

**Individual Activity Approval Application**

Individuals and organizations can seek approval of individual educational activities to award CNE contact hours. Eligibility requirements must be met by the applicant, and educational design principles outlined in accreditation required criteria must be demonstrated in the application.

This application includes all documents and checklist of evidence to include, required to be completed by the applicant. See the ENA CNE website for additional resources <https://www.ena.org/my-account/home/cne-application-and-approval-process>

Complete applications should be submitted 60 days prior activity start date. For expedited applications, an increased fee will be applied.

Contact CNE Director with any questions or inquiries via email: cne@ena.org

*Required submissions* to cne@ena.org

* Completed Individual Activity Application and all required documentation *(preferred submission in Word)*

**Provider Information**

**Name of Applicant Organization**:

Website (if applicable):

Address:

City:       State:       ZIP:

**Primary Contact Person:**

Name:      Title/Position:

Email:

The **Nurse Planner** must be a registered nurse who holds a current, unrestricted nursing license **AND** hold a baccalaureate degree or higher in nursing **AND** be actively involved in the planning, implementing, and evaluation process of this NCPD education activity.

**Nurse Planner:**

Nurse Planner Name and License, degree credentials:

State in which licensed as an RN/APRN:

E-mail Address:

\* *The Nurse Planner is held accountable for* ***ALL*** *information provided on this application.*

**Applicant Eligibility**

The following section is intended to collect information about the applicant's corporate structure.

**Is your organization one of the following? Check the box applicable:**

|  |  |
| --- | --- |
| [ ]  Ambulatory procedure centers[ ]  Blood banks[ ]  Diagnostic labs that do not sell proprietary products[ ]  Electronic health record company[ ]  Government or military agency[ ]  Group medical practice[ ]  Health law firms[ ]  Health profession membership organization **(\*ENA state chapters and councils)**[ ]  Hospital or healthcare delivery system | [ ]  Infusion center[ ]  Insurance or managed care company[ ]  Nursing home[ ]  Pharmacy that does NOT manufacture proprietary compounds[ ]  Publishing or education company [ ]  Rehabilitation center[ ]  School of medicine/nursing or health science university[ ]  Software or game developer |

If you selected an option that applies, go to **Statement of Understanding**.

**Ineligibility Evaluation –** complete this section if you **did not select** an organization above**.**

Companies are ineligible to provide accredited/approved education through the accredited approver of ANCC (ineligible companies) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Does your organization produce, market, sell, re-sell, or distribute health care products used by or on patients?

[ ]  Yes **If yes**, the applicant is **not** eligible for approval of Individual Educational Activities.

[ ]  No **If no**, complete the next bulleted question AND provide a description of your organization/company.

Is your organization owned or controlled by an organization that produces, markets, re-sells, or distributes health care goods / services consumed by, or used on, patients?

[ ]  Yes **If yes**, contact cne@ena.org to clarify eligibility of organization

[ ]  No **If no**, this section of the questionnaire is complete

**Statement of Understanding**

On behalf of insert name of applicant organization, I hereby attest the information provided on and with this application is true, complete, and correct. I further attest, by my signature below, that this applicant will comply with all eligibility requirements and approval criteria throughout the approval period, and that the applicant will notify the ENA promptly, if, for any reason while this application is pending or during any approval period, the applicant does not maintain compliance. I understand any misstatement of material fact submitted on, with, or in furtherance of this application for activity approval shall be sufficient cause for the ENA to deny, suspend, or terminate approval of this activity and to take other appropriate action against this applicant.

A typed name in the box below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information given.

Completed by Nurse Planner name and **credentials**:       Date:

**Individual Activity Application**

**Title of activity:**

**Total number of contact hours:**

**Start date of activity: Click or tap to enter a date.**

**End date of activity: Click or tap to enter a date.**

**Activity Type:** (choose type from dropdown menu)

**Choose an item.**

**Live activity type:** (choose type from dropdown menu)

**Choose an item.**

**Location of in-person activity city and state** (if applicable)**:**

**Enduring activity type:** (choose type from dropdown menu)

**Choose an item.**

**Activity Planning and Development**

**Describe the professional practice gap** (e.g., change in practice, problem in practice, opportunity for improvement, problem creating the need for education)**:**

* What is the problem or opportunity that needs to be addressed by this activity?
* This can be a one sentence response that includes what the specific problem or opportunity is
* Should include nursing in the target audience
* Required CNE and/or description of education not acceptable

**Evidence to validate the professional practice gap/problem:** Provide a summary that includes the NP/planning committee’s analysis of the data not just the data sources.

