



## **Nursing Continuing Professional Development Approval Manual**

Individual Educational Activity and Approved Provider

*New Jersey State Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.*

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## SECTION 1: INTRODUCTION

The New Jersey State Nurses Association (NJSNA) is dedicated to the proliferation of high-quality nursing continuing professional development (NCPD). The mission of the NJSNA is to promote the profession of nursing; advance the practice of nursing and advocate for nurses. NJSNA achieves its mission through education, policy development, leadership, professional representation, and workplace advocacy. Since 1978, NJSNA has been accredited as an approver of nursing continuing professional development (NCPD) for nurses by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation.

The American Nurses Credentialing Center is committed to nursing excellence and high-quality in nursing continuing professional development (NCPD). ANCC's Commission on Accreditation is responsible for establishing standards for continuing education for the nursing profession.

ANCC defines nursing continuing professional development (NCPD) as:

“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 RNs’ pursuit of their professional career goals.” (*2015 ANCC Primary Accreditation Application Manual for Providers and Approvers* p. 23).

ANCC defines interprofessional continuing education (IPCE) as:

“When members of two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes”. ([www.jointaccreditation.org](http://www.jointaccreditation.org)).

As an Accredited Approver of nursing continuing professional development (NCPD) our goal is to ensure that nursing continuing professional development (NCPD) activities implement the *2010 ANA Scope and Standards of Practice for Nursing Professional Development* and *2015 ANCC Primary Accreditation Application Manual for Providers and Approvers*. The NJSNA Committee on Continuing Education consists of highly qualified nurses involved in nursing practice, education, or research. The Committee on Continuing Education guides the NJSNA Approver Unit, formulates policy, supports implementation, and promotes excellence in approved continuing education available to Registered Nurses in New Jersey.

This manual was created to provide planners with guidance in the educational design, implementation, and evaluation of NCPD and approval process for both individual activities and provider units. All nurse planners should familiarize themselves with ANCC/NJSNA criteria. Applications and forms are part of this manual: **Nursing Continuing Professional Development Approval Manual Applications and Forms**. Requirements and processes may differ between individual applicants and provider units, please be sure to use the appropriate forms and documents. This manual should be kept for future reference and assistance in preparing applications for approval.

All applicants must comply with all applicable federal, state, and local laws and regulations that affect an organization's ability to meet ANCC criteria. Noncompliance renders an applicant ineligible to reapply to maintain approval status and may result in disciplinary action, up to and including suspension or revocation of status.

**Committee on Continuing Education**

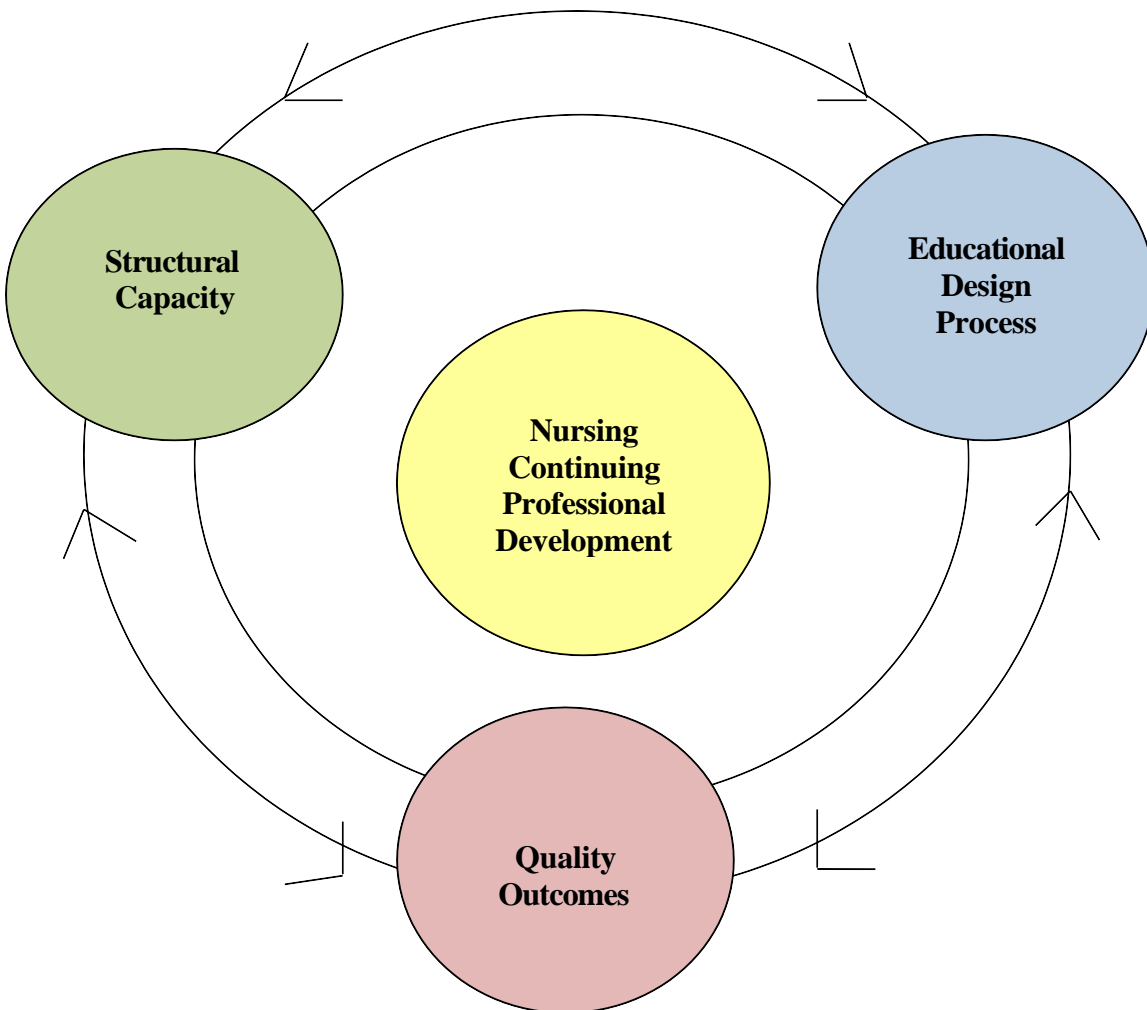
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## **PRIMARY ACCREDITATION CONCEPTUAL FRAMEWORK**

NJSNA has adopted the American Nurses Credentialing Center's Commission on Accreditation Conceptual Framework. (2015 ANCC Primary Accreditation Application Manual for Providers and Approver, 2015)



### **FOCUS ON QUALITY AND OUTCOMES:** The Primary Accreditation Conceptual

Framework is based on the quality improvement framework of Donabedian's triad (structure, process, and outcome) (Donabedian, 1966). The accreditation criteria are organized by the domains in this framework. As applied within the Accreditation Program, criteria within the domain of Structural Capacity (structure domain) are used to evaluate the infrastructure of an organization and its capacity to function as an Accredited Approver. Criteria within the domain of Educational Design Process (process domain) are used to evaluate the quality of the peer review process used to evaluate educational planning, implementation, and evaluation by approved providers and/or individual activity applicants. Criteria within the domain of Quality Outcomes (outcome domain) are used to evaluate the impact of NCPD on the professional practice of nursing and/or patient outcomes.

## **SECTION 2: FEES AND ADVERTISING**

### **NJSNA 2022 FEE SCHEDULE**

#### **INDIVIDUAL EDUCATIONAL ACTIVITY FEES Two (2) Year Approval**

**ALL APPLICATIONS REQUIRE 90 DAYS FOR PROCESSING**

	<b><u>MEMBER</u></b>	<b><u>NON-MEMBER</u></b>
.5 – 5.9 Contact Hours	\$200	\$250
> than 6 - 10.9 Contact Hours	\$275	\$375
> than 11 – 20.9 Contact Hours	\$325	\$425
> than 21 – 50.9 Contact Hours	\$375	\$525
> than 51 Contact Hours	\$550	\$825

#### **LATE FEE SCHEDULE**

**(LATE FEE INCURRED IF APPLICATION RECEIVED LESS THAN 90 DAYS PRIOR TO THE PROGRAM—THIS FEE IS IN ADDITION TO THE APPLICATION FEE)  
45-89 DAYS**

	<b><u>MEMBER</u></b>	<b><u>NON-MEMBER</u></b>
.5 - 8.9 Contact Hours	\$250	\$350
> than 9 – 16.9 Contact Hours	\$350	\$500
> than 17 Contact Hours	\$450	\$650

**All applications received less than 45 days prior to the Individual Activity presentation date will be returned**

**Payment of late fee does not guarantee the approval of contact hours for your program**



**APPROVED PROVIDER APPLICATION FEES**  
**Three (3) Year Approval**

<b><u>MEMBER</u></b>	<b><u>NON-MEMBER</u></b>	
<b>\$1,950</b>	<b>\$2,950</b>	for one non-profit Provider Unit with one campus/hospital
<b>\$2,700</b>	<b>\$3,700</b>	for one non-profit Provider Unit with two non-profit campuses/hospitals under one central C.E. structure
<b>\$3,450</b>	<b>\$4,450</b>	for one non-profit Provider Unit with three non-profit campuses/hospitals under one central C.E. structure
<b>\$4,200</b>	<b>\$5,200</b>	for one non-profit Provider Unit with four non-profit campuses/hospitals under one central C.E. structure
<b>\$5,200</b>	<b>\$6,200</b>	for one non-profit Provider Unit with five non-profit campuses/hospitals under one central C.E. structure (\$1000 additional for each additional campus/hospital with same central C.E. structure)
<b>\$6,200</b>	<b>\$7,200</b>	for one for-profit organization (\$1000 additional for each additional unit/institution/campus with same central C.E. structure)

**LATE FEE SCHEDULE**

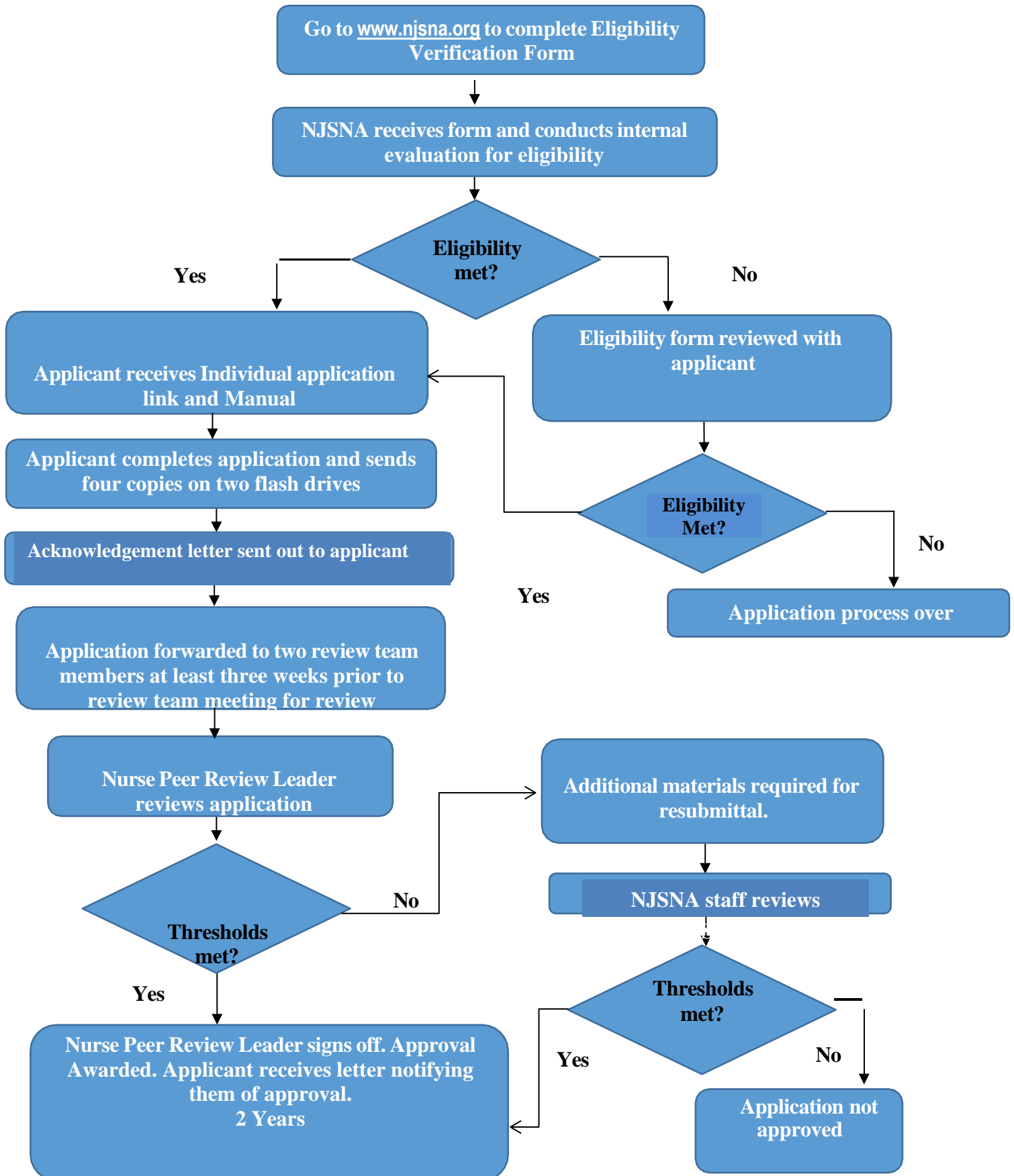
**(Late fee incurred if application is received after the required submittal date based on the 4-month grid schedule)**

	<b><u>MEMBER</u></b>	<b><u>NON-MEMBER</u></b>
<b>Approved Provider</b>	<b>\$500</b>	<b>\$700</b>

\*\*Please check [www.njsna.org](http://www.njsna.org) for the most up to date fees and information\*\*

**INDIVIDUAL APPLICANT CRITERIA**

## NJSNA INDIVIDUAL APPLICANT PROCESS



## **SECTION 3: INDIVIDUAL APPLICANT**

### **APPLICANT ELIGIBILITY**

All applicants applying to be an individual applicant will be required to complete an Eligibility Verification Form, prior to submitting an application to determine if eligibility requirements have been met. All processes and forms can be found at [www.njsna.org](http://www.njsna.org), by clicking on the Education tab.

### **INDIVIDUAL APPLICANT SUBMISSION**

**Individual Applicants** – An education activity is a planned organized effort--either provider-directed, learner-paced, or blended--aimed at accomplishing learning outcomes. An activity, once approved, may be presented once or be presented multiple times over a two-year period as long as the content remains current.

An Individual Activity application is submitted by an individual, organization, or part of an organization to an Accredited Approver, such as New Jersey State Nurses Association, with the goal of being approved to award contact hours.

The Individual Activity organization must have a clearly defined process for assessing a nursing learning need.

### **DEADLINES**

#### **Individual Educational Activity Applicants**

All Individual Education Activity Applications must be received at least **ninety (90) days** in advance of the starting date of the activity. Applications received less than 90 days before the starting date of the activity will automatically be charged the most current applicable late fee. The fee must be paid in full at the time the application is submitted. **Please note: that payment of late fee does not guarantee the approval of contact hours for your program.**

**Activities submitted less than 45 days before the program date will be returned to applicant.**

### **REVIEW PROCESS**

There are three NJSNA Regional Review Teams consisting of nurses with expertise in practice, education and professional development who review each application. Each team consists of volunteer members and meetings occur each month.

Applications are sent to reviewers at least three weeks prior to the next scheduled review team meeting. Each application is reviewed independently by two members of the Review Team. The reviewers then submit their recommendations to the Accredited Approver Program Director (AAPD) for final action. This process ensures objective assessment of all applications. The AAPD is actively involved in evaluating each Individual Activity Applicant to evaluate adherence to the ANCC/NJSNA criteria.

All applicants are notified by email of the NJSNA AAPD's decision. Applicants whose applications do not meet ANCC/NJSNA criteria will be notified of the deficiencies. The presence of major deficiencies may require the applicant to withdraw until a future cycle.

### **TYPES OF ACTION**

**Approval** - a decision made by NJSNA's Approver Unit that the criteria for approval of a learning activity or provider unit have been met.

**Deferral (Individual Applicant)** - a decision made by NJSNA's Approver Unit to delay action on an application until additional evidence and materials are submitted and reviewed.

**Denial** - a decision made by NJSNA's Approver Unit that insufficient evidence of adherence to criteria

**Withdrawal** – applicant's decision to withdraw an application, without prejudice to any future applications, this must be made in writing prior to the date on which an official decision is made. If application fee is still owed, though request has been received to withdrawal, application fee is still due.

### **RETROACTIVE APPROVAL**

This refers to approval for an educational activity that has already taken place. This is not permitted within the ANCC COA accreditation system. **For contact hours to be awarded, approval must be granted prior to the presentation of an educational activity.**

- **Exception: Pilot Studies**

For Provider Directed - Learner-Paced Activities, a minimum of 3-4 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. Pilot study participants may be awarded contact hours once the number is determined.

### **WITHDRAWAL OF AN APPLICATION**

Applicants have the right to withdraw their application prior to review by a Review Team and a refund of 50% of the application fee will be made. Requests for withdrawal of an application must be submitted in writing 45 days before the presentation date to be eligible for refund.

Requests for the withdrawal of an application, after it has been reviewed, may be submitted also, but no refund will be made. If application fee is still owed, though request has been received to withdrawal, application fee is still due. A copy of the withdrawn application will be kept on file.

NJSNA will withdraw applications that have been reviewed and deferred when the applicant fails to submit the requested material within the identified time frame.

### **APPEAL PROCESS**

An appeal process is available to an applicant to contest the decision made by the Approver Unit to deny approval. An appeal must be submitted in writing to the AAPD within 30 days after the applicant receives written notification of the denial decision. Applicants considering an appeal should contact the NJSNA Approver Unit for a copy of the complete appeal policy and procedure.

### **OWNERSHIP**

An approved nursing continuing professional development activity and the contact hours are owned by the agency, institution, group, or individual who paid the fee for the approval process.

