**Individual Activity Application – Non-ENA Organization**

**Non-Clinical Content**

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.

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

Contact Accredited Approver Program with any questions or inquiries via email: [cne@ena.org](mailto:cne@ena.org)

For questions on criteria requirements, contact Accredited Approver Program Director: [kim.cheramie@ena.org](mailto:kim.cheramie@ena.org)

**Part A: Provider Information**

**Name of Non-ENA Organization**: 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.

**Primary Contact Person:**

**Name**: Click or tap here to enter text. **Title/Position**: Click or tap here to enter text.

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

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** name and **credentials**: Click or tap here to enter text.

**License Number**: Click or tap here to enter text.

**State** in which licensed as an RN/APRN: Click or tap here to enter text.

**E-mail Address**: Click or tap here to enter text.

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

**Part B: Applicant Eligibility**

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

|  |  |
| --- | --- |
| 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  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 select an option that applies, go to **Statement of Understanding.**

**Part C: 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. Click or tap here to enter text.

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](mailto:cne@ena.org) to clarify eligibility of organization

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

**Part D: Statement of Understanding**

On behalf of name of 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.

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.

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** and **Credentials**: Click or tap here to enter text. **Date**: Click or tap here to enter text.

**Part E: Individual Activity Application**

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

**Total maximum number of contact hours\*:** Click or tap here to enter text.

\*Activities with multiple concurrent sessions should indicate the maximum number of contact hours to be approved.

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

**Activity Type:**

**Live** (in-person or virtual)

**Enduring** material

**Blended** activity with live and learner-paced components. Complete the **Live Activities** section below.

Complete the table for either Live **or** Enduring

|  |  |
| --- | --- |
| **Live Activities** | **Enduring Education Materials** |
| **Live activity type:** (choose one)  Course  Regularly scheduled series  Internet live course | **Enduring activity type:** (choose one)  Internet activity enduring material  Journal-based CNE |
| **Location of in-person activity city and state:**  Click or tap here to enter text.  **If virtual:  yes, internet live** | **Describe how contact hours or times are calculated:**  Click or tap here to enter text. |
| **End date of the activity:** Click or tap to enter a date. | **Expiration date of activity:** Click or tap to enter a date. |

**Target audience:** check all that apply

RN &/or APRN (required)

LPN/LVN

CNA

MD

PA

Social Worker(s)

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

**Describe the professional practice gap.** The professional practice gap reflects the difference between what **nurses** currently know, have the ability to do, or perform in practice compared to what they should know, have the ability to do, or perform in practice at the conclusion of the activity.

* What is the problem that has created the need for this activity?
* Please provide a brief (1-2 sentence) explanation of the **current problem**?
* Required CNE and/or description of education **do not** describe a professional practice gap or learning need.

**Example**: Nurses *are not aware of new guidelines from CDC regarding adult immunizations.*

What do nurses not know? Do not describe lack of education as a practice gap.

***Provide a professional practice gap here.***

* Click or tap here to enter text.

**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.

* Provide a summary that includes the nurse planner and planning committee’s analysis of the data, not just the data sources.

**Example**: CDC *published new guidelines for adult immunizations in 2020 to cover COVID, flu, and pneumonia with high-risk implications. ED nurses are not familiar with these 2020 guidelines.*

How do you know that the nurses do not know?

***Provide evidence to validate the professional practice gap here***.

* Click or tap here to enter text.

**Educational need is causing the professional practice gap.** The underlying educational need must align with the professional practice gap above, learning outcome, and evaluation method, as well as with content.

* Do not know (**knowledge**)? Do learners not know how to do something (**skills)**?
  + Most educational activities address **knowledge** (do not know). If **skills**, you must have skills practice return demonstration and verification.

Check levels that apply to this activity that will be completed by the end of the activity:

**Knowledge** (you must have identified the gap that nurses do not know and that you will measure knowledge within the education

**Skills** (you must have evidence that nurses do not have the skills to perform and that you intend to measure their skill within the education)

**Desired learning outcome:** The learning outcome is a measurable statement of what the learner will know or show at the end of the activity.

* 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 learning outcome statement needs to be written in **measurable terms** and should include the outcome and the metric that the outcome is measured by.
* Use SMART as a guide to writing the learning outcome.
  + **S** – Specific
  + **M** – Measurable
  + **A** – Attainable
  + **R** – Relevant
  + **T** – Time-base

**Example**: *100% of nurses will accurately explain the CDC-recommended pediatric immunization protocol by answering questions to a case study at the conclusion of the education.*

Describe measure of knowledge (and/or skill) you will measure.

***Provide desired learning outcome(s) here***.

* Click or tap here to enter text.

**Evaluation method:** Describe what data will be collected to determine whether the learner achieved the desired outcome.

