



Approved Provider Crosswalk 2009 to 2013

KEY: CR Criterion KE Key Element

OO Organizational Overview SC Structural Capacity

EDP Educational Design Process QO Quality Outcomes

2009 Criteria	2009 Criteria Requirements	2013 Criteria
Provider Criterion 1 – Mission Statement		
CR 1, KE 1	<ul style="list-style-type: none"> • Submit Mission statement of the Provider Unit. If the provider unit is part of a multi-focused organization, describe how the mission statement of the provider unit link with the goals, mission, and functions of the total organization. Incorporate goals, beliefs, scope, target audience, and types of education activities offered. This should include expected outcomes (i.e. changes in participants' knowledge, competency, behavior, or patient outcomes), and how they anticipate measuring those changes and outcomes. • Submit a description of the features of the provider unit that characterize its scope, such as its size, geographical range, target audience(s), content areas, and the type of educational activities it offers. If the provider unit is part of a multi-focused organization, describe the relationship of these scope dimensions to the total organization. 	<p>Mission statement requirement removed</p> <p>OO1</p>
CR 1, KE 2	<ul style="list-style-type: none"> • Submit an organizational chart, flow sheet or similar kind of image that depicts the organizational structure of the provider unit. Provide the name and credentials of the individual in each position identified on the organizational chart. If the provider unit is part of a multi-focused organization, submit an additional depiction that identifies the provider unit's lines of authority and structural location within the total organization. 	OO2
Provider Criterion 2 - Educational Design		
CR 2, KE 1	<p>Sample Activities for Submission with the Self-Study. Applicants also are requested to submit a list of educational activities provided.</p> <ul style="list-style-type: none"> • Submit a description (with supporting evidence) of the process of activity planning, including the: <ul style="list-style-type: none"> ○ needs assessment; ○ determination of target audience; ○ development of objectives, content, and teaching-learning strategies in response to the needs assessment. 	<p>OO3 Review of Activity Files Submitted</p> <p>EDP1 EDP2 EDP7 EDP8 EDP9 EDP10 EDP11</p>
CR 2, KE 2	<ul style="list-style-type: none"> • Identify the Nurse Planner(s) and all other persons who participated 	EDP3

	<p>in the planning process were identified. Document the content expertise of the collaborating planner(s) who represents this area (required) and of the activity presenters (as appropriate).</p> <ul style="list-style-type: none"> Describe the role(s) played by the provider unit's designated Nurse Planner(s) and any additional key personnel (as defined by the applicant organization) or groups involved in the process of ensuring the quality of educational activities. <p>If the unit relies on the services of multiple and/or ad hoc Nurse Planners, describe how all designated Nurse Planner are kept up-to-date on the requirements for adhering to NJSNA Accredited Approver Unit /ANCC accreditation standards and how the provider unit ensures the performance of each Nurse Planner meets both the requirement of the provider unit and the expectations of the ANCC relative to the responsibilities of the Nurse Planner.</p> <ul style="list-style-type: none"> Submit a description of the manner in which the needed qualifications of faculty are identified. Submit a description of how the planning committee ensures that the selected faculty meets the needed qualifications. 	<p>Review of Activity Files Submitted</p> <p>EDP8 EDP9 EDP10 EDP11</p> <p>SC3 SC5</p> <p>EDP3</p> <p>EDP3</p>
CR 2, KE 3	<ul style="list-style-type: none"> Submit a description of the educational activity's: <ul style="list-style-type: none"> learning goal (purpose), learner objectives, and related content; identified gaps (based on the needs assessment); teaching-learning strategies used, including resources, materials, delivery methods, and learner feedback mechanisms; rationale and criteria selected for judging successful completion; and method selected for verifying participation. 	<p>EDP1 EDP2 EDP6 EDP7 EDP8 EDP9 EDP10 EDP11</p> <p>Review of Activity Files Submitted</p>
CR 2, KE 4	<ul style="list-style-type: none"> Identify and provide supporting documentation of the number and calculation of contact hours awarded for the activity. 	<p>Review of Activity Files Submitted</p>
CR 2, KE 5	<ul style="list-style-type: none"> Submit a written description of the method used to evaluate the activity Identify the category of evaluation (i.e. learner satisfaction, knowledge enhancement, skill and attitude change, change in practice/performance, relationship of the practice change to quality of service). A portion of the activities provided are evaluated at one of the higher levels of evaluation (strongly recommended). Include supporting documentation for the descriptions above. 	<p>EDP 12</p> <p>Category of evaluation removed though each activity must address an identified gap in knowledge, skills and/or practice and the evaluation method must be congruent with identified gap</p> <p>Review of Activity Files Submitted</p>