### **TERMINOLOGY/ADVERTISING**

The NJSNA Approval Statement is an identifying feature of the approved provider unit or individual activity. The approval statement must be provided to the learner at least three times.

1. Prior to the beginning of the educational program,
2. On the certificates of completion, and
3. On the marketing material.
  - a) See Marketing Criteria on following page



**DISCLOSURES TO PARTICIPANTS GUIDE 2022**

Approved Provider & Individual Activity Applicants

All communications, marketing materials, and other documents that refer to awarding contact hours or continuing education credit for an individual education activity/program must include the approval statement of the NJSNA Approver Unit. **All marketing materials should also include the following:**

	<b>Measurable learning outcome of the educational activity</b>
	<b>Speaker name(s)</b>
	<p><b><u>Appropriate Approval Statement:</u></b></p> <p>The approval statement must be displayed clearly to the learner and be written exactly as indicated by NJSNA.</p> <p><b>Individual Application:</b> <i>(Prior to approval and after an application has been submitted)</i></p> <p>This activity has been submitted to New Jersey State Nurses Association for approval to award contact hours. The New Jersey State Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.</p> <p><b>Individual Activity:</b> <i>(After approval)</i></p> <p>This nursing continuing professional development activity was approved by New Jersey State Nurses Association, an accredited approver with by the American Nurses Credentialing Center’s Commission on Accreditation.</p> <p><b>(Approved Provider):</b> _____ is approved as a provider of nursing continuing professional development by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. P# _____</p>
	<p><b><u>Planner &amp; Speaker Disclosure:</u></b></p> <p><b>Presence or absence of relevant relationships for all planners, presenters, faculty, authors, and content reviewers.</b> The following must disclosed:</p> <ol style="list-style-type: none"> <li>1) Name of individual</li> <li>2) Name of ineligible company/ies with which a relevant relationship exists</li> <li>3) Nature of the relationship</li> <li>4) Steps taken to mitigate all relevant relationships</li> </ol>

	<p><b>Examples:</b></p> <p><b>No relationships:</b></p> <ol style="list-style-type: none"> <li>1. None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</li> <li>2. Dr. Xin Lee, faculty for this educational event, has no relevant financial relationship(s) with ineligible companies to disclose.</li> </ol> <p><b>Relevant Financial Relationships</b></p> <ol style="list-style-type: none"> <li>1. Nicolas Garcia, faculty for this educational event, is on the speakers' bureau for XYZ Device Company. All of the relevant financial relationships listed for this individual have been mitigated.</li> <li>2. Dr. Yvonne Gbeho, planner for this educational event, has received a research grant from ABC Pharmaceuticals. All the relevant financial relationships listed for this individual have been mitigated.</li> </ol>
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	<p><b><u>Commercial Support</u></b> – <i>if applicable</i></p> <p><b>Presence or absence of:</b></p> <ol style="list-style-type: none"> <li>1) <b>Commercial Support.</b> Learners must be informed if an ineligible company has provided financial or in-kind support for the educational activity, including <ol style="list-style-type: none"> <li>a. how content integrity is maintained</li> <li>b. how bias is prevented</li> </ol> </li> </ol>
	<p><b><u>Enduring Materials</u></b> – <i>if applicable</i></p> <ol style="list-style-type: none"> <li>2) <b>Expiration of Enduring Materials.</b> Educational activities provided through enduring materials are required to include an expiration date documenting how long contact hours will be awarded. <ol style="list-style-type: none"> <li>a. This date must be visible to the learner <i>prior to the start</i> of the educational content.</li> <li>b. The period of expiration of enduring material should be based on the content of the material but cannot exceed three years.</li> <li>c. ANCC requires review of each enduring material at least once every 3 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.</li> </ol> </li> </ol>
	<p><b><u>Steps for Successful Completion</u></b></p> <p>Notice of requirements for successful completion of the educational activity.</p> <ol style="list-style-type: none"> <li>1. Must state how to successfully earn a contact hour certificate.</li> </ol>
	<p><b><u>Joint Providership</u></b></p> <p><i>(Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the <b>Provider</b> awarding contact hours and responsible for adherence to ANCC criteria)</i></p>

**NOTE:**

- Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.
- It may be helpful to include definitions of terms to learners to support their understanding of your processes (e.g., ineligible companies, relevant financial relationships, etc.)



## **POLICY FOR INDIVIDUAL APPLICANT ANNUAL REPORTS**

### **Policy**

Individual Activity applicants are required to submit a report to NJSNA Education Department within 30 days of their presentation date.

### **Procedure**

1. An Individual Activity Report is required for each activity approved by NJSNA.
2. Individual Activity Reports include, but not limited to, the following:
  - a. name of activity,
  - b. date(s) offered,
  - c. contact hours awarded,
  - d. counts of participants, and
  - e. Type of activity.
3. Reports are permitted to be submitted by email.
4. These reports are used to provide required information to ANCC on an annual basis.
5. There will be a penalty charged if Individual Activity Reports are not submitted by the deadline.
  - a. Penalty if not received by 30 days post activity will be \$100.
  - b. If report is not received 30 days post activity, a \$100 fee will be assessed to the applicants next application submittal along with required application fee.

June 2016, 2017, 2018, 2019, 2020, 2022

## **INDIVIDUAL APPLICANT CRITERIA**

This section outlines the process of developing and/or evaluating individual educational activities according to NJSNA's Approver Unit criteria.

The purpose of NJSNA's Approver Unit criteria is designed to ensure that nursing continuing professional development activities provided is of high quality and utilize effective educational design principles to effectively plan, implement and evaluate activities. The educational design is the foundation to high quality nursing continuing professional development so please use this section as a resource.

### **EDUCATIONAL ACTIVITY CHARACTERISTICS**

#### **TYPES OF ACTIVITIES** (*may be delivered live or via an enduring format*)

1. Provider-directed, provider-paced: The provider controls all aspects of the learning activity. The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. (Examples include live activities and live webinars.)
2. Provider-directed, learner-paced: The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. The learner determines the pace at which he or she engages in the learning activity. (Examples include print articles, online courses, e-books, and self-learning modules/independent studies.)
3. Learner-directed, learner-paced: With guidance from a Nurse Planner, an individual learner takes the initiative in identifying his or her learning needs, formulating learning outcomes, identifying resources for learning, choosing, and implementing appropriate learning strategies, and evaluating learning outcomes. The learner also determines the pace at which he or she engages in the learning activity.
4. **Blended activity (activities that involve a "live" component in combination with a provider-directed, learner-paced component)**
  - Date(s) of prework and/or post-activity work: Click here to enter a date.
  - Date of live portion of activity: Click here to enter a date.

Types of Educational Activities		
Type of Activity	Features	Example (s)
Provider-directed, provider paced	Provider controls all aspects of the learning activity including: <ul style="list-style-type: none"> <li>• Learning outcomes</li> <li>• Content</li> <li>• Education strategies</li> <li>• Evaluation methods</li> </ul>	Live activity Live webinar
Provider-directed, learner paced	Provider determines the following: <ul style="list-style-type: none"> <li>• Learning outcomes</li> <li>• Content</li> <li>• Education strategies</li> <li>• Evaluation methods</li> </ul> Learner determines the pace at which they engage in the activity	Online course Self-learning module Print article
Learner-directed, learner paced	Learner determines the following: <ul style="list-style-type: none"> <li>• Learning needs/goals</li> <li>• Resources</li> <li>• Learning strategies</li> <li>• Learning outcomes</li> <li>• Pace of activity</li> </ul>	
Blended activity	<u>Blended activity (activities that involve a “live” component in combination with a provider-directed, learner-paced component)</u> <ul style="list-style-type: none"> <li>• Date(s) of prework and/or post-activity work: <a href="#">Click here to enter a date.</a></li> <li>• Date of live portion of activity: <a href="#">Click here to enter a date.</a></li> </ul>	

### **CONSIDERATION FOR LIVE AND ENDURING FORMATS**

**Live educational activities**, whether in-person or web-based, are provider-directed, provider-paced activities. The provider is expected to evaluate repeated activities as needed to determine that the practice gap still exists, that the underlying educational needs are still relevant for the target audience, and that content is still based on current evidence. Live activities, or portions of live activities, may be repurposed for enduring materials. If repurposed, an expiration date is assigned to the enduring activity.

**Enduring activities** are provider-directed, learner-paced activities. Enduring materials have an expiration date, after which no contact hours may be awarded. The expiration date of enduring material should be based on the content of the material. Providers must review content of enduring materials at least once every three years, or more frequently if indicated by new developments in the field specific to the enduring material. That review date must be included on the enduring material, along with the original release date and an expiration date. Review of enduring material content should be conducted for:

- Accuracy of content;
- Current application to practice; and
- Evidence-based practice.

Upon completion of the enduring material review, a new expiration date should be established.

### **JOINT PROVIDERSHIP**

Individual Applicants may jointly provide educational activities with other organizations. The jointly providing organizations **cannot** be a commercial interest.

Collaborative organizational activities are undertaken to enhance the quality of the activity and to expand the intended audience. Applicants must describe how the activity provider's responsibilities will be maintained.

The Individual Applicant is referred to as the provider of the educational activity; the other(s) is referred to as the joint provider(s). In the event that two or more organizations are approved:

- One will assume responsibility for adherence to the ANCC/NJSNA criteria and is the provider.
- The other(s) is referred to as the joint provider(s).

Materials associated with the educational activity, such as marketing materials, advertising, agendas, and certificates of completion, must clearly indicate the approved organization (Provider) awarding contact hours and responsible for adherence to ANCC/NJSNA criteria.

### **PLANNING PROCESS FOR INDIVIDUAL APPLICANTS**

The **Individual Activity** applicant is defined as an individual, organization, or part of an organization submitting an educational activity for approval to an Accredited Approver, the New Jersey State Nurses Association.

Those interested in submitting a NCPD activity for approval must complete the eligibility verification process and meet all the following requirements:

- Have one Nurse Planner responsible for 1) coordinating the planning, implementation, and evaluation the NCPD activity; and 2) for submitting application to NJSNA.
- Nurse Planners must be registered nurses who hold current, unencumbered nursing licenses (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent).
- Plan the educational activity with at least one other planner.
- One planner needs to have appropriate subject matter expertise (content expert) for the educational activity being offered.
- Document qualifications of the Nurse Planner and content expert for their respective roles including degree, credentials, and biographical data.

## **PROFESSIONAL PRACTICE GAP**

Identify when NCPD or IPCE might be a desired intervention to address the following:

- What is the problem that created the need for this activity? (What are you seeing that creates the need for this program?) (Please provide a 1 sentence explanation of the current problem.) i.e., Nurses are not aware of new guidelines from CDC regarding adult immunizations.
- Evidence to validate the professional practice gap (*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 educational activity or intervention?*) Focus on the evidence that shows there's a problem, not on the purpose of content of the education
- Educational need that causing the problem: Do learners need to get more information (knowledge)? Do they have knowledge but need to develop skills? Do they have knowledge and skills but are not using them in practice? (*Note: the underlying educational need should align with the PPG. This can be a simple one-word response of knowledge, skill, or practice, but should be supported by the PPG, and the evidence to support the PPG and desired learning outcomes*). Check the level of intervention appropriate for this activity.

Knowledge  
(Doesn't know)

Skill  
(Doesn't know how)

Practice  
(Not able to show/do in Practice)

Once an educational intervention is determined to be appropriate, the Nurse Planner analyzes data that validates the need for the educational activity. This analysis determines the professional practice gap, or the difference between the current state of practice and the desired state of practice. It is important to note that a professional practice gap may exist regardless of the practice setting. Professional practice gaps are not limited to clinical practice and may also exist in areas of professional work such as administration, education, and research.

## **UNDERLYING EDUCATIONAL NEEDS**

Once the professional practice gap has been identified, the Nurse Planner/Planning Committee conducts a needs assessment to determine the underlying educational needs that contribute to the gap. The Nurse Planner/Planning Committee evaluates the:

- Knowledge deficit (what participants do not know)
- Skill deficit (do not know how to do)
- Practice deficit (not able to do in practice)

Educational needs may include:

- General professional issues
- Specific practice problems,
- Issues related to current trends in practice

**Needs Assessments** can be conducted using a variety of methods including but are not limited to:

- Surveying stakeholders, target audience members, subject matter experts
- 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 healthcare

**Supporting Evidence Sources** 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 email)
- Written evaluation summary requests

## **PLANNING COMMITTEE**

Once the professional practice gap is identified, the Nurse Planner can form a Planning Committee, or participate as a member of an interprofessional planning team. The Planning Committee must include at least two people: the Nurse Planner and a content expert. The Nurse Planner may function as both the Nurse Planner and the content expert; however, two people must be involved with planning each educational activity. Other individuals may be selected, as appropriate, to help plan the activity. The Nurse Planner ensures that the educational activity is developed in compliance with ANCC/NJSNA criteria.

Planning continues with further analysis of the professional practice gap. The Nurse Planner and Planning Committee evaluates the root cause(s) of the gap, or why the gap exists.

- If the gap is related to a lack of knowledge, skills, and/or practices of registered nurses, an educational intervention is appropriate.
- If the gap is related to other reasons, alternative, non-educational strategies may need to be considered.

## **TARGET AUDIENCE**

Once the educational need has been identified, the Nurse Planner/Planning Committee determines the target audience for the educational activity. The target audience is defined as the specific learners the educational activity is intended to impact.

## **LEARNING OUTCOMES**

The Nurse Planner/Planning Committee develops the desired learning outcome for participants in the target audience. A learning outcome is written as a statement that reflects what the learner will be able to do as a result of participating in the educational activity. **The learning outcome must be observable and measurable.** The learning outcome addresses the educational needs (knowledge,

skills, and/or practices) that contribute to the professional practice gap and achieving the learning outcome results in narrowing or closing the gap. A learning outcome may be assessed short term or long term. There may be more than one learning outcome for an educational activity but **no more than two**. The learning outcome is the overall outcome of what you want the participant to be able to do after the activity is over.

**Sound educational processes require all content be written in behavioral terms and that these learning outcomes lead to specific outcomes that can be measured. There are no more behavioral objectives: Learning outcomes have replaced them. Look for a change in practice or a return on investment.**

### **CONTENT FOR EDUCATIONAL ACTIVITY**

Content for the educational activity may be chosen by the Nurse Planner/Planning Committee, or it may be selected by others participating in the educational activity such as individual speakers or authors. It is the responsibility of the Nurse Planner/Planning Committee to ensure that content is based on the most current evidence, i.e., evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content experts' opinion. **If resources used for content are older than 5-7 years, an explanation of use must be included.**

If there is concern that content selected is not based on best available evidence or may be biased within the educational activity, the Nurse Planner/Planning Committee may engage a content reviewer to provide independent and expert evaluation of content to ensure that best available evidence is presented, content is balanced, and content is not promotional or biased.

Content that has previously been developed may also be identified as appropriate to include within the educational activity. If previously developed content is incorporated, the Nurse Planner is responsible for ensuring that content meets criteria for best available evidence and is appropriate in relation to the identified practice gap, and that permission to use the content has been obtained as applicable.

### **PREVIOUSLY DEVELOPED CONTENT**

Content that has been previously developed may be incorporated into educational activities for nursing continuing professional development credit when the following criteria are met. The provider must have written policies and procedures regarding the appropriate use of previously developed content in educational programs. The policies and procedures must delineate the responsibilities of the nurse planner and planning committee, including, but not limited to:

- Conduct a needs assessment of the target audience, justifying the need to offer said course.
- Develop a minimum of two new learning outcomes, which must be independent of any previously developed objectives [outcomes] for the content.
- Identify previously developed educational content that meets the learning needs of the target audience.
- Possess evidence that the previously developed content is current, evidence-based, meets current standards or practice guidelines.
- Provide evidence of revisions/deletions/additions required for the previously developed content OR evidence stating why previously developed content did not require any

revisions/deletions/additions.

- Ensure the previously developed content is objective and unbiased; and excludes any promotional influence.
- If possible, if previously developed content was approved by the American Nurses Credentialing Center's Commission on Accreditation Program, obtain a copy of the approval.
- Examples include Basic Life Support, Advanced Cardiac Life Support and Sexual Assault Nurse Examiner

The Nurse Planner and Planning Committee may not approve a previously developed educational activity and award nursing continuing professional development credit without complying with these guidelines. Failure to adhere to these guidelines may result in loss of approval status.

### **ACTIVE LEARNER ENGAGEMENT (TEACHING METHODS)**

The Nurse Planner/Planning Committee develops ways, as part of the design process, to actively engage learners in the educational activity. Strategies to engage learners may include;

- Integrating opportunities for dialogue or question/answer, including time for self-check or reflection
- Analyzing case studies
- Providing opportunities for problem-based learning

Active learner engagement may function as an opportunity for formative assessment during the educational activity by providing the presenter with immediate learner feedback. **Please note that the gap you've identified (knowledge, skills, or practice) must correspond with your teaching strategies.**

### **REQUIRED INFORMATION PROVIDED TO THE LEARNER**

Learners must receive required information prior to the start of an educational activity. In live activities, required information must be made to the learner prior to the initiation of the educational content. In enduring material (print, electronic, or web-based activities), required information must be visible to the learner prior to the start of the educational content. Required information may not occur or be located at the end of an educational activity.

Required information for learners includes:

- Approval statement of provider responsible for educational activity.
- Notice of requirements to receive contact hours: Learners are informed of the criteria that will be used to award contact hours, which may include, but are not limited to
  - Actual time spent in the educational activity.
  - Required attendance time at activity (e.g., 100% of activity, or missing no more than ten minutes of activity).
  - Return demonstration.
  - Successful completion of post-test (e.g., attendee must score X% or higher).



