must include the following:
   1. Name of the Commercial Interest Organization;

b. Name of provider;

c. Complete description of all Commercial Support provided, including both financial and in-kind support;

d. Statement that the Commercial Interest Organization will not participate in planning, developing, implementing or evaluating the educational activity;

e. Statement that the Commercial Interest Organization will not recruit learners from the educational activity for any purpose;

f. Description of how Commercial Support must be used by the provider

i. Unrestricted Use: Commercial Support given freely and without constraint by the

Commercial Interest Organization and the provider has sole discretion to administer Commercial Support as appropriate for planning, developing, implementing or evaluating the educational activity;

* + 1. Restricted Use: Commercial Support given to support a specific aspect of an

educational activity such as meals, breakout sessions or speaker honoraria.

g. Signature of a duly authorized representative of **the** Commercial Interest Organization with authority to enter into binding contracts on behalf of the Commercial Interest Organization;

h. Signature of a duly authorized representative of the provider with authority to enter into binding contracts on behalf of the provider; and

j. Date on which the written agreement was signed.

1. Payments. All payments for expenses related to the educational activity must be made by the provider. The provider must keep a record of all payments made using Commercial Support funding. Commercial Support funds may only be used to support expenses directly related to the educational activity.
2. Unused Funds. The Commercial Interest Organization may request the return of unused Commercial Support funds.
3. Accounting of Expenses. The Commercial Interest Organization may request that the Provider submit a record of how commercial support funding was spent.
4. Co-Providing**.** In the event that more than two organizations will be providing an educational activity receiving commercial support (co-providing), the organization identified as the “Provider” of the activity is responsible for managing commercial support funds in adherence with the ANCC Accreditation criteria. A Commercial Interest Organization ***may not*** co-provide educational activities.

**F. Conflicts of Interest Evaluation and Resolution**

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

\**Commercial interest*, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

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

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

* Relationships with any commercial interest of the individual’s spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
* Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
* Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

**Evaluation**

The Nurse Planner is responsible for evaluating whether any relationship with a commercial interest is considered relevant to the content of the educational activity. Disclosures may be categorized in the following ways:

* No relationship with a commercial interest exists. No resolution required.
* Relationship with a commercial interest exists. The relationship with the commercial interest is evaluated by the Nurse Planner and determined not to be relevant to the content of the educational activity. No resolution required.
* Relevant relationship with a commercial interest exists. The relevant relationship is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity. **Resolution is required.**

**Resolution and Activity Assessment**

Actions taken to resolve conflicts of interest must demonstrate resolution of the identified conflicts of interest **prior to** presenting/providing the educational activity to learners. Such actions must be documented and the documentation must demonstrate (1) the identified conflict, and (2) how the conflict was resolved. Actions may include but are not limited to the following:

* Removing the individual with conflicts of interest from participating in all parts of the educational activity.
* Revising the role of the individual with conflicts of interest so that the relationship is no longer relevant to the educational activity.
* Not awarding continuing education contact hours for a portion or all of the educational activity.
* Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
* Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

**Disclosure**

*Individuals refusing to disclose relationships with Commercial Interest Organizations may not participate in any part of the educational activity.*

**G. Additional Criteria for Ensuring Content Integrity**

1. **Promotion.** A Commercial Interest Organization may not promote its goods or services in relation to the content of an educational activity at any time during which the educational activity takes place including the introduction and conclusion of the activity, regardless of the format of the educational activity.

2. **Advertisements for the Commercial Interest Organization.** Advertisements promoting the products or services of a Commercial Interest Organization in relation to the content of an educational activity must be physically separated from the educational activity, regardless of the format of the educational activity.

1. **Recruitment.** Commercial Interest Organizations may not recruit learners from an audience for any reason.
2. **Confidentiality.** Providers may not share confidential information related to learners without written permission from the learner.