CR 2, KE 6	<ul style="list-style-type: none"> Submit copies of the promotional materials developed for the activity. 	Review of Activity Files Submitted
CR 2, KE 7	<ul style="list-style-type: none"> Submit a copy of the certificate awarded to participants upon completion of the educational activity which should include: <ul style="list-style-type: none"> the name of the participant learner; the name and address of the provider unit; the title and date of the educational activity; the official approval statement, and the number of contact hours awarded. <p>Note: First-time applicants should prepare and submit a sample certificate of completion as it would appear following approval and containing the appropriate approval statement.</p>	Review of Activity Files Submitted
CR 2, KE 8	<ul style="list-style-type: none"> Submit a description of: <ul style="list-style-type: none"> Any sponsorship or commercial support related to the educational activity is described; How content integrity is maintained for educational activities that receive sponsorship or commercial support, if any, including, but not limited to, the policy and associated procedures for resolving conflicts; What/how precautions are taken to prevent bias in the educational content; The template of the written agreement used in the presence of sponsorship or commercial support. 	EDP10 Review of Activity Files Submitted
CR 2, KE 9	<ul style="list-style-type: none"> Submit the following: <ul style="list-style-type: none"> Documentation of the conflict of interest disclosures (or disclosures of absence of conflict of interest) relative to the specific activity* is submitted. <p>Note: If a signed disclosure form is NOT used, the unit is advised to maintain documentation of the source of the disclosure information and this documentation is submitted.</p> <ul style="list-style-type: none"> A description of procedures followed to resolve any real or potential bias or conflict of interest. If available, a sample of a disclosure that triggered the resolution procedure and documentation reflecting the actions of the provider unit to resolve the issue. 	EDP4 EDP5 EDP9 Review of Activity Files Submitted
CR 2, KE 10	<ul style="list-style-type: none"> Submit copies of the documents (e.g., promotional brochures, letters, program schedules, presentation materials) or submitted a description of the methods that were used to inform activity participants of the following: <p>(a) Notice Of Requirements For Successful Completion- Activity participants are informed in advance of the learning goals (purposes) and objectives of the educational activity and the criteria to be used to</p> 	Compliance evaluated based on evidence submitted in required Activity

	<p>determine successful completion of an educational activity.</p> <p>(b) Conflicts Of Interest- Activity participants are informed of any influencing financial relationships, or lack thereof, disclosed by planners or presenters.</p> <p>(c) Disclosure of Relevant Financial Relationships and Mechanism to Identify and Resolve Conflicts of Interest.</p> <p>(d) Sponsorship or Commercial Support- Activity participants are made fully aware of the nature of any commercial support related to an educational activity.</p> <p>(e) Non-Endorsement Of Products- Activity participants are advised that approval status does not imply endorsement by the provider, NJSNA or ANCC of any commercial products displayed in conjunction with an activity.</p> <p>(f) Off-Label Use- Learners are notified when an educational activity relates to any product used for a purpose other than that for which it was approved by the Food and Drug Administration.</p> <p>(g) Expiration Date for Awarding Contact Hours- Enduring educational documents must include a statement that explains how long contact hours will be awarded for an activity. This statement must appear on all marketing material and on the educational material.</p>	<p>Off-Label Use disclosure removed</p>
<p>CR 2, KE 11</p>	<p>For each provided educational activity, the following documentation is kept in a secure and confidential manner for 6 years:</p> <p>(a) Planning:</p> <ul style="list-style-type: none"> ✓ Description of the target audience; ✓ The method and findings of the needs assessment; ✓ Names, titles, and expertise of the activity planners and presenters; ✓ Conflict of interest disclosure statements from planners and presenters, resolutions of conflict of interest, and as appropriate; ✓ Learning goal (Purpose), objectives, and content; ✓ Instructional strategies, delivery methods, learner feedback mechanisms, and resources to be used; ✓ Methods or process used to verify participation; ✓ Notice to learners identifying how successful completion will be measured; ✓ Marketing and promotional materials; ✓ Division of responsibilities among co-providers, if any; ✓ Means of ensuring content integrity with sponsorship or commercial support, if any; and ✓ The written commercial support agreement as required in the Standards of Commercial Support for any activity receiving commercial support ✓ The signed co-provider agreement If appropriate <p>(b) Implementation:</p> <ul style="list-style-type: none"> ✓ Title, location, and date of the educational activity; ✓ All evaluation tools used, including a summative evaluation; ✓ Participant names, and unique identifier information (For example, an automatically generated number, a password code, the month and date of birth, an address, etc.); ✓ Sample certificate of completion; and 	<p>Responsibilities of Applicant and Approved Providers Section</p> <p>Compliance evaluated based on evidence submitted in Activity Files</p>