* How is the evidence (e.g., data, trends in literature) informing you that a professional practice gap exists for the target audience? What data supports the need for this education?
* Stating that there is a “need” or a “request” for the activity is **not** an adequate statement

**Educational need that is causing or underlies the professional practice gap:** (e.g., knowledge, skill and/or practice)**:**

* The underlying educational need should align with the professional practice gap. Simply knowledge, skills, or practice and supported by the gap description and desired learning outcome (below)
* Reflecting on these questions:
	+ Is the professional practice gap related to what they do not know (knowledge)?
	+ Is the professional practice gap related to what they do not know how to do (skill)?
	+ Is the professional practice gap related to what they do not know how to apply or implement into practice (practice)?

Check all that apply to the education level will be addressing.

[ ]  Knowledge [ ]  Skills [ ]  Practice

**Target audience:** check all that apply

[ ]  RN &/or APRN (required)

[ ]  LPN/LVN

[ ]  CNA

[ ]  MD

[ ]  PA

[ ]  Social Worker(s)

[ ]  Other: (describe)

**Desired learning outcome:** A measurable outcome statement, states what the learner will know, do, or apply to practice at the end of the activity.

* The learning outcome statement needs to be written in measurable terms and should include the outcome and the metric that the outcome is measured by.
* The learning outcome must tie to the professional practice gap and the underlying educational need. If the underlying need is knowledge, the outcome should be related to measuring a change in the learner’s knowledge, etc.
* ***The measurable learning outcome is NOT a list of objectives, NOR a number in front of an objective.***
* TIP: reflect on these questions to guide the NP/planning committee to choose the applicable learning outcome(s):
	+ What is the measurable goal or outcome that this activity sets out to achieve?
	+ *What should the learner(s) know, show, and/or be able to do at the end of the activity?*
	+ What will be measured when the learner completes the activity?

**Evaluation method description:** Describe how you will collect evidence to show change in knowledge, skills, and/or practice of target audience at the end of the activity.

* TIP: The evaluation method chosen should align with the educational need(s) identified and the expected learning outcome(s) identified.
* TIP: The chosen evaluation methods should be measuring the success or expected results related to the identified learning outcome(s) and where the underlying educational need exists
* TIP: An evaluation form is NOT required. The description of the evaluation method should discuss how the evaluation data is obtained and analyzed and clearly describe the data being collected. For example, do not simply state that an evaluation form will be completed, but go into the detail on what questions are being asked on the evaluation form.
* Short-term evaluation options: self-report of learner(s) intent to change practice specific to the learning outcome; active participation in learning activity; post-test for knowledge; return demonstration for skill; case-study analysis; role-play
* Long-term evaluation options: self-reported change in practice over a period of time; change in quality outcome measures; return on investment; observation of performance.

**Description of evidence-based content with supporting references or resources**: 2-part criterion – description of the evidence-based content AND supporting references.

* *Description of the evidence-based content* can be presented in any format, such as an educational planning table (insert below), an outline which can be timed, an abstract, an itemized agenda, or a narrative response.
* *Supporting resources/references* should include best available evidence that appropriately supports the outcome of the education activity. Best practice is for the references and resources that have been developed and/or published within the last 5-7 years.
* It is not required that references be provided in APA format, however references should include adequate detail to ensure that information referenced can be located (i.e., page number, date, author, publisher)
* For conferences or activities longer than 3 hours, an abstract can include a description of how the overall content facilitates learner achievement of the expected outcome for the conference, detailed information about individual sessions and individual session outcomes are not required.

**Content description:**

**References/resources:**

**Learner Engagement Strategies**:

* Learner engagement strategies must be congruent with activity format and the underlying educational needs identified above (knowledge, skill, practice)
* Learner engagement strategies can be provided in an educational activity table, a list or in a narrative format.
* Learner engagement strategies should be realistic for the activity type.
* **This section is about learner engagement, not teaching methods** (do not list lecture or slides)

**Number of contact hours awarded and calculation method:** Describe contact hour calculation, including agenda if the activity is longer than 3 hours.