5. **Advertising an Educational Activity.** A Commercial Interest Organization may advertise an educational activity for which it has given commercial support. Examples of advertising may include but are not limited to: Save the Date cards, flyers and emails.

6. **Acknowledgement of Commercial Support.** Providers may acknowledge Commercial Support provided by a Commercial Interest Organization on marketing materials for the educational activity.

1. **Distribution of the Educational Activity.** A Commercial Interest Organizations may not distribute educational activities directly to learners.

8. **Content of the Educational Activity.** Content is the responsibility of the provider of the educational activity. All materials used for the educational activity must be free from bias. To guard against the presence of bias, the provider is responsible for ensuring the following:

1. Slides, handouts or other materials presented to the learner related to the educational activity do not display any logos or other trademarks of a Commercial Interest Organization;
2. Live (in-person) educational activities are presented without reference to a Commercial Interest Organization, except for required disclosure;
3. Enduring materials do not include logos, trademarks or other insignia of, or references to, a Commercial Interest Organization, except for required disclosure;
4. Web-based materials do not include logos, other trademarks or other insignia of, or reference to, a Commercial Interest Organization, except for required disclosure;

e. Evaluations of the educational activity make no reference to a Commercial Interest Organization or its products or services; and

f. Learners are not recruited for any purpose during the activity or evaluation.

**H.**  **Exhibits, Promotions and Sales**

Commercial Interest Organizations may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity. Exhibits, promotion and sales must be separated from the educational activity. The following standards apply to exhibiting, promoting and selling products or services:

* Exhibiting, promoting and selling products may not take place during an educational activity;
* Marketing or advertisement for exhibits, promotions or sales may not be included within educational activity content (e.g., slides, handouts, enduring materials);
* Marketing or advertisement for exhibits, promotions or sales must take place in a location that is physically separated from the area where educational content is delivered.

**I. Giveaways**

Commercial Interest Organizations may provide giveaways for learners, as long as there is physical separation between accessing the giveaway and learner engagement in the educational activity. Educational materials for an activity may not be packaged in items bearing logos or trademarks of a Commercial Interest Organization.

**J. Failure to Comply**

Failure to comply with the American Nurses Credentialing Center’s Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities may result in suspension or revocation of approval.

**K. Complaints**

All complaints related to a Provider’s compliance with the American Nurses Credentialing Center’s Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities will be investigated by the [ONA Continuing Education Department].

**OHIO 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.

Identify whether an entity has a sponsorship interest: This organization is not a commercial entity but does provide financial or in-kind serviced as support for the activity.

Continue with planning

Yes

No

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 there a written agreement signed by all involved parties?

Is the provider fully knowledgeable about the support?

Is the educational event separate from meals or social activities?

Stop here

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

Proceed with event – congratulations!

You will disclose to learners prior to the learning activity the:

1. Name of entity providing commercial support or sponsorship.
2. Disclose commercial support and/or sponsorship to learner in writing (i.e., advertising, handout, etc.). Keep evidence of this in file for six years.

*Developed by Pam Dickerson, PhD, RN-BC*

**SAMPLE COMMERCIAL SUPPORT or SPONSORSHIP AGREEMENT**

Date:

Parties Involved in Agreement:

Provider name and representative’s name:

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

Name of Entity providing commercial support or sponsorship:

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

(Commercial Support Entity’s/Sponsor’s name) will provide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The (Entity) will be recognized as providing commercial support or sponsorship in the advertising.

The commercial support and/or sponsor will in no way influence or bias the content of the CE presentation. The commercial support and sponsorship standards are listed in Appendix H of the 2012-2013 ONA Provider CE Manual.

The Commercial Interest Organization will not recruit learners from the educational activity for any purpose.