- If attendee does not earn noted score, identify your resolution process.
  - Completed evaluation form.
- Presence or absence of relevant financial relationships for all individuals in a position to control content of the educational activity
  - For individuals in a position to control content who have a relevant relationship with an ineligible company/ies (relevant financial relationship is present), the following required information must be provided to learners.
    - Name of individual.
    - Name of ineligible company/ies.
    - Nature of the relationship the individual has with the ineligible company/ies.
    - Resolution used to solve relevant financial relationship.
  - For individuals in a position to control content who do not have a relevant relationship with an ineligible company/ies, the activity provider must inform learners, that no relevant financial relationship exists.
- Additional required information, if applicable, includes
  - Commercial support: Learners must be informed if a ineligible company/ies has provided financial or in-kind support for the educational activity;
  - Expiration of enduring materials: Educational activities provided through an enduring format (e.g., print, electronic, web-based) are required to include an expiration date documenting the time period during which contact hours will be awarded; and
  - Joint providership: Learners must be informed of the provider of the educational activity and all other organizations that participated in joint planning of the activity.

### **CRITERIA FOR 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 = sixty minutes. 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.

During the planning process, the Nurse Planner/Planning Committee determines the criteria that learners must meet to earn contact hours. Criteria is based on the desired learning outcome(s). Criteria may include, but are not limited to, participation in the activity, attendance for a specified period of time (e.g., 100% of activity, or missing no more than ten minutes of activity), successful completion of a post-test (e.g., attendee must score X% or higher), completion of an evaluation form, or successful completion of a return demonstration.

Time frames must match and support the contact hour calculation for live activities. Evidence may include, but is not limited to, agenda for the activity, outline of content to be delivered in the activity, and/or other marketing materials. Time for breaks and meals should be clearly delineated and not included in total contact hours awarded. For enduring materials such as 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.

**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. Pilot study participants may be awarded contact hours once the number is determined.

**Continuing Education Unit (CEU)** is not a generic abbreviation for continuing education but rather a specific measure of the International Association of Continuing Education and Training. CEU and contact hours are not interchangeable terms.

## **EVALUATION**

The evaluation method is used to determine the effectiveness or impact of the activity on the identified professional practice gap and the learning outcomes. The Nurse Planner/Planning Committee determines the methods used to evaluate each educational activity. The nurse planner must go beyond identifying and naming the evaluation method and provide a detailed description. The evaluation components and methods of evaluation should be relative to the desired learning outcome(s) and professional practice gap of the educational activity. Evaluation may be formative and integrated within the educational activity. Evaluation is also summative at the conclusion of the educational activity. Evaluation methods include assessment of change in knowledge, skills, and/or practices of the target audience. Change in knowledge, skills, and/or practices may or may not occur based on a variety of factors; however, evaluation should assess for such change. Evaluation may also include collecting data that reflect barriers to learner change.

Evaluations must be performed each time an activity is offered. For example, if a program is offered on Monday, Tuesday, and Wednesday, within the same week, this program may be evaluated at the end of the same week. If a program is offered once per week, it must be evaluated each time it is given. Evaluations may include both short and long-term methods. Results from the activity evaluation are used to guide future activities.

Following the conclusion of the educational activity, the Nurse Planner and/or Planning Committee review the summative evaluation data to assess the impact of the educational activity and determine how results may be used to guide future educational activities, as applicable.

EVALUATION OPTIONS	
Short-Term	Long-Term
<ul style="list-style-type: none"> <li>• Intent to change practice</li> <li>• Active participation in learning activity</li> <li>• Post-test</li> <li>• Return demonstration</li> <li>• Case study analysis</li> <li>• Role-play</li> </ul>	<ul style="list-style-type: none"> <li>• Self-reported change in practice</li> <li>• Change in quality outcome measure</li> <li>• Return on Investment (ROI)</li> <li>• Observation of performance</li> </ul>

(2015 ANCC Primary Accreditation Application Manual for Providers and Approvers p. 26)

Examples of Evaluation Methods	
Knowledge	Self-reported change in knowledge Post-test Question and Answer Polling Questions
Skill	Return Demonstration Simulation Case Study Analysis
Practice	Self-reported Change in Practice Over Time Observation of Practice Post-Activity

### **INDIVIDUAL NCPD ACTIVITIES APPROVAL STATEMENT**

Individual Activity Applicants are required to provide the official activity approval statement to learners:

1. Prior to the start of every educational activity and
2. On each certificate of completion
3. Marketing Material

The approval statement must be displayed clearly to the learner and be written exactly as indicated by NJSNA. When referring to contact hours, the term “accredited contact hours” should never be used—contact hours are awarded.

#### **Individual Activity Applicants:**

**If advertising is released prior to approval AND after an application has been submitted, the following statements must be used:**

*Individual Application: (Prior to Approval) This activity has been submitted to the NJSNA for*

*approval to award contact hours. The NJSNA is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.*

**If the advertising is to be released after approval is received, then use the following statement:**

*Individual Activity: (After approval) This nursing continuing professional development activity was approved by NJSNA, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

### **CERTIFICATE OR DOCUMENTATION OF COMPLETION**

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

### **RECORDKEEPING REQUIREMENTS**

Activity file records must be maintained in a retrievable file (electronic or hard copy) accessible to authorized personnel for 6 years. An applicant is able to determine within its own setting how confidential records are maintained and handled and which personnel have access to the records. Mechanisms should be in place for systematic, easy retrieval of information by authorized individuals. Required recordkeeping components include:

#### **Professional Practice Gap:**

- Process of identification of problem in practice/opportunity for improvement
- Evidence to validate (Needs Assessment)
- Underlying gap in knowledge, skills and/or practice
- Description of the target audience
- Desired learning outcome

#### **Educational Design:**

- Learning Outcomes of activity
- Content of activity: A description of the content with supporting references or resources
- Format: live or enduring
- Instructional strategies used
- Description of evaluation method: Evidence that change in knowledge, skills and/or practices of target audience will be assessed
- Criteria for judging successful completion
- Names and credentials of presenters and faculty

## **Planning Forms for Educational Activities**

- Title 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 professional practice gap
- Evidence that validates professional practice gap
- Educational needs that underlies the professional practice gap
- Description of target audience
- Desired measurable learning outcomes
- Description of evidence-based content with supporting references or resources (Planning Table)
- Learner engagement strategies used
- Criteria for awarding contact hours
- Description of evaluation method (Evidence that change in knowledge, skills, &/or practices of target audiences was assessed)
- Names and credentials of all individual in a position to control content (must identify who fills the roles of Nurse Planner and content experts)
- Demonstration of **relevant financial relationship** process for all individuals in a position to control content (planners, presenters, faculty, authors, &/or content reviewers) aka *Identification, Mitigation and Disclosure of Relevant Financial Relationships form Planners, Faculty and Others form*
  - name of Individual
  - past 12 months
- Evidence of a resolution of process, if applicable
- 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)
- Agenda, is activity is longer than 3 hours
- 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
  - NJSNA Approval statement
  - Participant name
  - Location of activity
- Commercial Support Agreement (CSA) with signature and date (if applicable)
  - Name of the Ineligible company/ies (IC)
  - Name of the Provider
  - Complete description of all the CSA provided, including both financial and in-kind support
  - Statement that the IC will not participate in planning, developing, implementing or evaluating the educational activity
  - Statement that the IC will not recruit learners from the educational activity for any purpose

- Description of how the CSA must be used by the Provider (unrestricted use &/or restricted use)
  - Signature of a duly authorized representative of the IC with the authority to enter the binding contracts on behalf of the IC
  - Signature of a duly authorized representative of the Provider with the authority to enter the binding contracts on behalf of the Provider
  - Date on which the written agreement was signed
- Evidence of disclosures to learner(s): Marketing and Promotional materials
- Activity approval number
    - Evidence of approval statement as applicable provided to learners prior to start of activity
  - Criteria for successful completion
  - Presence or absence of relevant financial relationships for all members of the Planning Committee, presenters, faculty, authors and content reviewers
    - Evidence of verbal disclosures (if applicable)
  - Commercial support (if applicable)
  - Expiration date (enduring materials only)
  - Joint Providership (if applicable)
    - Materials associated with this activity e.g., agendas and certificates of completion must clearly indicate the Provider awarding contact hours and responsible for adherences the ANCC/NJSNA criteria
- Summative evaluation (*Upon completion of activity*)

APPLICATION FORMAT	
Eligibility Verification Form	Required
Commercial Interest Addendum	If Applicable
Education Activity Application	Required
Names and credentials of all individuals in a position to control content (must identify the individuals who fill the roles of Nurse Planners and content experts(s))	Required
Completed Identification, Mitigation and Disclosure of Relevant Financial Relationships form Planners, Faculty and Others form for all individuals that can influence content	Required
Completed Planning Table Document	Required
Method of Evaluation/sample evaluation tool	Required
Sample Certificate	Required
Commercial Support Agreement	If Applicable
Joint Provider Agreement	Is Used
Marketing Evidence of provision of NJSNA Approval Statement to learners prior to the program	Required

# **Individual Educational Activity Application**



## **Individual Educational Activity Application**

**New Jersey State Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation**

1479 Pennington Road  
Trenton NJ 08618  
609-883-5335 (Phone)  
609-883-5343 (Fax)

2012, 6/2013, 2016, 2020, 2022



**Individual Educational Activity Applicant Eligibility  
Verification Form**

# New Jersey State Nurses Association Individual Educational Activity Applicant Eligibility Verification

## **Section 1: Instructions**

1. Complete the Individual/Approved Provider Activity Eligibility Verification:

**Cost:**             \$100.00 NJSNA Members                                     \$200.00 Non-Member

*The cost above relates to the **Primary Nurse Planner's (PNP) NJSNA MEMBERSHIP STATUS***

2. SEND A COMPLETED COPY OF THE ELIGIBILITY FORM AND PAYMENT TO [KJackson@njsna.org](mailto:KJackson@njsna.org).
  - a. The PNP is responsible for the completion of this form and will be held accountable for the verification process.
  - b. Payment information is included on the Eligibility Verification Form.
  - c. If the form is submitted to the Education Coordinator, its invalid and will not be forwarded to Kortnei Jackson.
  
3. **The actual application will be emailed upon verification of Eligibility and receipt of payment.**
  - a. If payment is not received, application will not be sent.

## **Section 2: Eligibility**

Applicants interested in submitting an individual educational activity for approval must complete the Eligibility Verification Form. Applicants that do not meet Eligibility Criteria will not be allowed to proceed.

\_\_\_\_\_  
Name of Applicant (Organization)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                     State                                     Zip/Postal                                     Country

Identify Organization Type:

- \_\_\_\_\_ State Nurses Association affiliated with ANA
- \_\_\_\_\_ College or University
- \_\_\_\_\_ Healthcare Facility (i.e., hospital, rehab center)
- \_\_\_\_\_ Health - Related Organization (i.e., health department)
- \_\_\_\_\_ Interprofessional Educational Group (only function is interprofessional continuing education)
- \_\_\_\_\_ Professional Nursing Education Group (only function is continuing nursing education)
- \_\_\_\_\_ Specialty Nursing Organization
- \_\_\_\_\_ Other: Describe - \_\_\_\_\_

Nurse Planner of the activity: Name and Credentials	
Employer	Title/Position
Telephone Number	E-mail Address

- Has the applicant ever been denied **approval** by or had approval suspended or revoked for an individual activity or a provider application by New Jersey State Nurses Association?  Yes  No

If yes, please provide the following information:

Date:                      Action:              Denial                      Suspension                      Revocation

Brief description:

- Has the applicant ever been denied **approval** by or had approval suspended or revoked for an individual activity or a provider application by another ANCC Accredited Approver?  
 Yes  No

**If yes**, please provide the following information:

Date:                      Action:              Denial                      Suspension                      Revocation

Brief description:

- registered nurse with a current unencumbered license, and a baccalaureate degree or higher in nursing is actively involved, as the nurse planner, in the planning, implementing and evaluation process of this continuing education activity  
 Yes  No

Please list the name and credentials of the nurse involved/responsible for this educational activity:

Nurse Planner's Name	Credentials

### Section 3: Commercial Interest

**Is your organization one of the following:**

- **If yes, select the option that applies and then go directly to Section 5 (skip Section 4).**
- **If none of the listed types, go to Section 4.**
  - Blood banks,
  - Constituent Member Associations,
  - Diagnostic laboratories,
  - Federal Nursing Services,
  - For-profit and not for profit hospitals,
  - For-profit and not for profit nursing homes,

- For profit and not for profit rehabilitation centers,
- Group medical practices,
- Government organizations,
- Health insurance providers,
- Liability insurance providers,
- National nurses organizations based outside the United States,
- Non-health care related companies, and
- Specialty Nursing Organizations
- A single-focused organization\* devoted to offering continuing nursing education (\* The single-focused organization exists for the single purpose of providing NCPD)

**NOTE: 501c applicants are not automatically exempt.** The ANCC Accreditation Program requires 501c applicants to be screened for eligibility.

\_\_\_ An "X" on this line identifies the applicant as not exempt from ANCC's definition of a commercial interest. Complete Section 4.

## Section 4 – Commercial Interest Evaluation -- Only complete this section if you did not select an option for Section 3

**An ineligible company:** Any entity producing, marketing, reselling or distributing healthcare goods or services consumed by or used on patients or 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 non-profit or government organizations and non-healthcare-related companies.

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

\_\_\_ Yes **If yes**, the applicant is **not** eligible for approval of Individual Educational Activities.  
 \_\_\_ No **If no**, complete the next bulleted question

- Is your organization owned or controlled by a multi-focused organization (MFO\*) that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients?

\_\_\_ Yes **If yes**, complete the next bulleted question  
 \_\_\_ No **If no, this section of the questionnaire is complete, proceed to Section 5.**

- Is the applicant a separate and distinct entity from the MFO\*?

\_\_\_ Yes - **If yes**, continue to section 4  
 \_\_\_ No - **If no**, the applicant is **not** a separate and distinct entity from the MFO\* then the applicant is **not** eligible for approval of Individual Education Activities.

\* **Multi-Focused Organization (MFO)** is an organization that exists for more than providing continuing nursing education.

- Does your organization's owner have 501-C Non-profit Status?

\_\_\_ No **If no**, complete the next bulleted question.  
 \_\_\_ Yes **If yes**, does your organization's owner advocate for an ineligible company (ies) (as defined in Section 3)?

\_\_\_\_\_ No

\_\_\_\_\_ Yes **If yes**, or not sure, please describe the relationship the ineligible company (ies) and the type of work done for or on behalf of the commercial interest. \_\_\_\_\_

- Is any component of the organization under which you operate an entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients?

\_\_\_\_\_ No **If no, this section of the questionnaire is complete, proceed to Section 5.**

\_\_\_\_\_ Yes **If yes**, please describe the health care goods or services consumed by or used on patients and the role of the entity in producing, marketing, re-selling or distributing those healthcare goods or services. \_\_\_\_\_

## **If yes, please complete and submit the Individual Activity Applicant Eligibility Commercial Interest Addendum with this Form**

### **Section 5: Statement of Understanding**

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

*(Eligibility Verification forms received without a signature incur a delay in processing which will cause a delay in the review of the individual education activity application.)*

A typed name on the line below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information contained.

---

**Completed By: Nurse Planner of the activity: Name and Date**

## Section 6: Payment Information

<input type="checkbox"/> <b>\$100.00 -- NJSNA MEMBER</b>		<input type="checkbox"/> <b>\$200.00 -- NON-MEMBEES</b>	
<b>METHOD OF PAYMENT:</b>	<input type="checkbox"/> <b>CHECK ENCLOSED</b>	<input type="checkbox"/> <b>CREDIT CARD</b>	
<b>MAKE CHECK PAYABLE TO:</b> <i>New Jersey State Nurses Association, 1479 Pennington Road, Trenton, NJ 08618</i>			
<b>NAME ON CARD:</b> Click here to enter text.			
<b>ADDRESS (If different from above):</b> Click here to enter text.			
<b>CITY:</b> Click here to enter text.	<b>STATE:</b> Click here to enter text.	<b>ZIP:</b> Click here to enter text.	
<b>CREDIT CARD NUMBER:</b> Click here to enter text.	<b>EXP. DATE:</b> Click here to enter text.	<b>CVV:</b> Click here to enter text.	
<b>SIGNATURE:</b> Click here to enter text.			
<p><b>Contact: Kortnei Jackson, Administrative Assistant</b>  <a href="mailto:kjackson@njsna.org">kjackson@njsna.org</a>, 609-883-5335 x120 (w) 609-883-5343 (f)</p>			

**Please return the completed Eligibility Verification Form to [KJackson@njsna.org](mailto:KJackson@njsna.org)**

# NEW JERSEY STATE NURSES ASSOCIATION

## Individual Educational Activity Application

**Applicants interested in submitting an individual educational activity must complete:**

- Individual Activity Applicant Eligibility Verification Form
- Individual Educational Activity Application

**APPLICANT'S NAME:** \_\_\_\_\_

Is this continuing education/nursing continuing professional development? Is this learning activity 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 improve the health of the public and RNs' pursuit of their professional career goals?

- Yes     No    If **no**, the activity is **not** eligible for approval.

The **Nurse Planner** must be a registered nurse who holds a current, unencumbered nursing license (or international equivalent) **AND** hold a baccalaureate degree or higher in nursing (or international equivalent) **AND** be actively involved in planning, implementing, and evaluating this NCPD educational activity based on educational resources provided by the Accredited Approver Program Director.