* Number of contact hours for an activity needs to be logical and defensible
* Documentation should include the number of contact hours and calculation method
* Rational for the number of contact hours awarded must be presented
* Provider must keep a record of the number of contact hours earned by each participant (this does not need to be provided in the activity file documentation)
* REMINDER: Rounding contact hours is permissible and encouraged. Provider may round up or down to the nearest ¼ (0.25) hour. Rounding must be realistic to the timed agenda.

**Criteria for awarding contact hours**: What is required of the learner to obtain their contact hour(s)?

* Clearly outline what is to be expected
* Criteria for awarding contact hours should relate to the learning outcome(s) and be enforceable for the activity.
* Attendance criteria are mutually exclusive. For example, the learner cannot be expected to attend the entire education AND also receive credit commensurate with participation.
* Criteria identified here MUST match disclosure/information provided to learners
* Criteria for awarding contact hours and calculation of contact hours are NOT the same.
* Check ALL that apply:

[ ]  Attendance entire education

[ ]  Credit awarded commensurate with participation

[ ]  Attendance at one (1) or more sessions of a conference or multi-session activity (concurrent)

[ ]  Completion/submission of evaluation form

[ ]  Successful completion of a post-test (attendee must score      % or higher)

[ ]  Successful completion of a return demonstration

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

**Documentation of completion and/or certificate of completion**: Attached a sample certificate or documentation of completion transcript here. A sample certificate must include:

* Title and date of the educational activity
* Name and address of the provider of the educational activity (a web address is acceptable)
* Number of contact hours awarded
* Activity approval statement (*This nursing continuing professional development activity was approved by the Emergency Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation*.)
* Space for participant name

[ ] Using ENA certificate OR

**Standards for Integrity and Independence**

**Standards for Integrity and Independence:** The provider must provide evidence that they complied with operations to collect data for all individuals in control of content on financial relationships with ineligible companies, analyzed the data for relevant financial relationships related to the educational content; and mitigated relevant financial relationships. **Planning committees must have a minimum of a Nurse Planner and one Content Expert.**

* Names and credentials of all individuals in a position to control content:
	+ In the table below, provide a complete list of individuals, clearly identify who is the NP and who is the content expert
	+ Provider **credentials** along with the names of the individuals, including education and licensure (credentials include education and licensure information – example MSN, RN, BC).
	+ The list must include ALL individuals with the ability to control content, whether they are members of the planning committee or not.
* Demonstration of identification of financial relationships with ineligible companies for all individuals in a position to control content.
	+ Provide evidence that financial relationship data has been collected and analyzed.
	+ This may be in the table below, on a separate spreadsheet, or other document e.g., email documentation.
	+ Attach collected data or evidence of the data collection process to the file as applicable. See website for template.
	+ *Ineligible companies* are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
	+ Exclude owners or employees of ineligible companies from participating as planners or faculty. See ACCME Standards of Integrity and Independence in Accredited Continuing Education (<https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>).
* Determine relevant financial relationship(s) **and** Evidence of mitigation of relevant financial relationships:
	+ Financial relationships are **relevant** if the following are met for the prospective person in control of content:
		- Financial relationship, in **any** amount, exists between the person in control of content and an ineligible company.
		- Financial relationship existed during the past **24 months**
		- Content of the education is **related to the products** of an ineligible company with whom the person has a financial relationship.
	+ If a relevant financial relationship is identified, describe steps taken to mitigate the undue influence in planning and/or providing the activity
	+ Mitigation strategies for **planners** might include:
		- Divest the financial relationship
		- Recusal from controlling aspects of planning content with which there is a financial relationship
		- Peer review of planning decisions by persons without relevant financial relationships
	+ Mitigation strategies for **faculty and others** might include:
		- Divest the financial relationship
		- Peer review of planning decisions by persons without relevant financial relationships
		- Attest clinical recommendations are evidence-based and free of commercial bias (adequate references and resources must be included).