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 \_\_\_\_\_\_\_\_\_

Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dare \_\_\_\_\_\_\_\_\_\_

**APPENDIX I**

**SAMPLE SUMMATIVE EVALUATION**

ABC Hospital

Ohio Board of Nursing Continuing Education Mandates

Evaluation Form

12 Responses

**1. Were you able to achieve the following objectives?**

A. Describe the requirements of the Ohio Board of

Nursing regarding mandatory continuing education

for nurses and dialysis technicians in Ohio. \_12\_\_ Yes \_\_\_ No

B. Discuss the implications of the law and rules on one’s practice. \_12\_\_ Yes \_\_\_ No

2**. Evaluate the speaker on teaching effectiveness on a scale of 5 (excellent) to 1 (poor):**

Speaker: Jane Doe 5-1 4-1 3 2 1

**3. What other continuing education or topics would you like ABC Hospital to develop and present?**

What’s going on legislatively that will affect nursing.

Continuing education on Schedule II Meds and bill recently passed.

Alternative methods to control chronic pain.

**4. Was the information presented fair, balanced and without bias?** \_12\_\_ Yes \_\_\_ No

**5. Comments:**

Great program!

Love the location

Excellent program!

Thank you for this great information.

Great job! Love the quotes!

Very effective.

Very informative.

**Note: Questions 1 & 2 are required for the evaluation form. The Provider Unit may add any other questions they wish.**

**APPENDIX J**

**GLOSSARY**

This glossary is drawn from the glossary in the American Nurses Association’s Nursing Professional Development: Scope and Standards of Practice, (2010), ANCC Commission on Accreditation’s 2013 Primary Accreditation Application Manual (2011), and the Ohio Board of Nursing 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.

**Accountability:** Responsibility for adherence to the ANCC accreditation criteria and OBN rules as they apply to providing quality CNE.

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

**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.

**Approval**: A decision made by ONA’s CE Approver Council that the criteria and rules for approval of continuing education have been met*.* The Council approves organizations to be Approved Provider Units and approves individual activities.

**Approved Provider**: Recognition by (ONA) 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.

**Bias:** Tendency or inclination to cause partiality, favoritism or influence.

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

**Commercial Interest:** Any entity either producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used on, patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies. The definition allows an accredited [approved] provider to be owned by a firm that is not a commercial interest. It also allows a provider to have a “sister company” that is a commercial interest, as long as the accredited [approved] provider has and maintains adequate corporate firewalls to prohibit any influence or control by the “sister company” over the continuing education program of the accredited [approved] provider. In this case, ANCC would expect that the accredited [approved] provider would have an adequate corporate firewall in place to prohibit any influence or control by the “sister company” over the continuing education program.

**Commercial Support:** Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CNE activity. Providers of commercial support may not be providers or co-providers of an educational activity.

**Commission on Accreditation (COA):** Appointed by and accountable to the ANCC Board of Directors, this body is responsible for development and implementation of the ANCC program for accreditation of continuing nursing education. The Commission is composed of at least 9 members selected from CNE stakeholder communities such asaccredited organizations, consumers, nursing evaluation, and adult education.

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

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

**Contact Hour**: A unit of measurement that describes 60 minutes of an organized learning experience. One contact hour = 60 minutes.

**Content: “**Subject matter of an educational activity that relates to the educational objectives.” (Nursing Professional Development: Scope and Standards of Practice, ANA, 2010)

**Content Expert:** An individual with documented qualifications demonstrating education and/or experience in a particular subject matter. This person is included on the planning committee of individual activities.

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

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

**Continuing Education Unit***:* (CEU) 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 Ohio Board of Nursing.

**Continuing Nursing Education (CNE) activities:** Those learning activities intended to build upon the educational and experiential bases of professional RN for the enhancement of practice, education, administration, research or theory development, to the end of improving the health of the public and RN’s pursuit of their professional career goals.

**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 [ONA approved], the ANCC-accredited [ONA approved] provider unit retains responsibility for particular aspects of the process to assure adherence to all the ANCC [ONA] criteria. If collaborating providers are all ANCC-accredited [ONA 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.