**Nurse Planner contact information for this activity:**

Name and License/degree credentials (or international equivalent): [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

**Title of Activity:** [Click here to enter text.](#)

**Date Application Form Completed:** [Click here to enter a date.](#)

**Activity Type:**

- Provider-directed, provider-paced: Live (in person course, conference or webinar)**
  - Date of live activity: [Click here to enter a date.](#)
  - Location of activity
  
- Provider-directed, learner-paced:  Enduring material web-based (i.e., online courses, e-books)  article  other (describe)**
  - Start date of enduring material: [Click here to enter a date.](#)
  - Expiration/end date of enduring material: [Click here to enter a date.](#)
  
- Learner-directed, learner-paced: may be live, enduring material, or blended.**
  - Start date of enduring material (if applicable): [Click here to enter a date.](#)
  - Expiration/end date of enduring material (if applicable):
  
- Blended activity (activities that involve a "live" component in combination with a provider-directed, learner-paced component)**
  - Date(s) of prework and/or post-activity work: [Click here to enter a date.](#)
  - Date of live portion of activity: [Click here to enter a date.](#)

## USE OF EDUCATIONAL DESIGN CRITERIA

### 1. Description of the professional practice gap (PPG) (e.g., change in practice, problem in practice, opportunity for improvement):

- **Provide a brief description of the problem or opportunity for improvement this activity is designed to address for your learners.** *(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.)*

#### **RESPOND HERE:**

- ***TIP:** Although not required to include the target audience in the PPG statement, it is important to consider the target audience when investigating the problem or opportunity and determining the gap. This helps ensure the gap is specific to the problem or opportunity the education is targeting.*

### 2. Evidence to validate the professional practice gap (check all methods/types of data that apply):

- **Provide a brief summary of the evidence and the data gathered that validates the need for this activity.**
- **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 educational activity or intervention?)*

#### **RESPOND HERE:**

- *The evidence statement should include the NP/planning committee's analysis of the data, not just the data sources. (Stating that there is a "need" or a "request" for the activity is not an adequate response.)*

#### **Examples of types of evidence to support the PPG can be used to validate the need for the activity:**

- *Survey data from stakeholders, target audience members, subject matter experts or similar*
- *Input from stakeholders such as learners, managers, or subject matter experts*
- *Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement.*
- *Evaluation data from previous education activities*
- *Trends in literature*
- *Direct observation*

### 3. **Educational need that underlies the professional practice gap (e.g., knowledge, skill and/or practices):** *(Note: the underlying educational need should align with the PPG. This can be a simple one-word response of knowledge, skill, or practice, but should be supported by the PPG, and the evidence to support the PPG and desired learning outcomes.)*

- ***TIP:** Reflecting on these questions will guide the NP/planning committee to choose the applicable underlying need(s):*



- *Why do learners need this education?*
- *Is the PPG related to what they do not know (knowledge)?*
- *Is the PPG related to what they do not know how to do (skill)?*
- *Is the PPG related to what they do not know how apply or implement into practice (practice)?*

**RESPOND HERE:**

**Check all that apply:**

- Knowledge
- Skill
- Practice

- 4. Identify or describe the target audience (must include the registered nurse):** *(Think about who needs this education. Analyzing the PPG and the evidence to support the PPG should help to determine the target audience.)*

*Reminder: The target audience must include registered nurses but may include other members of the health care team.*

**RESPOND HERE:**

**Check all that apply:**

- Registered Nurse (required)
- LPN/LVN
- CNA
- MD
- PA
- Social worker(s)
- Other (describe):

- 5. Identify the desired learning outcome.** *(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.***

**RESPOND HERE:**

**Desired learning outcome(s):**

- *TIP: Reflecting on these questions will 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? (underlying educational need)
- What will be measured when the learner completes the activity?

6. **Description of evaluation method:** (Explain how you will collect evidence to show change in knowledge, skills and/or practices of target audience at the end of the activity.)

**Describe the chosen evaluation method(s):**

**RESPOND HERE:**

- *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 relate 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 should clearly describe the data being collected. For example, do not simply state that an evaluation form will be completed, go into detail on what types of questions are being asked on the evaluation form.*

**Examples of Short-term evaluation options:**

- Self-report of learner(s) intent to change practice.
- Active participation in learning activity
- Post-test (knowledge)
- Return demonstration (e.g., skill when simulated, practice when observed in practice)
- Case study analysis
- Role-play

**Examples of Long-term evaluation options:**

- Self-reported change in practice over a period of time
- Change in quality outcome measure (e.g., recruitment and retention data, patient safety data)
- Return on Investment (ROI)
- Observation of performance (at a predetermined point in time after post activity)

7. **Description of evidence-based content with supporting references or resources:**

- ✓ **REMEMBER:** This criterion has two parts:
  - 1. The description of the evidence-based content and
  - 2. supporting references.
- Description of evidence-based content can be presented in various formats, such as an educational planning table, an outline format, an abstract, an itemized agenda, or a narrative response.
- The supporting resources should include the best available evidence that appropriately supports the outcome of the educational activity.
- Best practice is for references and resources that have been developed and/or Published within the last 5-7 years.

**RESPOND HERE:**

- *TIP: It is not required that references be provided in APA format, however references should include adequate detail to ensure the information referenced can be located (i.e., page number, standard number).*
- *TIP: For a conference, an abstract can include a description of how the overall content facilitates learner achievement of the expected outcome for the conference. Detailed information about sessions, and individual session outcomes, are not required.*

**Examples of Supporting evidence-based references or resources:**

- *Information available from organization/web site (organization/web site must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health)*
- *Information available through peer-reviewed journal/resource (reference(s) should be within past 5 – 7 years)*
- *Clinical guidelines (example - [www.guidelines.gov](http://www.guidelines.gov))*
- *Expert resource (individual, organization, educational institution) (book, article, web site)*
- *Textbook reference*

**8. Describe how the learner will be actively engaged in the educational experience**

**RESPOND HERE:**

**Learner engagement strategies:**

- *Learner engagement strategies must be congruent with activity format and the underlying educational needs identified above (knowledge, skill, and/or practice).*
- *The learner engagement strategies can be provided in an educational activity table, a list, or in a narrative format.*
- *Learner engagement strategies should be developed by the Nurse Planner and planning committee, in collaboration with the speaker(s).*
- *Strategies should be realistic for the activity type.*
- **Note: This section is about learner engagement, not teaching methods.**

**Examples of learner engagement strategies:**

- *Integrating opportunities for dialogue or question/answer*
- *Including time for self-check or reflection or discussion groups*
- *Analyzing case studies or peer review*
- *Think, pair share.*
- *Providing opportunities for problem-based learning*

**9. Number of contact hours awarded and calculation method:**

- a. *The number of contact hours for an activity needs to be logical and defensible.*

- b. Documentation should include the number of contact hours and the calculation method.
- c. The rationale for the number of contact hours awarded must be present in the activity file.
- d. 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).
- e. **Reminder: Rounding contact hours: If rounding the contact hours, the provider may round up or down to the nearest 1/4 (0.25) hour (i.e., if the calculation is 1.19 contact hours, it may be rounded up to 1.25 contact hours).** (Additional information can be found at [www.njsna.org](http://www.njsna.org)).

**Number of contact hours to be awarded and identification/description of how contact hours were calculated (include agenda if activity is longer than 3 hours):**

**RESPOND HERE:**

**10. Criteria for Awarding Contact Hours:**

- a. Determine what the learner must do or achieve in order to receive contact hours for the activity.
  - Clearly outline what is expected.
  - The criteria for awarding contact hours should relate to the learning outcome(s) and be enforceable for the activity.
- b. Keep in mind that some options are mutually exclusive – for example, a learner cannot be expected to attend the entire activity and also receive credit commensurate with participation.
- c. **Note: Criteria identified here must match disclosure provided to learners.**
- d. **Note: Do not confuse criteria for awarding contact hours with calculation of contact hours. These criteria are not the same.**

**Criteria for Awarding Contact Hours (Check all that apply):**

- Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)
- Credit awarded commensurate with participation.
- Attendance at 1 or more sessions of a conference or multi-session activity
- Completion/submission of evaluation form
- Successful completion of a post-test (e.g., attendee must score \_\_\_\_\_% or higher)
- Successful completion of a return demonstration
- Other – List or Describe: \_\_\_\_\_

**11. Documentation of completion and/or certificate of completion: (Attach a sample certificate or documentation of completion transcript with the activity file.)**

- **A sample certificate must include:**
  1. Title and date of educational activity
  2. Name and address of the provider of the educational activity (a web address is acceptable)
  3. Number of contact hours awarded
  4. Activity approval statement as issued by the Accredited Approver
  5. Space for participant name

**12. Names and credentials of all individuals on the planning team:**

- a. When providing a list of individuals, clearly identify who is the NP and who is the content expert.
- b. Provide credentials along with the names of the individuals.
- c. Note: planning committee must consist of a minimum of two individuals.

**Planning Team Members**

Nurse Planner Name and Credentials \_\_\_\_\_

Content Expert Name \_\_\_\_\_

Names and Credentials (if applicable) for all other planning team members \_\_\_\_\_

**STANDARDS FOR INTEGRITY AND INDEPENDENCE (13 – 15):**

**Before completing this section answer the following:**

**Refer to and review the Standards for Integrity and Independence IAA Toolkit provided to you by the Accredited Approver.**

**a. Is the activity nonclinical in nature (e.g., preceptor development, or leadership)?**

Yes  No

- ✓ If yes, skip questions 13 - 14 and move to section 15.
- ✓ **NO Identification, Mitigation, and Disclosure of Relevant Financial Relationships from Planners, Faculty and Others List Required**

**b. If no, answer sections 13 - 14.**

- ✓ Evidence of addressing can be shared in the provided template as an attachment.
- ✓ Identification, Mitigation, and Disclosure of Relevant Financial Relationships from Planners, Faculty and Others List Required

**Complete the: Identification, Mitigation, and Disclosure of Relevant Financial Relationships from Planners, Faculty and Others List (12)**

**13. Demonstration of identification of financial relationships with ineligible companies for all individuals in a position to control content (planners, presenters, faculty, authors, and/or content reviewers) as described in the toolkit.**

- a. Provide evidence that financial relationship data has been collected and analyzed for **all individuals in a position to control content** – this includes the planning team.
- b. This might be in a table, on a spreadsheet, or other document e.g., email documentation.

**14. Evidence of mitigation of relevant financial relationships?**

- If a relevant financial relationship is identified, describe steps taken to mitigate the risk of undue influence in planning and/or providing the activity. Mitigation strategies might include (here is another place for a list of examples).

**15. Commercial Support Agreement:**

- **Purpose:** 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 that must be addressed in the application:**
  - ✓ 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 an ineligible company.

If the content of the activity is *NOT* about any products consumed by or used on patients (examples-leadership, precepting), then it is impossible for anyone to have a relevant financial relationship. In that case, check the box below instead of *submitting* COI data.

- I attest to the fact that the content of this activity has no connection with any products consumed by or used on patients, so there is no relevant financial relationship for anyone with the ability to control the content of this activity.**

\_\_\_\_\_  
Nurse Planner Signature

\_\_\_\_\_  
Date

**REQUIRED DISCLOSURES TO LEARNERS (MUST BE INCLUDED IN THE ACTIVITY APPLICATION) (16 -21):**

- ✓ Evidence of what is required information that must be provided to learners prior to start of the educational activity.
- ✓ Include relevant slide(s), screen shot(s), script(s), or other evidence showing what the learners will receive.

**Disclosures are to include the following:**

**16. Activity approval statement as issued by the Accredited Approver:**

- Verbiage should be consistent with the statement provided by the Accredited Approver (see number 11) and should match the approval statement on the sample certificate or document of completion.

**17. Criteria for awarding contact hours:**

- Criteria for awarding contact hours should be consistent with the criteria documented in the planning process.

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

- ✓ **If you did not identify relevant financial relationships because the activity was non-clinical, no disclosure should be provided.**
- ✓ **If the activity is clinical, relevant financial relationships must be identified and be included on the disclosure statement:**
  - The names of individuals with relevant financial relationships
  - The names of the ineligible companies with which they have a relationship (Identify ineligible companies by their names only, do not include logos or trade names.)
  - The nature of the financial relationships
  - A 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' bureau 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 no 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 relationship(s) with ineligible companies to disclose.*
  - **Example:** *None of the planners for this activity have relevant financial relationship(s) to disclose with ineligible companies.*

**19. Commercial Support from ineligible organization/companies (if applicable):**

- ✓ If the educational activity received commercial support, there must be a disclosure to learners of the names of the ineligible companies that gave the support and the nature of the support.
- ✓ No logos, trade names, or product group messages for the organization can be provided in the disclosure.

**20. Expiration date for enduring activities or materials (if applicable):**

- ✓ If the activity is enduring, the expiration date must be provided to learners.

**21. Joint providership (if applicable):**

- ✓ **If the activity is jointly provided, there should be a statement that demonstrates that two or more groups were involved in the planning and development of the activity.**
- ✓ There is not a prescribed statement that must be used for disclosing joint providership.
 

**Remember:**

  - 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 educational design criteria.
  - The individual activity applicant name should be clear, and the **activity approval statement as issued by the accredited approver must be on** the certificate and disclosure, and it should be clear that the Individual Activity Applicant is providing the contact hours.
  - If both or more than one organization has activity approval, one organization needs to take responsibility for being the provider of contact hours.

## Summative Evaluation: (May be requested by NJSNA Approver Unit)

### The summative evaluation contains two components:

- ✓ A summary of data highlighting whether the activity was effective in closing or narrowing the gap and achieving the educational activity outcome.
- ✓ An analysis of what was learned from the evaluation data and what can be applied to future activities.

### Tips:

- ✓ The summative evaluation does not simply include the data collected from the evaluations.
- ✓ There should be a clear analysis of the data from the NP and planning committee documented.
- ✓ There is no prescribed method for providing the summative evaluation information.
- ✓ Common delivery methods include a narrative format, SBAR format, SOAP note, or table with analysis information
- ✓ Additional information will be posted at: [www.njsna.org](http://www.njsna.org) Education Tab.

## REQUIRED ATTACHMENTS

- Documentation of completion (certificate)
- Educational Planning Table – Live/Enduring Material (if applicable)
- Template for Collecting Information about All Financial Relationships from Planners, Faculty, and Others (*if applicable*)
  - Required if it is a clinical topic*
  - Not required if non-clinical topic*
  - Further clarifications in Sample Documents Section*
- Disclosures to Participants
  - How will you disclose this to your participants?*
  - Provide evidence of disclosure*
- Commercial Support Agreement (*if applicable*)
- Joint Provider Agreement (*if applicable*)

## SAMPLE DOCUMENTS

*(Documents may be used, if needed)*

- Identification, Mitigation, and Disclosure of Relevant Financial Relationships from Planners, Faculty and Others Form
- Individual Activity Evaluation Form (Updated)
- Individual Activity Applicant Sign-in Sheet
- Individual Activity Applicant Commercial Support Agreement
- Individual Activity Applicant Joint Provider Agreement
- Education Planning Table Live/Enduring Material (Updated)



## NEW JERSEY STATE NURES ASSOCIATION

### IDENTIFICATION, MITIGATION, AND DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FROM PLANNERS, FACULTY AND OTHERS

*Instructions: You can use this format to provide documentation of an individual's expertise.*

*Identify the prospective role(s) that this person may have in the planning and delivery of this education (choose all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Nurse Planner of the activity | <input type="checkbox"/> Teacher, Instructor, Faculty |
| <input type="checkbox"/> Speaker                       | <input type="checkbox"/> Author, Writer               |
| <input type="checkbox"/> Content Expert                | <input type="checkbox"/> Planning Committee Member    |
| <input type="checkbox"/> Content Reviewer              | <input type="checkbox"/> Other _____                  |

#### **Section 1: Demographic Data**

<b>Full Name:</b>	
<b>Credentials:</b>	
<b>Degrees (spell out)</b>	
<b>Preferred Address</b>	
<b>Preferred Telephone #</b>	
<b>Preferred Email Address:</b>	
<b>Present Position/Title</b>	

#### **\*\*As the Nurse Planner I Have Experience or Knowledge Related To ANCC/NJSNA Criteria Through:**

<input type="checkbox"/>	Years of Experience with ANCC/NJSNA criteria	
<input type="checkbox"/>	Graduate Education	
<input type="checkbox"/>	Reviewed the NJSNA NCPD Manual and Criteria	
<input type="checkbox"/>	Expertise in Subject Matter	# of Years:
<input type="checkbox"/>	Mentored by Primary Nurse Planner: _____	

#### **\*\*As A Presenter/Faculty/Author/Content Reviewer I Have Experience or Knowledge Related To ANCC/NJSNA Criteria Through:**

<input type="checkbox"/>	Field of Expertise
<input type="checkbox"/>	Graduate Education
<input type="checkbox"/>	Advanced Degree in Area of Specialization
<input type="checkbox"/>	Documented History of Working in Area as an Expert
<input type="checkbox"/>	Advanced Research on Subject Matter
<input type="checkbox"/>	Years of Expertise

All activities must be assessed for relevant financial relationships and must comply with Standards for Integrity and Independence.

*Relevant financial relationships exists when an individual is in a position to control or influence the content of an education activity*

and has a financial relationship with a ineligible company/ies the products or services of which are pertinent to the content of the educational activity.

**Is there an actual, potential, perceived relevant relationship for yourself?**

**(Administrative Assistants, IT personnel, LMS Managers are not in a position to control or influence the content of an educational activity. Unfortunately, these stakeholders are not eligible to partake in the planning process.)**

## Standards for Integrity and Independence

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. The Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance.

Please complete the form below and return it to Contact Name/email \_\_\_\_\_ by  
Date \_\_\_\_\_.

### **To be Completed by Planner, Faculty, or Others Who May Control Educational Content**

Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below).

For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

<b>Enter the Name of Ineligible Company</b>	<b>Enter the Nature of Financial Relationship</b>	<b>Has the Relationship Ended?</b>
<p>An <b>ineligible company</b> is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</p> <p>For specific examples of ineligible companies visit <b>accme.org/standards</b>.</p>	<p>Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed. diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.</p>	<p>If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.</p>
<b>Example: ABC Company</b>	<b>Consultant</b>	

In the past 24 months, I have not had **any** financial relationships with any ineligible companies.