	<ul style="list-style-type: none"> ✓ Number of contact hours associated with official approval statement awarded to individual participants. ✓ Documentation of the verbal provision of required <ul style="list-style-type: none"> • Submit a description of the provider unit's recordkeeping system, including: <ul style="list-style-type: none"> ○ How activity records are consistently collected; ○ How records are stored and secured in a safe, confidential, logical and consistent manner. 	
CR 2, KE 12	<ul style="list-style-type: none"> • Submit a description of how provider unit responsibilities are assigned and maintained for co-provided activities, if any. Submit the template of the written agreement used. 	Review of Activity Files Submitted
Provider Criterion 3 – Unit Operations		
CR 3, KE 1	<ul style="list-style-type: none"> • Submit a position description for the Lead Nurse Planner reflecting appropriate qualifications and functions. • If the provider unit utilizes more than one Nurse Planner, a description of the activities of the Lead Nurse Planner in assuring other Nurse Planners are appropriately prepared, oriented, and trained to function in that role. Provide accompanying evidence. 	OO2 SC3 SC5
CR 3, KE 2	<ul style="list-style-type: none"> • For designated Nurse Planners and other key personnel (as defined by the applicant organization) involved in providing continuing nursing education or the overall administration of the unit, position descriptions that clearly identify job functions and biographical data summaries that demonstrate the qualifications of current incumbents are submitted. The position descriptions must reflect qualification requirements for the Nurse Planner(s) and roles relative to continuing nursing education that are consistent with those of the NJSNA Accredited Approval Program. • Submit descriptions of the material resources that support the functions of the provider unit. • Submit a brief description of the provider unit's current sources of financial support and projections for how financial support will be sustained throughout the period of approval. • Submit a report identifying the amount and frequency with which commercial support for educational activities is received. 	OO2 Compliance evaluated based on evidence submitted in documents, narratives and required Activity Files SC 6 Description of sources of financial support and projections for future removed OO3
CR 3, KE 3	Provide an attestation statement that the approved unit complies with all applicable local, regional, state, or national laws and regulations and operates its business in an ethical manner. The attestation statement is signed by the leaders of the approved unit.	Provider Approval Application and Demographic Information Form
Provider Unit Criterion 4: Provider Unit Evaluation		
CR 4, KE 1	<ul style="list-style-type: none"> • Provide documentation of the provider unit's evaluation process and 	QO1

	identifies changes as necessary.	
CR 4, KE 2	<ul style="list-style-type: none"> Submit a description of appropriate stakeholders that are involved in the evaluation of the provider unit. (This may differ based upon the type of provider's organization.) 	QO3
CR 4, KE 3	<ul style="list-style-type: none"> Submit a description of how results of the overall program evaluation process have been used to confirm, expand, and improve the provider unit's operations. 	QO4
CR 4, KE 4	<ul style="list-style-type: none"> Submit a description of how the provider unit's goals for improvement over the period of approval have been addressed. Submit the changes and progress that have been made toward meeting those goals. Submit the identification of new goals for improvement. Submit operational plans for implementation associated with the goals identified above. 	OO4