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

**Educational 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**: Derived from the overall purpose of the activity, educational objectives are written statements that describe learner-oriented outcomes that may be expected as a result of participation in the educational activity. These statements describe knowledge, skills, and/or attitude changes that should occur upon successful completion of the educational activity.

**Eligibility:** An applicant’s ability to meet certain criteria in order to be considered qualified to apply for approval.

**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, or other electronic media that are used alone or with printed or written materials. Enduring materials can also be delivered via the Internet. The learning experience by the nurse can take place at any time in any place, rather than only at one time or one place.

**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.

**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.)

**In-service Education Activities**: Activities intended to assist the professional nurse to acquire, maintain and/or increase competence in fulfilling the assigned responsibilities specific to the expectations of the employer.

**Key Personnel:** Individuals who contribute to the overall functioning of the Provider Unit in a substantive, measurable way, without regard to pay or employment status.

**Leadership:** The provision of direction and guidance to individuals involved in the process of assessing, planning, implementing and evaluating CNE activities in adherence to the ANCC criteria and OBN rules.

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

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

**Marketing Materials:** Method of announcing an educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, email, Intranet posting, electronic message or web site.

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

**Multi-Focused Organization:** An organization that 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 Peer Review Leader:** A currently licensed RN with a master’s degree or higher, and with either the baccalaureate or graduate degree in nursing, who has the authority within the organization to evaluate adherence to the ANCC Accreditation Program criteria in the provision of CNE. (In Ohio this person is the Director of Continuing Education at ONA.)

**Nurse Planner:** The Nurse Planner is actively involved in all aspects of planning, implementation and evaluation of the continuing nursing education activity. 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 OBN rules as defined by ONA. The Nurse Planner of an Approved Provider Unit must be a licensed registered nurse and hold a baccalaureate or higher degree in nursing and be knowledgeable about the CE process and adult learning principles.

**Nursing Professional Development:** “The lifelong process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhancing their professional practice, and support achievement of their career goals. (Nursing Professional Development: Scope and Standards of Practice, ANA, 2010)

**Objective:** see Educational Objective.

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

**Outcome Measurement:** “The process of observing, describing and quantifying predefined indicators of outcomes of performance.” (Nursing Professional Development: Scope and Standards of Practice, ANA, 2010)

**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**: At least 2 individuals responsible for planning each educational activity; one individual must be a Nurse Planner and one individual must have appropriate subject matter expertise.

**Position Description:** Description of the functions specific to the role of the Primary Nurse Planner, Nurse Planner and key personnel that relate to the Provider Unit.

**Primary Nurse Planner:** The Primary 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 Approved Provider Unit and with the ANCC criteria and OBN rules as identified by ONA. All nurse planners contribute oversight and must be actively involved in both the planning and the analysis of evaluation data for the educational activity. The Primary Nurse Planner serves as the liaison between ONA’s Approver Unit and the Approved Provider Unit. The Primary 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, and have experience or knowledge of the CNE criteria and rules.

**Process:** Process is the development, delivery and evaluation of CNE activities.

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

**Provider-Directed, Learner Paced 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**: Comprises the members of an organization who support the delivery of continuing education activities.

**Purpose**: Written outcome statement related to what the learner will be able to do at the conclusion of the activity (i.e., “The purpose of this activity is to enable the learner to…”)

**Relevant Relationship:** A relationship with a commercial interest is considered relevant if the products or services of the commercial interest are related to the content of the educational activity. Financial relationships with any commercial interest of the individual’s spouse/partner are considered to be relevant relationships.

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

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

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

**Sponsor:** An organization providing financial or in-kind contributions that does not meet the definition of a commercial interest.

**Sponsorship:** Financial or in-kind contribution from an organization that does not fit the category of a commercial interest.

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

**Target Audience**: Group for which an educational activity has been designed.

**Teaching Strategies**: Instructional methods and techniques that are in accord with principles of adult learning.