\_\_\_\_\_  
Planner/Faculty/Presenter Signature

\_\_\_\_\_  
Date

**Nurse Planner to Assess Relevant Relationships** *(It is the nurse planner's responsibility to make sure relevant relationships are identified, mitigated and disclosed to participants for every person in a position to control or influence the content of an education activity).*

- 1) Does the person have the ability to control the content of the activity?  Yes  No
- 2) Does the person have a financial relationship with an ineligible company?  
 Yes  No
- 3) Is there a relationship between the products of an ineligible company and the topic of the activity?  Yes  No

**If there is a relevant financial relationship, explain how relevant financial relationship was identified and mitigated. Explain for all individuals with relevant financial relationship and the type of relevant financial relationship.** *(Submit completed*

*Identification, Mitigation, and Disclosure of Relevant Financial Relationships form for each person involved with the activity).*

Procedures used to mitigate relevant financial relationship or potential bias if applicable for this activity:

*(Check all that apply)*

- \_\_\_\_\_ Not applicable since no relevant financial relationship.
- \_\_\_\_\_ Removed individual with relevant financial relationship from participating in all parts of the educational activity.
- \_\_\_\_\_ Revised the role of the individual with relevant financial relationship so that the relationship is no longer relevant to the educational activity.
- \_\_\_\_\_ Not awarding contact hours for a portion or all 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 indicators 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 indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- \_\_\_\_\_ Other - Describe: \_\_\_\_\_

\_\_\_\_\_  
Nurse Planner Signature

\_\_\_\_\_  
Date

**NEW JERSEY STATE NURSES ASSOCIATION APPROVER UNIT  
EDUCATIONAL PLANNING TABLE – LIVE/ENDURING MATERIAL**

**Title of Activity:**

Gap to be addressed by this activity: \_\_\_\_\_ Knowledge    \_\_\_\_\_ Skills    \_\_\_\_\_ Practice    \_\_\_\_\_ Other: Describe

Measurable Learning Outcome (s) \_\_\_\_\_  
\_\_\_\_\_

Select all that apply:  Nursing Professional Development     Patient Outcome     Other: Describe \_\_\_\_\_

CONTENT (Topics)	TIME FRAME (if live)	PRESENTER/ AUTHOR	TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES
Provide an outline of the content (Not objectives)	Approximate time required for content	List the Author	Learner Engagement Strategies (i.e., Q&A, Discussion, Self- check/Reflection, Case Studies, Group Project, Other_

List the best, current available evidence-based references used for developing this educational activity (within 5-7years):

**If Live:** (Note: Question & Answer time and evaluation time for the learning activity must be included in the total time when calculating contact hours.) Total Minutes \_\_\_ divided by 60= \_\_\_ contact hour(s)

**If Enduring:** Method of calculating contact hours: \_\_\_\_\_ Pilot Study    \_\_\_\_\_ Historical Data    \_\_\_\_\_ Complexity of Content  
\_\_\_\_\_ Other: Describe \_\_\_\_\_

**Must be completed by the Nurse Planner of the Activity: Name and Credentials \_\_\_\_\_ Date \_\_\_\_\_**

**NEW JERSEY STATE NURSES ASSOCIATION INDIVIDUAL APPLICANT  
EVALUATION FORM**

**CODE:            A=EXCELLENT, B= GOOD, C = FAIR, D = POOR, E = N/A**

**How were the following Measurable Learning Outcome(s) met? A B C D E**

- |  |    |   |
|--|----|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1. |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 2. |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3  | Relationship of learning outcome(s) to content of the activity?                                 |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 4. | How well did this nursing continuing professional development program meet your learning needs? |

**Please evaluate each speaker: SPEAKER: \_\_\_\_\_**

- |  |    |   |
|--|----|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 5. | Knowledge of subject                    |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 6. | Presentation orderly and understandable |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7. | Effective use of teaching method(s)     |

This program was presented in a fair and unbiased manner. Please identify a change that you will implement as a result of this educational activity:

- a. No change will be made, content supported the current practice.
- b. Will review/revise protocols, policies and procedures.
- c. Will change my management/treatment of patients.
- d. Will enhance patient education.
- e. Other, please specify

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Do you anticipate any barriers to learner change? If yes, please specify.

---

---

Participating in this activity will enhance my knowledge, skills or strategy relating to professional practice.     **Yes**                     **No**

Participating in this activity will enhance my performance in caring for patients.  **Yes**             **No**

The content was useful and added to my knowledge.  **Yes**                     **No**

**Comments: \_\_\_\_\_**  
\_\_\_\_\_

**NEW JERSEY STATE NURSES ASSOCIATION  
INDIVIDUAL APPLICANT CERTIFICATE**

**THIS IS TO CERTIFY**

\_\_\_\_\_ <<Participant>> \_\_\_\_\_

**HAS SUCCESSFULLY COMPLETED**

**TITLE OF ACTIVITY:** \_\_\_\_\_

**CONDUCTED BY:**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Approval Number:** \_\_\_\_\_

**Location of Educational Activity:**

\_\_\_\_\_  
(City and State)

**Contact Hours:** \_\_\_\_\_

**Nurse Planner Name and Credentials**

This nursing continuing professional development activity was approved by New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

**NEW JERSEY STATE NURSES ASSOCIATION  
INDIVIDUAL APPLICANT SIGN-IN SHEET**

**EDUCATIONAL ACTIVITY SIGN-IN SHEET**

**TITLE:** \_\_\_\_\_

**APPROVAL NUMBER:** \_\_\_\_\_

**PROVIDING AGENCY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**R.N. PARTICIPANT (Please Print)**

**UNIQUE IDENTIFIER**

(i.e. Email address)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

**NEW JERSEY STATE NURSES ASSOCIATION  
INDIVIDUAL ACTIVITY APPLICANT  
COMMERCIAL SUPPORT AGREEMENT**

An ineligible company, as defined by the Standards for Integrity and Independence, are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Commercial support is financial or in-kind contributions given by an ineligible company that are used to pay for all or part of the costs of an NCPD activity.

**Note: Organizations providing commercial support may not provide or joint provide an educational activity.**

<b>Title of Educational Activity:</b>	
Activity Location (if live):	Activity Date (if live):
<b>Name of Ineligible Company:</b>	
<b>Name of Individual Activity Applicant:</b>	
Total amount of Commercial Support:	
Area(s) of activity Ineligible company/ies would like to support:	
<input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted* <ul style="list-style-type: none"> <li><input type="checkbox"/> Speaker honoraria</li> <li><input type="checkbox"/> Speaker expenses</li> <li><input type="checkbox"/> Meal</li> <li><input type="checkbox"/> Other (please list):</li> </ul>	

*\* Ineligible companies may request that funds be used to support a specific part of an educational activity. The Individual Activity Applicant may choose to accept the restriction or not accept the commercial support. The Individual Activity Applicant maintains responsibility for all decisions related to the activity as described below.*

<b>Terms and Conditions</b>	
1.	All organizations must comply with the <i>Standards for Integrity and Independence</i> which is available on the NJSNA web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of an Ineligible Company providing financial or in-kind support.
3.	The Individual Activity Applicant is responsible for all decisions related to the educational activity. The Ineligible Company organization providing financial or in-kind support may <b>not</b> participate in any component of the planning process of an educational activity, including: <ul style="list-style-type: none"> <li>▪ Assessment of learning needs</li> <li>▪ Determination of objectives</li> <li>▪ Selection or development of content</li> <li>▪ Selection of planners, presenters, faculty, authors and/or content reviewers</li> <li>▪ Selection of teaching/learning strategies</li> <li>▪ Evaluation methods</li> </ul>
4.	The Individual Activity Applicant will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC/NJSNA criteria.
5.	All commercial support associated with this activity will be given with the full knowledge and consent of the Individual Activity Applicant. No other payments shall be given to any individuals involved with the supported educational activity.
6.	Commercial support will be disclosed to the participants of the educational activity.
7.	Ineligible Companies 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.



## Statement of Understanding

An "X" in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Commercial Support Agreement above.

<b>Individual Activity Applicant:</b>	
<b>Address:</b>	
<b>Name of Representative:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	
<b>_____ Electronic Signature (Required)                      Date:</b>	
<b>Completed By: (Name and Credentials)</b>	

<b>Ineligible Company Name:</b>	
<b>Address:</b>	
<b>Name of Representative:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	
<b>_____ Electronic Signature (Required)                      Date:</b>	
<b>Completed By: (Name and Credentials)</b>	

**NEW JERSEY STATE NURSES ASSOCIATION  
INDIVIDUAL ACTIVITY APPLICANT  
JOINT PROVIDER AGREEMENT**

Individual Activity Applicants may joint provide educational activities with other organizations. The joint providing organization may or may not be an ANCC accredited or approved organization. The joint providing organization may **not** be an ineligible company (ies). The Individual Activity Applicant’s Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC/NJSNA accreditation criteria.

The Individual Activity Applicant is referred to as the **provider** of the educational activity. The other organization(s) are referred to as the **joint provider(s)** of the educational activity. In the event that two or more organizations are ANCC accredited or approved, one will act as the provider of the educational activity and the other(s) will act as the joint provider(s).

A qualified Nurse Planner from the Individual Activity Applicant organization must be involved in planning, implementing and evaluating the educational activity to include: developing outcomes and content, selecting planners, presenters, faculty, authors and/or content reviewers, awarding contact hours, recordkeeping procedures, developing evaluation methods and managing commercial support and/or sponsorship. Decision-making responsibility may be shared collaboratively between the Individual Activity Applicant and the joint providing organization(s), however final responsibility rests with the Individual Activity Applicant when awarding ANCC contact hours.

The Individual Activity Applicant acting as the provider of the educational activity is responsible for obtaining a written joint provider agreement signed by an authorized representative of the joint provider that includes the following:

- Name of Individual Activity Applicant acting as the provider
- The name(s) of the organization(s) acting as the joint provider(s)
- Statement of responsibility of the **provider**, including the provider’s responsibility for:
  - Determining educational outcomes and content
  - Selecting planners, presenters, faculty, authors and/or content reviewers
  - Awarding of contact hours
  - Recordkeeping procedures
  - Evaluation methods
  - Management of commercial support
- Name and signature of the individual legally authorized to enter into contracts on behalf of the Individual Activity Applicant
- Name and signature of the individual legally authorized to enter into contracts on behalf of the joint provider(s)
- Date the agreement was signed

**AGREEMENT FOR JOINT PROVIDING OF A CONTINUING EDUCATION ACTIVITY**

This educational activity is being joint provided by **(Name of Individual Activity Applicant)** and **(Name of Joint Provider)**.

Title of Activity:
Date(s) if live presentation:
Date to begin if enduring material:
Total number of Contact Hours:
Individual Activity Applicant Nurse Planner's Name:

Each item must be checked to reflect the appropriate responsibility. **Those items indicated as “Required” are the responsibility of the Individual Activity Applicant.**

Responsibilities	Individual Activity Applicant	Joint Provider Name
• Determining educational outcomes and content	Required	
• Selecting planners, presenters, faculty, authors and/or content reviewers	Required	
• Determining appropriate number of and awarding ANCC contact hours	Required	
• Recordkeeping procedures	Required	
• Evaluation method	Required	
• Management of commercial support	Required	
Other items (suggestions only):		
• Marketing		
• Printing		
• Registration		
• Supplies: List:		
• Physical location		
• Audio-visual supplies		
• Food		
• Other:		
• Other:		
• Other:		
• Other:		

Financial considerations are often not part of the joint provider agreement. However, there may be decisions related to costs or revenue and those can be included below. If exchange of money is included as part of the agreement, it is recommended that the financial arrangements be stipulated in the joint provider agreement. Joint providing an educational activity is a collaborative venture that requires the direct involvement of the Nurse Planner. Contact Hours may **not** be purchased.

### FINANCIAL AGREEMENT

The following is a description of financial responsibilities of the Individual Activity Applicant and the joint provider(s):

- 1.
- 2.
- 3.
- 4.
- 5.

**Individual Activity Applicant Organization:**

**Individual Activity Applicant Representative Name and Official Title:**

Signature of Individual Activity Applicant Representative:

Date:

**Joint Provider Name/Agency**

**Joint Provider Representative Name and Official Title:**

Signature of Joint Provider Representative:

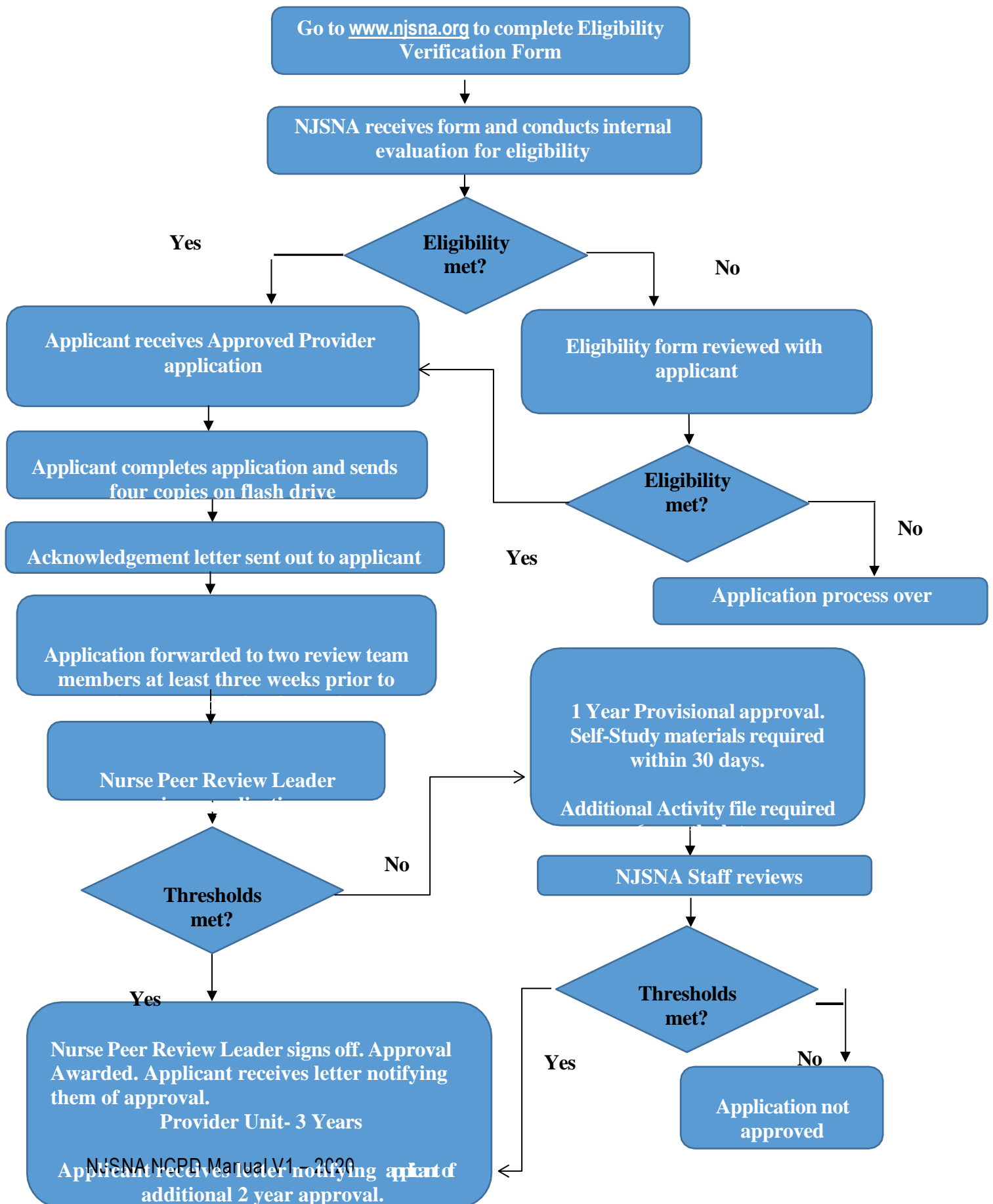
Date:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address \_\_\_\_\_

**APPROVED PROVIDER CRITERIA**

## NJSNA APPROVED PROVIDER PROCESS



## **SECTION 4: APPROVED PROVIDER**

Approved Providers must target the majority of their activities (50%) to nurses within the states of Region 2 (New York, New Jersey, Puerto Rico, and the Virgin Islands) set forth by the American Nurses Credentialing Center's Commission on Accreditation to be eligible to apply to NJSNA for approval.

Approved Providers whose target audience is in multiple regions or in states that are not confined to a single region and its contiguous states for more than 50% of its activities may not be Approved Providers. Instead they must apply to ANCC as an Accredited Provider through the accreditation process. (For region information, refer to ([hhs.gov/ash/about-ash/regional-offices/index.html](https://www.hhs.gov/ash/about-ash/regional-offices/index.html)))

Ineligible company/ies are not eligible to be an approved or accredited provider of nursing continuing professional development by the ANCC. For more information, refer to our website at [www.njsna.org](http://www.njsna.org).

### **APPROVED PROVIDER SUBMISSION**

**Provider Application** – The awarding of Approved Provider status is the means by which New Jersey State Nurses Association grants public recognition to an individual, organization, or part of an organization that has met the established standards for providing nursing continuing professional development activities.

An Approved Provider Unit has established the infrastructure, processes, and systems to develop, implement, and evaluate NCPD activities internally, without having to come through New Jersey State Nurses Association.

Organizations interested in submitting an application as an Approved Provider must complete the eligibility verification form and meet all eligibility requirements.

- An Approved Provider is defined structurally and operationally as the members of the organization who support the delivery of nursing continuing professional development activities.
- The Provider Unit may be a single-focused organization devoted to offering nursing continuing professional development activities.
- or a separately identified unit within a larger organization.
- Must be compliant with all applicable federal, state and local laws and regulations that affect the organization's ability to meet NJSNA's criteria.
- Must identify a Primary Nurse Planner who holds overall responsibility for Approved Provider Unit compliance with NJSNA's criteria

If the *Provider Unit* is within a larger organization, the larger organization is defined as a *multi-focused organization* (MFO). **The applicant applying for the approval is the Hospital's/ Organization's Provider Unit (PU). The MFO organization is not the applicant.** Therefore, all criteria that pertains to the applicant are demonstrated by the functions of the Primary Nurse Planner and Nurse Planners (if applicable) of the Provider Unit. Provider Units plan, implement, and evaluate NCPD activities according to ANCC/NJSNA requirements.

Provider Units are responsible for providing nursing continuing professional development 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 NCPD activities developed without direct involvement of a Nurse Planner.