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| --- | --- | --- | --- | --- | --- |
| Name of Individual and CREDENTIALS | Individual’s role in activity  | Planning committee member? (yes/no) | Name of ineligible company with a relevant financial relationship if any “None” if none | Nature of relevant financial relationship if any “None” if none | Step(s) taken to mitigate relevant financial relationships if any |
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**\*Table MUST be completed in its entirety INCLUDING credentials of all individuals listed**

**\*ATTACH** the evidence for all individuals listed in the table above (completed financial relationship disclosure forms OR evidence how financial relationship information gathered):

* TIP: Attach all the completed forms OR communications (emails) completed to complete the process of identifying financial relationships.
* You must collect data using the ENA Disclosure data form. The Nurse Planner reviews all disclosure data and identifies any relevant financial relationships AND mitigates the relevant financial relationships.
* **Describe** the process completed to gather financial relationships of all individuals listed above and how relevant financial relationships were assessed.

**Commercial support:** Activities that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and other in control of content of the education.

Key elements must be submitted in the fully executed (signed and dated) agreement and maintained in the file:

* Appropriate management of commercial support, if applicable
* Maintenance of the separation of promotion from education, if applicable
* Promotion of improvements in health care and NOT proprietary interests of a commercial interest.

**Is this activity receiving commercial support?**

[ ]  No

[ ]  Yes\* -- Include a signed commercial support agreement with application

Name of commercial supporter:

Amount of money received OR type of in-kind contribution provided:

*\*If commercial support is being given to a jointly provided activity, the primary provider organization (****applicant****) must manage all funds received.*

**Required Disclosed Information to Learners**

**Required disclosures to Learners: MUST BE INCLUDED IN APPLICATION.**

* Evidence of what is required information must be provided to learners prior to the start of the educational activity
* Evidence MUST be in writing
* Include relevant slide\*(s), screen shot(s), or other evidence showing what the learners will receive and when they will receive the information

\*If you are providing slide(s), you must submit the entire presentation.

**Activity approval statement** as issued by the Accredited Approver (ENA): Should be consistent with the statement provided by the Accredited Approver upon approval of activity and should match the approval statement on the sample certificate or document of completion:

* If advertising is released **prior** to submission of the application, you may **not** mention anything about seeking approval or awarding contact hours.
* If advertising is released **after** an application has been submitted **but prior** to approval, the following statement may be used:

***This activity has been submitted to Emergency Nurses Association for approval to award contact hours. Emergency Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.***

* Advertising released **after** **approval** is received, use the following statement:

***This nursing continuing professional development activity was approved by the Emergency Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.***

**Criteria for awarding contact hours** as stated above in the application and consistent with the planning process

**Presence or absence of relevant financial relationships for all individuals in a position to control content, including mitigation (if applicable):**

* If **no** relevant financial relationships were identified, the disclosure should inform the learners that no relevant financial relationships with ineligible companies were identified.
	+ EXAMPLE: Samantha Turner, Jessica Smith, and Eva Grace have no relevant financial relationships with ineligible companies to disclose. OR
	+ EXAMPLE: None of the planners for this activity have relevant financial relationship(s) to disclose with ineligible companies.
* If relevant financial relationships were identified, the disclosure statement must include:
	+ Names of the individuals with relevant financial relationships
	+ Names of the ineligible companies with which they have a relationship (identify the ineligible company by their names ONLY, do not include logos or trade names)
	+ Nature of the financial relationship
	+ Statement that all relevant financial relationships have been mitigated. The mitigation steps do NOT need to be outlined.
	+ EXAMPLE: Samantha Turner is on the speakers’ bureaus for ABC Pharmaceuticals. The relevant financial relationships have been mitigated. No relevant financial relationships were identified for any other individuals with the ability to control content of the activity.

**IF APPLICABLE, Commercial support from ineligible organization/companies:**

* Names of the ineligible companies that gave support and the nature of the support.
* NO logos, trade names, or product group messages for the organization can be provided in the disclosure

**IF APPLICABLE, Expiration date for enduring activities or materials**

**IF APPLICABLE, Joint providership:** Occurs when 2 or more groups collaborate to develop an educational activity. The individual activity applicant is responsible for ensuring adherence to ANCC/ENA educational design criteria. Individual activity applicant name should be clear, and the activity approval statement as issued by ENA must be on the certificate and disclosure. It should be clear that the approved activity organization is providing the contact hours.

* Statement that demonstrates that 2 or more groups were involved in planning and development of the activity
* There is no prescribed statement that must be used.

\*Insert **actual, written evidence** of required disclosure of information to learners (slide, flyer, website, etc.):