* The evaluation method chosen must align with the professional practice gap and underlying knowledge and/or skills.
* An evaluation is **NOT** required and may not be appropriate to measure knowledge and skills. Asking learners to rate a list of objectives on a scale of 1-5 is not measuring their knowledge.
* **TIP**: The description of the evaluation method should discuss how the evaluation data is obtained and analyzed and clearly describe the data being collected. Provide details of what questions are being asked on the evaluation form.

**Example**: A *case presentation will be led by faculty at the end of the education. Learners will respond to questions built into the case by raising their hands or discussing in small groups. Faculty will assess that all learners can correctly identify adult immunizations to be provided to the patient in the scenario.*

Measuring intent to implement into nursing practice must be specific to their knowledge change and based on the education.

***Provide evaluation method description here***.

* Click or tap here to enter text.

**Description of evidence-based content with supporting references or resources**: 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, an outline that can be timed, an abstract, an itemized agenda, or a narrative response.

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 is not required.

***Provide a description of the evidence-based content here.***

* Click or tap here to enter text.
* ***Supporting resources/references*** should include the best available evidence that appropriately supports the outcome of the educational activity. The 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)

***Provide a list of searchable, valid references here.***

* Click or tap here to enter text.

**Learner Engagement Strategy**: Provide strategies for how the learners will be actively engaged in the activity.

* Strategies congruent with activity format (live versus enduring) and gap identified above (knowledge & skill)
* PPT slide presentations and lectures are not engagement strategies.

**Example*:*** *“Learners will have the opportunity to engage in question/answer dialogue about the information, will take a 5-question quiz to assess their knowledge, and will participate in patient teaching role-playing to assure that they are teaching current and current information”.*

***Provide learning engagement strategy here.***

* Click or tap here to enter text.

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

* The number of contact hours needs to be logical and defensible.
* Documentation should include the total number of contact hours and calculation method.
* Rationale for the number of contact hours awarded to enduring materials must be provided.

**REMINDER**: Rounding contact hours is permissible and encouraged. The provider may round up or down to the nearest ¼ (0.25) hour. Rounding must be realistic to the timed agenda.

*Provide timed agenda (live) or enduring (word count, video time, etc.) with contact hour calculation method here.*

* Click or tap here to enter text.

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

* 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** receive credit commensurate with participation.
* Criteria identified here MUST match disclosure to learners’ information.

**Check ALL that apply**:

Attend the entire activity

Award contact hours commensurate with participation

Complete and submit post-activity evaluation (provide the evaluation items that will measure knowledge outcome in the evaluation method)

Complete a post-test (attendee must score **Click or tap here to enter text.**% or higher)

Complete return demonstration

**Documentation of completion and/or certificate of completion**: Submit a sample certificate or documentation of completion transcript. A sample certificate must include the following.

* 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  Using **own** certificate (provide templated certificate)

**Part G: Individuals in Control of Content**

Provide a list of all individuals in control of content. **Planning committees must have a minimum of one Nurse Planner and one Content Expert.**

* In the table, provide a complete list of individuals, clearly identifying who is the Nurse Planner and who is the Content Expert.
* Credentials must be included along with the names of individuals, including education and licensure – example MSN, RN, CEN.
* The list must include **ALL** individuals with the ability to control content, whether they are members of the planning committee or not.

|  |  |  |
| --- | --- | --- |
| Name of Individual and Credentials | Individual role in activity  (Nurse planner, content expert, faculty, speaker, etc.) | Planning committee member?  (yes/no) |
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**Part H: 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 others 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 I: Required Disclosure to Learners Information**

**Required Disclosures to Learners:**

* Evidence of what is required information must be provided to learners prior to the start of the educational activity.
* Evidence MUST be in writing and must clearly indicate the activity and how the information will be provided. Templates will not be accepted as they do not clearly indicate what information is provided or how.
* Include relevant slide\*(s), website screenshot(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 as evidence of when and how, as well as what activity****.*

1. **Activity submitted for approval statement**
2. If advertising is released **prior** to submission of the application, you **may not** mention anything about seeking approval or awarding contact hours.
3. 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.*

1. 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.*

1. **Criteria for awarding contact hours** as stated above in the application and consistent with the planning process.
2. **Presence or absence of relevant financial relationships for all individuals in a position to control content, including mitigation (if applicable).** Include a statement stating either the presence or absence of a relevant financial relationship.
3. If **no** (absence)relevant financial relationships were identified.

**Example**: Samantha *Turner, Jessica Smith, and Eva Grace have no relevant financial relationships with ineligible companies to disclose.*

**Example**: None *of the planners or faculty/presenters for this activity have a relevant financial relationship(s) to disclose with ineligible companies.*

1. If relevant financial relationships **are** (presence) identified, the statement must include the following information:

* 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 with ineligible companies were identified for any other individuals with the ability to control content of the activity.*

**IF APPLICABLE, Commercial support**

* + 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 no commercial support was received do not say anything.

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

**IF APPLICABLE, Joint providership:** Occurs when two 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 provides the contact hours.

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