To be eligible to apply for approved Provider Status, an organization must:

- Be one of the following:
  - State Nurses Association affiliated with ANA
  - College or University
  - Health care facility (i.e. Hospital, Rehab center)
  - Health-related organization (i.e. Health Department)
  - Interprofessional educational group
  - Professional nursing education group
  - SNO (Specialty Nurse Organization)
  - Other
- Be administratively and operationally responsible for coordinating the entire process of planning, implementing, and delivering NCPD
- Identify one Nurse Planner who will act as the Primary Nurse Planner and serve as the liaison between NJSNA and the Approved Provider Unit
- Have a Primary Nurse Planner who holds a current, valid, and unencumbered license as an RN and a baccalaureate degree of higher in nursing (or international equivalent)
- Have a Primary Nurse Planner who has the authority within the organization to ensure compliance with the NJSNA requirements in the provision of NCPD
- Have a Primary Nurse Planner who is responsible for the orientation of all Nurse Planners in the organization to the ANCC/NJSNA criteria and Approver Unit requirements.
- Ensure that all other Nurse Planners in the Approved Provider Unit hold current, valid license as RNs with a baccalaureate degree of higher in nursing (or international equivalent)
- Ensure that each NCPD activity has a qualified Nurse Planner who is an active participant in the planning, implementation, and evaluation process
- Be operational for a minimum of 6 months prior to application

## **APPLICATION FORMAT**

Applications and forms for the Approved Provider are emailed upon approval of eligibility form. The submitted application should be clear and follow all provided guidelines including:

1. All applications must be submitted on two flash drives. Place one entire application in PDF format on each flash drive.
2. Follow the application format requirements.
3. All pages of the application must be numbered in sequence and typed.
4. A table of contents with page numbers identified must be included in the application.
5. Abbreviations and acronyms must be defined the first time they are used, or a glossary should be included.
6. All charts and diagrams submitted as evidence must be given a descriptive title and dated.
7. All photocopies must be readable.
8. All sections must be completed in their entirety.
9. **Remember that you want the reader to find the referenced materials easily.**
10. **HANDWRITTEN INFORMATION IS NOT ACCEPTABLE. APPLICATION WILL BE SENT BACK!**

### **PLEASE NOTE:**

Following an internal review of application, if criteria is not met application will be returned to applicant. This will require the applicant to withdraw from the current cycle and submit the correct material in a future cycle.

## **GUIDELINES FOR NARRATIVES**

Applicants are required to write narratives to address each criterion. Narratives should be accompanied by example(s) to illustrate how the criterion is operationalized. Applicants may also supplement the narrative with data in graphs and tables as appropriate to support or amplify findings.

The applicant must clearly identify the criterion being addressed in each narrative.

Narrative statements should be straightforward and concise and include minimal extraneous information. The goal of the narrative is to explain as clearly as possible how the criterion is met and operationalized within the Provider unit. **Narratives are more than one sentence and are not a repeat of the stated criteria.**

Narrative statements and examples should refer to data for the twelve months prior to the submission of the Approved Provider application.



## **APPLICATION DEADLINES**

### **Approved Provider Applicants**

All Approved Provider Applications are to be received according to the Quarterly Review Cycles. Please note that the review process will take approximately 120 days. Please make sure that applications are received to meet noted cycles. If applications are not received in a timely fashion, the review process will be delayed for your application.

## **APPROVED PROVIDER REVIEW CYCLES**

### **Review Cycle**

**(Presently the review cycle months do not change only the years will change)**

#### **March Review Cycle**

- **Approved Providers** – Approved Providers whose provider status expires between the months of July through September must have their applications postmarked and submitted by March 31.

#### **June Review Cycle**

- **Approved Providers** – Approved Providers whose provider status expires between the months of October through December must have their applications postmarked and submitted by June 30.

#### **September Review Cycle**

- **Approved Providers** – Approved Providers whose status expires between the months of January through March must have their applications postmarked and submitted by September 30.

#### **December Review Cycle**

- **Approved Providers** – Approved Providers whose status expires between the months of April through June must have their applications postmarked and submitted by December 31.

## **APPROVED PROVIDER APPLICATION PROCESS**

### **REVIEW PROCESS**

There are three NJSNA Regional Review Teams consisting of nurses with expertise in practice, education and professional development who review each application. Each team consists of volunteer members and meetings occur each month.

Applications are sent to Nurse Peer Reviewers at least three weeks prior to the next scheduled review team meeting. Each application is reviewed independently by two members of the Review Team. The Nurse Peer Reviewers then submit their recommendation to the Accredited Approver Program Director (AAPD) for final action. This process ensures objective assessment of all applications. The AAPD is actively involved in evaluating each Approved Provider or Individual Activity Applicant to evaluate adherence to the ANCC/NJSNA criteria.

**Approved Providers provide nursing continuing professional development activities and cannot approve another organization's nursing continuing professional development activities. References to an application or peer review process with intent to approve educational activities are not appropriate for approved provider units.**

All applicants are notified by email of the Review Team decision. Applicants whose applications do not meet ANCC/NJSNA criteria will be notified of the deficiencies. The presence of major deficiencies may require the applicant to withdraw until a future cycle.

### **TYPES OF ACTION**

**Approval** - a decision made by NJSNA's Approver Unit that the criteria for approval of a learning activity or provider unit have been met.

**Provisional (Approved Provider)** – a decision made by NJSNA's Approver Unit for a one-year approval. Additional evidence needed to earn additional two-year approval.

**Denial** - a decision made by NJSNA's Approver Unit that insufficient evidence of adherence to criteria

**Withdrawal** – applicant's decision to withdraw an application, without prejudice to any future applications, this must be made in writing prior to the date on which an official decision is made. If application fee is still owed, though request has been received to withdrawal, application fee is still due.

## **RETROACTIVE APPROVAL**

This refers to approval for an educational activity that has already taken place. This is not permitted within the ANCC COA accreditation system. **For contact hours to be awarded, approval must be granted prior to the presentation of an educational activity.**

- **Exception: Pilot Studies**

For Provider Directed - Learner-Paced Activities, a minimum of 3-4 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. Pilot study participants may be awarded contact hours once the number is determined.

## **WITHDRAWAL OF AN APPLICATION**

Applicants have the right to withdraw their application prior to review by a Review Team and a refund of 50% of the application fee will be made. Requests for withdrawal of an application must be submitted in writing 45 days before the presentation date to be eligible for refund.

Requests for the withdrawal of an application, after it has been reviewed, may be submitted also, but no refund will be made. If application fee is still owed, though request has been, application fee is still due. A copy of the withdrawn application will be kept on file. NJSNA will withdraw applications that have been reviewed and deferred when the applicant fails to submit the requested material within the identified time frame.

## **POLICY ON TERMINATION OF APPROVED PROVIDER STATUS**

### **Policy**

NJSNA approved providers may decide to terminate their relationship. This may occur anytime during and up to the end of the approval period.

### **Procedure**

1. The Approved Provider unit will notify the Accredited Approver Program Director (AAPD) and CE staff in writing via email, hard copy, or fax and will include an effective date of the termination.
2. The termination will be effective the day of notification. Contact hours can no longer be awarded for any past or existing programs that had been approved during the effective period. Any future programs cannot receive contact hours.
3. NJSNA staff and AAPD will acknowledge receipt of letter and note the change in the applicant's file.
4. No refunds of application fees will be provided.
5. **If provider status is terminated the NARS Upload and Attestation is still the responsibility of the PNP at the time of termination.**

June 2016, 2017, 2018, 2019, 2020

## **POLICY ON REVOCATION OF APPROVED PROVIDER STATUS**

### **Policy**

NJSNA approval for an Approved Provider Status may be revoked if it is determined by the Committee on Continuing Education that there was:

- 1) A failure to adhere to appropriate criteria
- 2) That materials submitted were a misrepresentation of facts
- 3) A violation of ethical conduct
- 4) A lack of response or failure to comply with an investigation; or that,
- 5) The public trust was/were violated.

### **Procedure**

- 1) If the AAPD investigates and determines inappropriate actions the AAPD will notify the sponsoring agency, in writing, of the revocation.
- 2) Revocation will be effective as of the date of notification by NJSNA.
- 3) All statements regarding approval must be removed from publicity material. NJSNA official contact hours cannot be awarded.
- 4) The applicant must notify participants of revocation of previously approved contact hours. NJSNA will notify the membership of the revocation in *The New Jersey Nurse*.

July 1992

Revised '94, '97, '02

Reviewed 2012, 2016, 2017, 2018, 2019, 2020, 2022

## **APPEAL PROCESS**

An appeal process is available to an applicant to contest the decision made by the Approver Unit to deny approval. An appeal must be submitted in writing to the Accredited Approver Program Director within 30 days after the applicant receives written notification of the denial decision. Applicants considering an appeal should contact the NJSNA Approver Unit for a copy of the complete appeal policy and procedure.

## **OWNERSHIP**

An Approved Provider owns their NCPD activities and the contact hours that they award if their application fee was paid.

## **TERMINOLOGY/ADVERTISING**

The NJSNA Approval Statement is an identifying feature of the approved provider. The approval statement must be provided to the learner at least three times.

1. Prior to the beginning of the educational program,
2. On the certificates of completion, and
3. On the marketing material.
  - See Marketing Criteria on following page



**DISCLOSURES TO PARTICIPANTS GUIDE 2022**  
Approved Provider & Individual Activity Applicants

All communications, marketing materials, and other documents that refer to awarding contact hours or continuing education credit for an individual education activity/program must include the approval statement of the NJSNA Approver Unit. **All marketing materials should also include the following:**

	<b>Measurable learning outcome of the educational activity</b>
	<b>Speaker name(s)</b>
	<p><b><u>Appropriate Approval Statement:</u></b></p> <p>The approval statement must be displayed clearly to the learner and be written exactly as indicated by NJSNA.</p> <p><b>Individual Application:</b> <i>(Prior to approval and after an application has been submitted)</i></p> <p>This activity has been submitted to New Jersey State Nurses Association for approval to award contact hours. The New Jersey State Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.</p> <p><b>Individual Activity:</b> <i>(After approval)</i></p> <p>This nursing continuing professional development activity was approved by New Jersey State Nurses Association, an accredited approver with by the American Nurses Credentialing Center’s Commission on Accreditation.</p> <p><b>(Approved Provider):</b> _____ is approved as a provider of nursing continuing professional development by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. P# _____</p>
	<p><b><u>Planner &amp; Speaker Disclosure:</u></b></p> <p><b>Presence or absence of relevant relationships for all planners, presenters, faculty, authors, and content reviewers.</b> The following must disclosed:</p> <ul style="list-style-type: none"> <li>5) Name of individual</li> <li>6) Name of ineligible company/ies with which a relevant relationship exists</li> <li>7) Nature of the relationship</li> <li>8) Steps taken to mitigate all relevant relationships</li> </ul>

	<p><b>Examples:</b></p> <p><b>No relationships:</b></p> <ol style="list-style-type: none"> <li>3. None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</li> <li>4. Dr. Xin Lee, faculty for this educational event, has no relevant financial relationship(s) with ineligible companies to disclose.</li> </ol> <p><b>Relevant Financial Relationships</b></p> <ol style="list-style-type: none"> <li>3. Nicolas Garcia, faculty for this educational event, is on the speakers' bureau for XYZ Device Company. All of the relevant financial relationships listed for this individual have been mitigated.</li> <li>4. Dr. Yvonne Gbeho, planner for this educational event, has received a research grant from ABC Pharmaceuticals. All of the relevant financial relationships listed for this individual have been mitigated.</li> </ol>
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	<p><b>Commercial Support – if applicable</b></p> <p><b>Presence or absence of:</b></p> <ol style="list-style-type: none"> <li>3) <b>Commercial Support.</b> Learners must be informed if an ineligible company has provided financial or in-kind support for the educational activity, including       <ol style="list-style-type: none"> <li>c. how content integrity is maintained</li> <li>d. how bias is prevented</li> </ol> </li> </ol>
	<p><b>Enduring Materials – if applicable</b></p> <ol style="list-style-type: none"> <li>4) <b>Expiration of Enduring Materials.</b> Educational activities provided through enduring materials are required to include an expiration date documenting how long contact hours will be awarded.       <ol style="list-style-type: none"> <li>a. This date must be visible to the learner <i>prior to the start</i> of the educational content.</li> <li>b. The period of expiration of enduring material should be based on the content of the material but cannot exceed three years.</li> <li>c. ANCC requires review of each enduring material at least once every 3 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.</li> </ol> </li> </ol>
	<p><b>Steps for Successful Completion</b></p> <p>Notice of requirements for successful completion of the educational activity.</p> <ol style="list-style-type: none"> <li>2. Must state how to successfully earn a contact hour certificate.</li> </ol>
	<p><b>Joint Providership</b></p> <p><i>(Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the <b>Provider</b> awarding contact hours and responsible for adherence to ANCC criteria)</i></p>

- NOTE:**
- Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.
  - It may be helpful to include definitions of terms to learners to support their understanding of your processes (e.g., ineligible companies, relevant financial relationships, etc.)

## **POLICY FOR PROVIDER UNITS ON ANNUAL REPORTS**

### **POLICY**

Approved Provider Units are required to submit, annually, their Quality Outcome Narrative report to NJSNA Education Department by January 31<sup>st</sup> via email to Education Department.

Approved Provider Units are also required to upload and attest their NARS report into the NARS System by January 31<sup>st</sup>. (See Addendum G, page 163, for *NARS Instructions*)

### **PROCEDURES**

1. Annual reports cover the fiscal year, January 1 through December 31.
2. The Approved Provider Annual Continuing Education Summary form (Excel spread sheet) provides both a guideline and a format for reporting activities, including but not limited to the names of activities, dates offered, contact hours awarded, counts of participants, and type of activity.
  - a. Approved Provider Units also have the ability to input directly into NARS System.
3. The Quality Outcome Narrative report includes the following:
  - a. A brief summary of the provider unit's annual goals for the previous year.
  - b. The list of quality outcomes measures that the provider units collects, monitors, and evaluates that are specific to nursing professional development (i.e., measures that evoke clinical outcomes, nursing practice and role)
  - c. Example of how the evaluation process for the provider unit resulted in the development or improvement of an identified quality outcome measure.
    - i. Example can be of a qualitative or a quantitative nature.
    - ii. Provider units are required to provide 1 quality example.
4. Consider the following:
  - a. Hospital based provider units might provide examples of how a training and educational program on the National Patient Safety Goals have affected the in-hospital falls rate, hospital acquired infections, core measures or other patient focused clinical outcomes.
  - b. Other providers might provide an item on the educational activity evaluation tool which asks: "what clinical impact do you anticipate that this educational activity will have on your practice". A summary of written comments to a specific educational activity will suffice as an example in the provider annual report.
5. Annual reports are permitted to be submitted via email.
6. There will be a penalty charged if annual reports are not submitted by the deadline.
  - a. Penalty if not received by January 31<sup>st</sup> annually is \$100.00



## **PRIMARY NURSE RESPONSIBILITIES**

The Primary Nurse Planner who holds overall responsibility for Approved Provider Unit compliance with NJSNA's criteria and is responsible for

- Ensuring Nurse Planners and key personnel are knowledgeable to ANCC/NJSNA's criteria
- Ensuring that Planning Committee have a minimum of a Nurse Planner and one other planner to plan each educational activity; the Nurse Planner is knowledgeable about the NCPD process and is responsible for adherence to NJSNA's criteria; one planner needs to have appropriate subject matter expertise for the educational activity being offered.
- Ensuring Nurse Planners are responsible for ensuring completion and review of Identification, Mitigation, and Disclosures of Relevant Financial Relationships from Planners, Faculty and Others form by each Planning Committee member, planner, faculty, presenter, author, and content reviewer to ensure appropriate qualifications and evaluation of actual or potential bias.

## **JOINT PROVIDERSHIP**

Approved Providers Applicants may jointly provide educational activities with other organizations but cannot approve any activities.

Example: Hospital A has an Approved Provider Unit, and the Men in Nursing Association has an Approved Provider Unit; these two organizations (Provider Units) may jointly provide an activity.

Example: If Hospital A has an Approved Provider Unit and is approached by the Men in Nursing Association, (who in this example does NOT have an Approved Provider Unit); to jointly provide an activity the appropriate response would be for Hospital A to work jointly with the Men in Nursing Association planner to jointly plan this activity with Hospital A awarding the contact hours.

The jointly providing organizations **cannot** be an ineligible company.

Collaborative organizational activities are undertaken to enhance the quality of the activity and to expand the intended audience. Applicants must describe how the activity provider's responsibilities will be maintained.

The Approved Provider is referred to as the provider of the educational activity; the other(s) is referred to as the joint provider(s). In the event that two or more organizations are approved:

- One will assume responsibility for adherence to the ANCC criteria and is the provider.
- The other(s) is referred to as the joint provider(s).

Materials associated with the educational activity, such as marketing materials, advertising, agendas, and certificates of completion, must clearly indicate the approved organization (Provider) awarding contact hours and responsible for adherence to ANCC criteria.

## **COMMUNICATION WITH NJSNA**

- Must notify NJSNA, in writing, within 7 business days of the discovery or occurrence of the following:
  - Significant changes or events that impair their ability to meet or continue to meet requirements or that make them ineligible for Approved Provider status
  - Any event that might result in adverse media coverage related to the delivery of NCPD
  - Change in commercial interest status

The Primary Nurse Planner or designee must notify NJSNA, 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 clarification information based on deferral letter after review process
- Change in Primary Nurse Planner or Nurse Planner due to suspension, lapse, revocation, or termination of their registered nursing license
- Change in ownership of parent organization
- Change in parent organization non-profit status
- Indication of potential instability (e.g., labor strike, reduction in force, bankruptcy) that may impact the organization's Approved Provider Unit

## **APPROVED PROVIDER WRITTEN DOCUMENTATION**

The following five sections are required written documentation for new Approved Provider applicants and those organizations currently approved as providers and reapplying to maintain their status: The applicant is required to submit their Self-Study that includes narratives on how the provider unit operationalized requirement and specific examples for each:

- 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)
- Approved Provider 3 Activity Submission Requirements

Note: All documents will be reviewed for adherence to ANCC/ NJSNA criteria at the time educational activities were planned, implemented, and evaluated.

