**Individual Activity Application – ENA State Chapters/Councils**

**Activities Awarding Less than 3.25 Contact Hours**

The Emergency Nurses Association (ENA) state chapters and councils 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 required accreditation criteria must be demonstrated in the application.

Complete applications must be submitted at a minimum of 45 days prior activity start date. Applications received less than 45 days prior will be assessed a higher late fee and are subject to denial due to lack of time to correct and complete the application.

Contact cne@ena.org with any questions or inquiries.

**Part A: Provider Information**

**Name of ENA State Chapter or Council**: Click or tap here to enter text.

**Website** (if applicable): Click or tap here to enter text.

**Address**: Click or tap here to enter text.

**City**: Click or tap here to enter text. **State**: Click or tap here to enter text. **ZIP**: Click or tap here to enter text.

**Nurse Planner Acknowledgement**

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, implementation, and evaluation process of this nursing continuing professional development educational activity.

**The nurse planner is accountable for all information provided in this application.**

* Name and credentials-include BSN or graduate degree in NURSING and licensure (RN/APRN)**:** Click or tap here to enter text.
* License Number(s): Click or tap here to enter text.
* State(s) of licensure: Click or tap here to enter text.
* Email address: Click or tap here to enter text.

Is the nurse planner also the primary contact person?

 [ ]  Yes (skip to **Statement of Understanding**)

 [ ]  No (**complete next section**)

If **no**, please provide primary contact information.

* Name and credentials: Click or tap here to enter text.
* Title/Position: Click or tap here to enter text.
* Email address: Click or tap here to enter text.

**Statement of Understanding**

I hereby attest the information provided on and within 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.

I will retain all documents for this educational activity for a minimum of **six (6) years** in a safe and secure manner*.* The provider of this activity must keep a record of the number of contact hours earned by each participant and their unique identifier.

Completed by Nurse Planner and credentials: Click or tap here to enter text. **Date**: Click or tap to enter a date.

**Title of the activity:** Click or tap here to enter text.

**Contact hours** (must be less than 3.25 contact hours or complete the IAA clinical or non-clinical application): Click or tap here to enter text.

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

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

**Live Activity:**

[ ]  In-person

[ ]  Virtual

**Location of in-person activity city and state:** Click or tap here to enter text.

**Target audience:** check all that apply.

[ ]  RN &/or APRN (**required**)

[ ]  LPN/LVN

[ ]  CNA

[ ]  MD

[ ]  PA

[ ]  Social Worker

**Part B: Use of Educational Design Criteria**

1. **Describe the professional practice gap.**

The professional practice gap reflects the difference between what **nurses** currently know and what nurses should know at the conclusion of the activity.

What is the problem that has created the need for this activity?Provide a **1-3 sentence explanation.**

* Click or tap here to enter text.
1. **Evidence to validate the professional practice gap.**

Describe ***why*** there is a problem and how you ***know*** it can be resolved. Focus on the evidence that shows there is a problem, not on the purpose of the content of the education. Stating there is a ‘need’ or a ‘request’ for the activity is not an adequate statement.

How do you know that the nurses not know?

* Click or tap here to enter text.
1. **Educational professional practice gap.**

Knowledge is the only option for this application.

1. **Learning outcome and evaluation method**

The learning outcome is a measurable statement of what the learner will know at the end of the activity.

How will you measure the knowledge during or after the activity?

**Choose one of the following options.**

1. Post-test or quiz
2. Self-report of knowledge
3. **Post-test or Quiz (includes case studies)**
* What is the focus of the content for the quiz? Click or tap here to enter text.
* What is the score that indicates acceptable knowledge level? Click or tap here to enter text.
* When will the quiz be administered (during case study presentation, end of activity, etc.)? Click or tap here to enter text.
* How will the nurse planner and/or planning committee evaluate the effectiveness of the activity? Click or tap here to enter text.
1. **Self-report of Knowledge (polling or survey)**
* How will the self-reported knowledge be gathered (poll, survey tool)? Click or tap here to enter text.
* What item will ask learners to self-report knowledge (provide actual items)? Click or tap here to enter text.
* How will the nurse planner and/or planning committee measure the self-reported knowledge (qualitative comments on knowledge gained; how will learner implement practice change; specific items that were learned)? Click or tap here to enter text.
1. **Description of evidence-based content with supporting references or resources**.

Describe the evidence-based content. This can be an outline or abstract.

* Click or tap here to enter text.

Provide a list of searchable, valid references here. Provide author, publisher, title of document, and date. Hyperlinks can be provided but must include additional information.

* Click or tap here to enter text.
1. **Learner engagement strategies.**

Provide strategies for how the learners will be actively engaged in the activity. Lecture and PowerPoint slides are not learner engagement.

* Click or tap here to enter text.
1. **Criteria for awarding contact hours.**

What is required of the learner to obtain their contact hour(s)?

**Attendance:**

[ ]  Attendance at the entire educational activity.

 **OR**

 [ ]  Contact hours awarded commensurate with participation.

 **Optional:**

[ ]  Completion and submission of a survey.

[ ]  If required for contact hours: post-test score Click or tap here to enter text. % or higher.

1. **Documentation of completion and/or certificate of completion.**
* Using the **ENA certificate** is the only option for this application.

**Part C: Accreditation Standards for Integrity and Independence**

1. Is the content **non-clinical** (e.g., career development, self-care, leadership, education design)?

 [ ]  career development

[ ]  self-care

[ ]  leadership

[ ]  education design

[ ]  other Click or tap here to enter text.

1. Is the content for this activity **clinical patient care and interventions**?

[ ]  Yes

[ ]  No

The provider must supply evidence that they complied with operations to collect data for all individuals in control of content on financial relationships with ineligible companies and, analyze the data for relevant financial relationships related to the educational content and mitigated relevant financial relationships, for clinical content.

Planning committees must have a minimum of a **Nurse Planner** and **Content Expert.**

**Instructions for completing the table.**

1. Names and credentials of all individuals in a position to control content.
* In the table, provide a complete list of individuals being sure to clearly identify who is the **Nurse Planner** and who is the **Content Expert**.
1. For clinical content, demonstration of identification of financial relationships with ineligible companies\* for all individuals in a position to control content.

\* ***Ineligible companies*** are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

* **Submit evidence** that financial relationship data has been collected. This may be completed forms, email communications, etc.
* Identification must occur prior to the individual engagement with the activity. The planning committee must be identified prior to the first meeting.
* 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>)
1. Nurse Planner or designee, determination of 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).
* **Non-clinical** content activities complete the first three columns only.
* **Clinical** content activities must complete the entire table.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Individual and Credentials  | Individual’s role in activity(Nurse planner, content expert, faculty, speaker, planning committee member, etc.)  | Planning committee member? (yes/no) | Name of the ineligible company with a relevant financial relationship “None” if none Non-clinical content “n/a” | Nature of relevant financial relationship “None” if none Non-clinical content “n/a | Step(s) taken to mitigate relevant financial relationships if any (describe)“None” if none Non-clinical content “n/a” |
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**Part D: 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 and dated fully executed commercial support agreement with the application.

Name of commercial supporter: Click or tap here to enter text.

Amount of money received OR type of in-kind contribution provided: Click or tap here to enter text.

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

**Part E. Notification to Learners**

* Using the **ENA disclosure to learners PowerPoint** slide is the only option for this application.

[ ]  **I attest I will use the ENA supplied disclosure to learners prior to the start of this educational activity.**

Completed by Nurse Planner and credentials: Click or tap here to enter text. **Date**: Click or tap to enter a date.