## **APPROVED PROVIDER ORGANIZATIONAL OVERVIEW (OO)**

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:

### **OO1. Executive Statement (High Level Summary)**

- Submit an Executive Statement and/or high-level strategic summary of the Provider Unit (*e.g., Overall description of how the provider unit functions, the mission of the provider unit as it related to its NCPD/NCPD offerings, including the impact the Provider Unit has on the organization and its learners*). (1000-word limit)

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

- Submit a **list** including names and credentials, positions, and titles of the Primary Nurse Planner and other Nurse Planners (if any) in the Provider Unit
- Submit a written **position description**, in paragraph format, for the Primary Nurse Planner's role and the Nurse Planner(s) role (if any) and the qualifications related to the Provider Unit. (*Not related to an Individual*) (HR Job descriptions should not be submitted).

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

The capacity of an Approved Provider is demonstrated by commitment, identification of 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, and Leadership to illustrate how structural capacity is operationalized.

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

**Commitment.** The Primary Nurse Planner (PNP) demonstrates commitment to ensuring RNs' learning needs are met by evaluating Provider Unit processes 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.

**SC1.** The Primary Nurse Planner's commitment to learner needs, including how Provider Unit processes are revised based on aggregate data, which may include but are not limited to individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

**Accountability.** The Primary Nurse Planner is accountable for ensuring that all Nurse Planners in the Provider Unit adhere to the ANCC/NJSNA criteria.

**Describe and, using an example, demonstrate the following:**

**SC2.** How the Primary Nurse Planner ensures that all Nurse Planners of the Provider Unit are appropriately oriented and trained to implement and adhere to the ANCC/NJSNA criteria.

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

**Describe and, using an example, demonstrate the following:**

**SC3.** How the Primary Nurse Planner/Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating NCPD activities in compliance with ANCC/NJSNA criteria.

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

The Provider Unit has a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating NCPD. NCPD 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 1-7) may be chosen from but are not limited to those contained in the three activity files. Evidence must demonstrate how the Provider Unit complies with each criterion.

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

**Describe and, using an example, demonstrate the following:**

**EDP1.** The process used to identify a problem in practice or an opportunity for improvement (professional practice gap).

**EDP2.** How the Nurse Planner identifies the underlying educational needs (knowledge, skills, and/or practice(s)) that contribute to the professional practice gap (PPG).

**Describe and, using an example, demonstrate the following:**

**EDP3.** How the Nurse Planner identifies, and measures change in knowledge, skills and/or practice of the target audience that are expected to occur as a result of participation in the educational activity.

**Planning.** Planning for each educational activity must be independent from the influence of ineligible company/ies.

**Describe and, using an example, demonstrate the following:**

**EDP4.** The process used to identify, mitigate, and disclose all relevant financial relationships for all individuals in a position to control educational content.

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

**EDP5.** How the content of the educational activity is developed based on best available current evidence (*e.g., clinical guidelines, peer-reviewed journals, experts in the field*) to foster achievement of desired outcomes.)

**Describe and, using an example, demonstrate the following:**

**EDP6.** How strategies to promote learning and actively engage learners are incorporated into educational activities.

**Evaluation.** 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.

**EDP7.** How the summative evaluation data for an educational activity are used to analyze the outcomes of that activity and guide future activities.

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

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

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

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

**Examples of outcomes – must be written in measurable terms**

- Cost savings for customers
- Cost savings for Provider Unit
- Volume of participants in educational activities
- Volume of educational activities provided
- Satisfaction of faculty
- Satisfaction of staff and volunteers
- Change in format of NCPD 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

**Describe and, using an example, demonstrate the following:**

**QO1.** The process used for evaluating the overall effectiveness of the Provider Unit in carrying out its work as a provider of nursing continuing professional development education (NCPD).

**QO2a.** Identify at least one quality outcome the provider unit has established and worked to achieve over the past twelve months to improve provider unit operations. Identify the metrics used to measure success in achieving that outcome.

**QO2b.** Using one of the quality outcomes identified in (QO2a) explain how the most recent evaluation process (QO1) resulted in the development and/or improvement of an identified outcome for Provider Unit operations, including how that outcome was measured and analyzed.

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

**Examples of outcomes – must be written in measurable terms**

- Professional practice behaviors.
- Leadership skills.
- Critical thinking skills;
- Nurse competence.
- High-quality care based on best available evidence.
- Improvement in nursing practice.
- Improvement in patient outcomes.
- Improvement in nursing care delivery.

**Describe and, using an example, demonstrate the following:**

**QO3a.** Identify at least one quality outcome the provider unit has established and worked to achieve over the past twelve months to improve the professional development of nurses. Identify the metrics used to measure success in achieving that outcome.

**QO3b.** Using the outcome identified in QO3a, explain how the most recent evaluation process (QO1) resulted in the development and/or improvement of an identified outcome to improve the professional development of nurses, including how that outcome was measured and analyzed.

**APPROVED PROVIDER STATEMENT**

Approved Providers are required to provide the official Approved Provider statement to learners prior to the start of each educational activity and on each certificate of completion. The official Approved Provider statement must be displayed clearly to the learner and worded according to the most current ANCC/NJSNA Manual. When referring to contact hours, the phrase “accredited/approved contact hours” should never be used. Contact hours are awarded.

The official statement must be written as follows, based on the provider of the educational activity:

*[Name of Approved Provider] is approved as a provider of nursing continuing professional development by New Jersey State Nurses Association an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. P#*

### **COMMERCIAL SUPPORT**

The Provider Unit must adhere to the American Nurses Credentialing Center's *Standards for Integrity and Independence in nursing continuing professional development activities* at all times.

The Provider Unit must have a written policy or procedure and a signed, written agreement if commercial support is accepted. Please refer to the *Standards for Integrity and Independence in nursing continuing professional development activities*.

### **RELEVANT FINANCIAL RELATIONSHIP**

The Primary Nurse Planner (PNP) is responsible for evaluating the presence or absence of relevant financial relationships and resolving any identified relevant financial relationships during the planning and implementation phases of an educational activity. If the Nurse Planner (NP) has an actual or potential relevant financial relationship, he or she should reclude himself or herself from the role as Primary Nurse Planner for the educational activity.

When the PNP/NP completes the Identification, Mitigation, and Disclosures of Relevant Financial Relationship from Planners Faculty and Others form the PNP/NP cannot sign off on their own form. The form must be signed off by another planner of the activity.

### **APPROVED PROVIDER THREE (3) ACTIVITY SUBMISSION REQUIREMENTS**

As a component of the educational design process, the Approved Provider applicant should select and submit three (3) NCPD activity files to NJSNA that have been planned within 12 months of the Approved Provider application date and comply with NJSNA/ANCC criteria. NJSNA may request further evidence during the review process.

The following not only shows the recordkeeping process, but the documents and their contents, to be included in the three (NCPD) activity files submitted with the Approved Provider application.

### **APPROVED PROVIDER RECORDKEEPING**

The Approved Provider is responsible for maintaining activity file records in a retrievable file (electronic or hard copy) accessible to authorized personnel for 6 years. The criteria delineated under the Educational Design Process must be followed consistently during the period of approval.

This is a list of the items that are required to be bookmarked in your Activity files for submission as part of your application. Approval decisions are determined on the basis of compliance with the NJSNA/ANCC criteria.

- Eligibility Verification Form
- Approved Provider Application

- Organizational Overview (OO)
  - Organizational Overview 1
  - Organizational Overview 2
- Structural Capacity (SC)
  - Structural Capacity 1
  - Structural Capacity 2
  - Structural Capacity 3
- Educational Design Process (EDP)
  - Educational Design Process 1
  - Educational Design Process 2
  - Educational Design Process 3
  - Educational Design Process 4
  - Educational Design Process 5
  - Educational Design Process 6
  - Educational Design Process 7
- Quality Outcomes (QO)
  - Quality Outcomes 1
  - Quality Outcomes 2a
  - Quality Outcomes 2b
  - Quality Outcomes 3a
  - Quality Outcomes 3b



## **Planning Forms for Educational Activities**

- ✓ Title and location 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 professional practice gap
- ✓ Evidence that validates professional practice gap
- ✓ Educational need that underlies the professional practice gap
- ✓ Description of target audience
- ✓ Desired measurable learning outcomes
- ✓ Description of evidence-based content with supporting reference or resources
- ✓ Learner engagement strategies used
- ✓ Criteria for awarding of contact hour (s)
- ✓ Description of evaluation method (Evidence that change in knowledge, skills, &/or practices of target audiences was assessed)
- ✓ Names and credentials of all individuals in a position to control content (planners, presenters, faculty, authors, &/or content reviewers) must identify who fills the roles of Nurse Planner and content experts
- ✓ Demonstration of relevant financial relationship process for all individuals in a position to control content (planners, presenters, faculty, authors, &/or content reviewers)  
*(Identification, Mitigation, and Disclosure of Relevant Financial Relationships from Planners, Faculty and Others Form)*
  - Name of individual
  - Past 12 months
  - Individual providing the information is provided a definition of ineligible company/ies
- ✓ Evidence of a resolution of process, if applicable
- ✓ Number of contact hours awarded for activity & method of calculation (Note: Provider must keep a record of the number of contact hours earned by each participant.)
- ✓ If the activity is longer than 3 hours, agenda must be provided for the entire activity.
- ✓ Description of evaluation method (Evidence that change in knowledge, skills, &/or practices of target audiences was assessed)
- ✓ Documentation of completion (certificate) 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
  - Location of Activity
  - Participant name
  - Primary Nurse Planner/Nurse Planner signature

- ✓ Commercial Support Agreement (CSA) with signature and date (if applicable)
  - Name of the Ineligible company/ies (IC)
  - Name of the Provider
  - Complete description of all the CSA provided, including both financial and in-kind support
  - Statement that the IC will not participate in planning, developing, implementing or evaluating the educational activity
  - Statement that the IC will not recruit learners from the education activity for any purpose
  - Description of how the CSA must be used by the Provider (unrestricted use &/or restricted use)
  - Signature of a duly authorized representative of the IC with the authority to enter the binding contracts on behalf of the IC
  - Signature of a duly authorized representative of the Provider with the authority to enter the binding contracts on behalf of the Provider
  - Date on which the written agreement was signed
- ✓ Evidence of disclosure to learner(s): Marketing/Promotional Materials
  - Criteria for successful completion
  - Presence or absence of relevant financial relationships for all members of the Planning Committee, presenters, faculty, authors and content reviewers
  - Commercial support (if applicable)
  - Expiration date (enduring materials only)
  - Evidence of approval statement as applicable provided to learners prior to start of activity
    - Evidence of verbal disclosures (if applicable)
- ✓ Summative evaluation (day of program)
- ✓ 3-6 month outcome measure evaluation
  - How the summative evaluation data for an educational activity is used to analyze the outcome of that activity and *guide* future activities.

APPLICATION FORMAT	
Provider Eligibility Verification Form	Required
Provider Eligibility Verification Addendum	If Applicable
Approved Provider Application and all required evidence	Required
Name and credentials of all individuals in a position to control content	Required
Identification, Mitigation, and Disclosure of Relevant Financial Relationships from Planners, Faculty and Others forms for all involved in planning the activity	Required
Educational Planning Table	Required
Evaluation Form/Method	Required
Certificate	Required

Commercial Support Agreement	If Applicable
Joint Provider Agreement	If Used
Marketing/Promotional Materials	Required
Summative Evaluation	Required



### **Approved Provider Application**

**New Jersey State Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation**

1479 Pennington Road  
Trenton NJ 08618  
609-883-5335 (Phone)  
609-883-5343 (Fax)

2012, 2013, 6/2016, 2020, 2022

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# New Jersey State Nurses Association Approved Provider Eligibility Verification Form

## Section 1: Instructions

1. Complete the Approved Provider Activity Eligibility Verification:

**Cost:** \$100.00 NJSNA Members

\$200.00 Non-Member

*The cost above relates to the **Primary Nurse Planner's (PNP) NJSNA MEMBERSHIP STATUS***

2. SEND A COMPLETED COPY OF THE ELIGIBILITY FORM AND PAYMENT TO [KJackson@njsna.org](mailto:KJackson@njsna.org).

- The PNP is responsible for the completion of this form and will be held accountable for the verification process.
- Payment information is included on the Eligibility Verification Form.
- If the form is submitted to the Education Coordinator, its invalid and will not be forwarded to Kortnei Jackson.

3. **The actual application will be emailed upon verification of Eligibility and receipt of payment.**

- If payment is not received, application will not be sent.

## Section 2: Eligibility

Applicants interested in submitting an individual educational activity for approval must complete the Eligibility Verification Form. Applicants that do not meet Eligibility Criteria will not be allowed to proceed.

\_\_\_\_\_  
Name of Applicant (Organization)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip/Postal Country

Identify Organization Type:

- State Nurses Association affiliated with ANA
- College or University
- Healthcare Facility (i.e., hospital, rehab center)
- Health - Related Organization (i.e., health department)
- Interprofessional Educational Group (only function is interprofessional continuing education)
- Professional Nursing Education Group (only function is continuing nursing education)
- Specialty Nursing Organization
- Other: Describe - \_\_\_\_\_

Primary Nurse Planner: Name and Credentials	
Employer	Title/Position
Telephone Number	E-mail Address

- Has the applicant ever been denied approval by or had approval suspended or revoked for an individual activity or a provider application by New Jersey State Nurses Association?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please provide the following information:

Date:                      Action:                      Denial                      Suspension                      Revocation

Brief description:

- Has the applicant ever been denied approval by or had approval suspended or revoked for an individual activity or a provider application by another ANCC Accredited Approver?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please provide the following information:

Date:                      Action:                      Denial                      Suspension                      Revocation

Brief description:

- A currently licensed registered nurse with baccalaureate degree or higher in nursing is actively involved, as the nurse planner, in the planning, implementing and evaluation process of this continuing education activity.      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Please list the name and credentials of the nurse involved/responsible for this educational activity:

Nurse Planner's Name	Credentials

### Section 3: Commercial Interest

**Is your organization one of the following:**

- **If yes, select the option that applies and then go directly to Section 5 (skip Section 4).**
- **If none of the listed types, go to Section 4.**
  - Blood banks,
  - Constituent Member Associations,
  - Diagnostic laboratories,
  - Federal Nursing Services,
  - For-profit and not for profit hospitals,
  - For-profit and not for profit nursing homes,

- For profit and not for profit rehabilitation centers,
- Group medical practices,
- Government organizations,
- Health insurance providers,
- Liability insurance providers,
- National nurses organizations based outside the United States,
- Non-health care related companies, and
- Specialty Nursing Organizations
- A single-focused organization\* devoted to offering continuing nursing education (\* The single-focused organization exists for the single purpose of providing NCPD)

**NOTE: 501c applicants are not automatically exempt.** The ANCC Accreditation Program requires 501c applicants to be screened for eligibility.

\_\_\_\_\_ An "X" on this line identifies the applicant as not exempt from ANCC's definition of a commercial interest. Complete Section 4.

**Section 4 – Commercial Interest Evaluation – Only complete this section if you did not select an option for Section 3**

**An ineligible company:** Any entity producing, marketing, reselling or distributing healthcare goods or services consumed by or used on patients or 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 non-profit or government organizations and non-healthcare-related companies.

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

\_\_\_\_\_ Yes **If yes**, the applicant is **not** eligible for approval of Individual Educational Activities.  
 \_\_\_\_\_ No **If no**, complete the next bulleted question

- Is your organization owned or controlled by a multi-focused organization (MFO\*) that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients?

\_\_\_\_\_ Yes **If yes**, complete the next bulleted question  
 \_\_\_\_\_ No **If no**, this section of the questionnaire is complete, proceed to Section 5.

- Is the applicant a separate and distinct entity from the MFO\*?

\_\_\_\_\_ Yes - **If yes**, continue to section 4  
 \_\_\_\_\_ No - **If no**, the applicant is **not** a separate and distinct entity from the MFO\* then the applicant is **not** eligible for approval of Individual Education Activities.

**\* Multi-Focused Organization (MFO) is an organization that exists for more than providing continuing nursing education.**

- Does your organization's owner have 501-C Non-profit Status?

\_\_\_\_\_ No **If no**, complete the next bulleted question.  
 \_\_\_\_\_ Yes **If yes**, does your organization's owner advocate for a commercial interest (as defined in Section 3)?

\_\_\_\_\_ No



\_\_\_\_\_ Yes **If yes**, or not sure, please describe the relationship the commercial interest and the type of work done for or on behalf of the commercial interest. \_\_\_\_\_

- Is any component of the organization under which you operate an entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients?

\_\_\_\_\_ No **If no, this section of the questionnaire is complete, proceed to Section 5.**

\_\_\_\_\_ Yes **If yes**, please describe the health care goods or services consumed by or used on patients and the role of the entity in producing, marketing, re-selling or distributing those healthcare goods or services. \_\_\_\_\_

**If yes, please complete and submit the Approved Provider Eligibility Commercial Interest Addendum with this Form**

**Section 5: Statement of Understanding**

On behalf of (insert name of applicant), I hereby certify that the information provided on and with this application is true, complete, and correct. I further attest, by my signature on behalf of (insert name of applicant), that (insert name of applicant) will comply with all eligibility requirements and approval criteria throughout the entire approval period, and that (insert name of applicant) will notify New Jersey State Nurses Association promptly if, for any reason while this application is pending or during any approval period, (insert name of applicant) does not maintain compliance. I understand that any misstatement of material fact submitted on, with or in furtherance of this application for activity approval shall be sufficient cause for New Jersey State Nurses Association to deny, suspend or terminate (insert name of applicant)'s approval of this individual activity and to take other appropriate action against (insert name of applicant). \_\_\_\_\_ *(Eligibility Verification forms received without a signature incur a delay in processing which will cause a delay in the review of the individual education activity application.)*

A typed name on the line below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information contained.

\_\_\_\_\_  
**Completed By: Primary Nurse Planner: Name and Date**

**Section 6: Payment Information**

<input type="checkbox"/> \$100.00 -- NJSNA MEMBER		<input type="checkbox"/> \$200.00 -- NON-MEMBEES	
METHOD OF PAYMENT:		<input type="checkbox"/> CHECK ENCLOSED	<input type="checkbox"/> CREDIT CARD
MAKE CHECK PAYABLE TO: <i>New Jersey State Nurses Association, 1479 Pennington Road, Trenton, NJ 08618</i>			
NAME ON CARD: <i>Click here to enter text.</i>			
ADDRESS <i>(If different from above)</i> : <i>Click here to enter text.</i>			
CITY: <i>Click here to enter text.</i>		STATE: <i>Click here to enter text.</i>	ZIP: <i>Click here to enter text.</i>
CREDIT CARD NUMBER: <i>Click here to enter text.</i>		EXP. DATE: <i>Click here to enter text.</i>	CVV: <i>Click here to enter text.</i>
SIGNATURE: <i>Click here to enter text.</i>			
<b>Contact: Kortnei Jackson, Administrative Assistant</b> <a href="mailto:kjackson@njsna.org">kjackson@njsna.org</a> , 609-883-5335 x120 (w) 609-883-5343 (f)			

**Please return the completed Eligibility Verification Form to [KJackson@njsna.org](mailto:KJackson@njsna.org)**

## **APPROVED PROVIDER ORGANIZATIONAL OVERVIEW (OO)**

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 an Executive Statement and/or high-level strategic summary of the Provider Unit. (*e.g., Overall description of how the provider unit functions, the mission of the provider unit as it related to its NCPD offerings, including the impact the Provider Unit has on the organization and its learners*). (1000-word limit)

Statement:

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

- a. Planner and other Nurse Planners (if any) in the Provider Unit. Submit a **list** including names and credentials, positions, and titles of the Primary Nurse

List:

- b. Submit **position descriptions** for the Primary Nurse Planner and the Nurse Planner(s) (if any) in the Provider Unit. (*Not related to an Individual*) (HR Job descriptions should not be submitted).

Position Descriptions:

Primary Nurse Planner:

Nurse Planner(s):

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

The capacity of an Approved Provider is demonstrated by commitment, identification of 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, and Leadership to illustrate how structural capacity is operationalized.

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

**Commitment.** The Primary Nurse Planner (PNP) demonstrates commitment to ensuring RNs' learning needs are met by evaluating Provider Unit processes 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 the following:**

**SC1.** The Primary Nurse Planner's commitment to learner needs, including how Provider Unit processes are revised based on aggregate data, which may include but are not limited to individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

Process Description: (*Procedure-How do you do it?*)

Specific Example:

**Accountability.** The Primary Nurse Planner is accountable for ensuring that all Nurse Planners in the Provider Unit adhere to the ANCC/NJSNA criteria.

**Describe and, using an example, demonstrate the following:**

**SC2.** How the Primary Nurse Planner ensures that all Nurse Planners of the Provider Unit are appropriately oriented and trained to implement and adhere to the ANCC/NJSNA criteria.

Process Description: (*Procedure-How do you do it?*)

Specific Example:

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

**Describe and, using an example, demonstrate the following:**

**SC3.** How the Primary Nurse Planner/Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating NCPD activities in compliance with ANCC/NJSNA criteria.

Process Description: (*Procedure-How do you do it?*)

Specific Example:

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

The Provider Unit has a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating NCPD. NCPD 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 1-7) may be chosen from but are not limited to those contained in the three activity files. Evidence must demonstrate how the Provider Unit complies with each criterion.

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

**Describe and, using an example, demonstrate the following:**

**EDP1.** The process used to identify a problem in practice or an opportunity for improvement (professional practice gap).

Process Description: (*Procedure-How do you do it?*)

Specific Example:

**EDP2.** How the Nurse Planner identifies the underlying educational needs (knowledge, skills, and/or practice(s)) that contribute to the professional practice gap (PPG).

Process Description: (*Procedure-How do you do it?*)

Specific Example:

**Describe and, using an example, demonstrate the following:**

**EDP3.** How the Nurse Planner identifies, and measures change in knowledge, skills and/or practice of the target audience that are expected to occur as a result of participation in the educational activity.

Process Description: (*Procedure-How do you do it?*)

Specific Example:

**Planning.** Planning for each educational activity must be independent from the influence of ineligible company/ies.

**Describe and, using an example, demonstrate the following:**

**EDP4.** The process used to identify, mitigate, and disclose all relevant financial relationships for all individuals in a position to control educational content.

Process Description: (*Procedure-How do you do it?*)

Specific Example:

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

**EDP5.** How the content of the educational activity is developed based on best available current evidence (*e.g., clinical guidelines, peer-reviewed journals, experts in the field*) to foster achievement of desired outcomes.)

Process Description: (*Procedure-How do you do it?*)

Specific Example:

**Describe and, using an example, demonstrate the following:**

**EDP6.** How strategies to promote learning and actively engage learners are incorporated into educational activities.

Process Description: (*Procedure-How do you do it?*)

Specific Example:

**Evaluation.** 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.

**EDP7.** How the summative evaluation data for an educational activity are used to analyze the outcomes of that activity and guide future activities.

Process Description: (*Procedure-How do you do it?*)

Specific Example:

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

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

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

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

**Describe and, using an example, demonstrate the following:**

**QO1.** The process used for evaluating the overall effectiveness of the Provider Unit in carrying out its work as a provider of nursing continuing professional development (NCPD).

Process Description: (*Procedure-How do you do it?*)

**QO2a.** Identify at least one quality outcome the provider unit has established and worked to achieve over the past twelve months to improve provider unit operations. Identify the metrics used to measure success in achieving that outcome.

Outcome:

**QO2b.** Using one of the quality outcomes identified in (QO2a) explain how the most recent evaluation process (QO1) resulted in the development and/or improvement of an identified outcome for Provider Unit operations, including how that outcome was measured and analyzed.

Specific Example:

**Describe and, using an example, demonstrate the following:**

**QO3a.** Identify at least one quality outcome the provider unit has established and worked to achieve over the past twelve months to improve the professional development of nurses. Identify the metrics used to measure success in achieving that outcome.

Outcome:

**QO3b.** Using the outcome identified in QO3a, explain how the most recent evaluation process (QO1) resulted in the development and/or improvement of an identified outcome to improve the professional development of nurses, including how that outcome was measured and analyzed.

Specific Example:

## Approved Provider's Name

### Activity Planning Forms Basic Activity Information

#### Nurse Planner contact information for this activity:

Name and License/ degree credentials (or international equivalent): [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

**Title of Activity:** [Click here to enter text.](#)

**Date Application Form Completed:** [Click here to enter a date.](#)

#### ACTIVITY TYPE:

**Provider-directed, provider paced: Live (in person ; or webinar**

- Date of live activity: [Click here to enter a date.](#)
- Location of activity

**Provider-directed, learner paced: (Enduring material web-based (i.e., online courses, e-books)**

article  other (describe)

- Start date of Enduring material: [Click here to enter text.](#)
- Expiration/end date of Enduring material:

**Learner-directed, learner paced: (may be live, enduring material, or blended)**

- Start date of Enduring material (if applicable): [Click here to enter text.](#)
- Expiration/end date of Enduring material (if applicable):

**Blended activity (activities that involve a “live” component in combination with a provider-directed, learner-paced component):**

- Dates of prework and/or post-activity work: [Click here to enter text.](#)
- Date of live portion of activity: [Click here to enter text.](#)



## USE OF EDUCATIONAL DESIGN CRITERIA

### 1. Description of the professional practice gap (PPG) (e.g., change in practice, problem in practice, opportunity for improvement):

- **Provide a brief description of the problem or opportunity for improvement this activity is designed to address for your learners.** (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.)

#### **RESPOND HERE:**

- *TIP: Although not required to include the target audience in the PPG statement, it is important to consider the target audience when investigating the problem or opportunity and determining the gap. This helps ensure the gap is specific to the problem or opportunity the education is targeting.*

### 2. Evidence to validate the professional practice gap (check all methods/types of data that apply):

- **Please provide a brief summary of the evidence and the data gathered that validates the need for this activity**
- **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 educational activity or intervention?)

#### **RESPOND HERE:**

- *The evidence statement should include the NP/planning committee's analysis of the data, not just the data sources. (Stating that there is a "need" or a "request" for the activity is not an adequate response.)*

#### **Examples of types of evidence to support the PPG can be used to validate the need for the activity:**

- *Survey data from stakeholders, target audience members, subject matter experts or similar*
- *Input from stakeholders such as learners, managers, or subject matter experts*
- *Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement.*
- *Evaluation data from previous education activities*
- *Trends in literature*
- *Direct observation*

### 3. **Educational need that underlies the professional practice gap (e.g., knowledge, skill**

**and/or practices):** (Note: the underlying educational need should align with the PPG. This can be a simple one-word response of knowledge, skill, or practice, but should be supported by the PPG, and the evidence to support the PPG and desired learning outcomes.)

- *TIP: Reflecting on these questions will guide the NP/planning committee to choose the applicable underlying need(s):*
  - *Why do learners need this education?*
  - *Is the PPG related to what they do not know (knowledge)?*
  - *Is the PPG related to what they do not know how to do (skill)?*
  - *Is the PPG related to what they do not know how apply or implement into practice (practice)?*

**RESPOND HERE:**

**Check all that apply:**

- Knowledge
- Skill
- Practice

4. **Identify or describe the target audience (must include the registered nurse):** *(Think about who needs this education. Analyzing the PPG and the evidence to support the PPG should help to determine the target audience.)*

**Reminder:** *The target audience must include registered nurses but may include other members of the health care team.*

**RESPOND HERE:**

**Check all that apply: (please do not remove listing: add what is additional, if applicable)**

- Registered Nurse (required)
- LPN/LVN
- CNA
- MD
- PA
- Social worker(s)
- Other (describe):

5. **Desired learning outcome(s).** *(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.***

**RESPOND HERE:**

**Identified the desired learning outcome(s):**

**TIP:** *Reflecting on these questions will 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? (underlying educational need)*
- *What will be measured when the learner completes the activity?*

6. **Description of evaluation method:** *(Explain how you will collect evidence to show change in knowledge, skills and/or practices of target audience at the end of the activity.)*

**Describe the chosen evaluation method(s):**

**RESPOND HERE:**

- ***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 relate 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 should clearly describe the data being collected. For example, do not simply state that an evaluation form will be completed, go into detail on what types of questions are being asked on the evaluation form.*

**Examples of Short-term evaluation options:**

- *Self-report of learner(s) intent to change practice.*
- *Active participation in learning activity*
- *Post-test (knowledge)*
- *Return demonstration (e.g., skill when simulated, practice when observed in practice)*
- *Case study analysis*
- *Role-play*

**Examples of Long-term evaluation options:**

- *Self-reported change in practice over a period of time*
- *Change in quality outcome measure (e.g., recruitment and retention data, patient safety data)*
- *Return on Investment (ROI)*
- *Observation of performance (at a predetermined point in time after post activity)*

**7. Description of evidence-based content with supporting references or resources:**

- ✓ **REMEMBER:** This criterion has two parts:
  - 1. The description of the evidence-based content and
  - 2. supporting references.
- *Description of evidence-based content can be presented in various formats, such as an educational planning table, an outline format, an abstract, an itemized agenda, or a narrative response.*
- *The supporting resources should include the best available evidence that appropriately supports the outcome of the educational activity.*
- *Best practice is for references and resources that have been developed and/or published within the last 5-7 years.*

**RESPOND HERE:**

- ***TIP:** It is not required that references be provided in APA format, however references should include adequate detail to ensure the information referenced can be located (i.e., page number, standard number).*
- ***TIP:** For a conference, an abstract can include a description of how the overall content facilitates learner achievement of the expected outcome for the conference. Detailed information about sessions, and individual session outcomes, are not required.*

**Examples of Supporting evidence-based references or resources:**

- *Information available from organization/web site (organization/web site must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health)*

- Information available through peer-reviewed journal/resource (reference(s) should be within past 5 – 7 years)
- Clinical guidelines (example - www.guidelines.gov)
- Expert resource (individual, organization, educational institution) (book, article, web site)
- Textbook reference

## 8. Describe how the learner will be actively engaged in the educational experience

### **RESPOND HERE:**

#### Learner engagement strategies:

- Learner engagement strategies must be congruent with activity format and the underlying educational needs identified above (knowledge, skill, and/or practice).
- The learner engagement strategies can be provided in an educational activity table, a list, or in a narrative format.
- Learner engagement strategies should be developed by the Nurse Planner and planning committee, in collaboration with the speaker(s).
- Strategies should be realistic for the activity type.

Note: This section is about learner engagement, not teaching methods.

#### Examples of learner engagement strategies:

- Integrating opportunities for dialogue or question/answer
- Including time for self-check or reflection or discussion groups
- Analyzing case studies or peer review
- Think, pair share.
- Providing opportunities for problem-based learning

## 9. Number of contact hours awarded and calculation method:

### **RESPOND HERE:**

#### Number of contact hours to be awarded and identification/description of how contact hours were calculated (include agenda if activity is longer than 3 hours):

- The number of contact hours for an activity needs to be logical and defensible.
- Documentation should include the number of contact hours and the calculation method.
- The rationale for the number of contact hours awarded must be present in the activity file.
- 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: If rounding the contact hours, the provider may round up or down to the nearest 1/4 (0.25) hour (i.e., if the calculation is 2.33 contact hours, it may be rounded DOWN to 2.25, but not UP to 2.5 (2.33 is closer to 2.25 than it is to 2.5) The provider is still able to award 2.33 if desired, but not 2.3.

## 10. Criteria for Awarding Contact Hours:

- Determine what the learner must do or achieve in order to receive contact hours for the activity.
  - Clearly outline what is expected.
  - The criteria for awarding contact hours should relate to the learning outcome(s) and be enforceable for the activity.
- Keep in mind that some options are mutually exclusive – for example, a learner cannot be expected to attend the entire activity and also receive credit commensurate with participation.

- c. Note: Criteria identified here must match disclosure provided to learners.
- d. Note: Do not confuse criteria for awarding contact hours with calculation of contact hours. These criteria are not the same.

**RESPOND HERE:**

**Criteria for Awarding Contact Hours (Check all that apply):**

- Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)
- Credit awarded commensurate with participation.
- Attendance at 1 or more sessions of a conference or multi-session activity
- Completion/submission of evaluation form
- Successful completion of a post-test (e.g., attendee must score \_\_\_\_\_% or higher)
- Successful completion of a return demonstration
- Other – List or Describe: \_\_\_\_\_

**11. Documentation of completion and/or certificate of completion: (Attach a sample certificate or documentation of completion transcript with the activity file.**

• **A sample certificate must include:**

1. Title and date of educational activity
2. Name and address of the provider of the educational activity (a web address is acceptable)
3. Number of contact hours awarded
4. Activity approval statement as issued by the Accredited Approver:

Name of Approved Provider is approved as a provider of nursing continuing professional development by New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (Corrected statement)

5. Space for participant name

**STANDARDS FOR INTEGRITY AND INDEPENDENCE (12 – 15):**

**Before completing this section answer, A and B:**

**Refer to and review the Standards for Integrity and Independence Approved Provider Toolkit provided to you by the Accredited Approver.**

**a. Is the activity nonclinical in nature (e.g., preceptor development, or leadership)?**

Yes  No

- ✓ If yes, skip questions 12 - 14 and move to section 15.

**b. If no, answer sections 12 - 14.**

- ✓ Evidence of addressing can be shared in the provided template as an attachment.

**Complete the: Identification, Mitigation, and Disclosure of Relevant Financial Relationships from Planners, Faculty, and Others List (12)**

**12. Names and credentials of all individuals in a position to control content:**

- a. When providing a list of individuals, clearly identify who is the NP and who is the content expert.
- b. Provide credentials along with the names of the individuals.
- c. The list must include all individuals with the ability to control content, whether or not they are members of the planning committee.

**Complete the: Identification, Mitigation, and Disclosure of Relevant Financial Relationships from Planners, Faculty and Others Form (13-14)**

**13. Demonstration of identification of financial relationships with ineligible companies for all individuals in a position to control content (planners, presenters, faculty, authors, and/or content reviewers) as described in the toolkit.**

- a. Provide evidence that financial relationship data has been collected and analyzed.
- b. This might be in a table, on a spreadsheet, or other document e.g., email documentation.

**14. Evidence of mitigation of relevant financial relationships?**

- If a relevant financial relationship is identified, describe steps taken to mitigate the risk of undue influence in planning and/or providing the activity. Mitigation strategies might include (here is another place for a list of examples)

**15. Commercial Support Agreement:**

- **Purpose:** 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 that must be addressed in the activity 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 an ineligible company.

**REQUIRED DISCLOSURES TO LEARNERS (MUST BE INCLUDED IN THE ACTIVITY FILE) (16 -21):**

- ✓ Evidence of what is required information that must be provided to learners prior to start of the educational activity.
- ✓ Include relevant slide(s), screen shot(s), script(s), or other evidence showing what the learners will receive.

**Disclosures are to include the following:**

**16. Activity approval statement as issued by the Accredited Approver:**

- Verbiage should be consistent with the statement provided by the Accredited Approver (see number 11) and should match the approval statement on the sample certificate or document of completion.

**17. Criteria for awarding contact hours:**

- Criteria for awarding contact hours should be consistent with the criteria documented in the planning process.

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

- ✓ **If you did not identify relevant financial relationships because the activity was non-clinical, no disclosure should be provided.**
- ✓ **If the activity is clinical, relevant financial relationships must be identified and be included on the disclosure statement:**
  - The names of individuals with relevant financial relationships
  - The names of the ineligible companies with which they have a relationship (Identify ineligible companies by their names only, do not include logos or trade names.)
  - The nature of the financial relationships
  - A 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' bureau 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 no 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 relationship(s) with ineligible companies to disclose.
  - **Example:** None of the planners for this activity have relevant financial relationship(s) to disclose with ineligible companies.

**19. Commercial Support from ineligible organizations/companies (if applicable):**

- ✓ If the educational activity received commercial support, there must be a disclosure to learners of the names of the ineligible companies that gave the support and the nature of the support.
- ✓ No logos, trade names, or product group messages for the organization can be provided in the disclosure.

**20. Expiration date for enduring activities or materials (if applicable):**

- ✓ If the activity is enduring, the expiration date must be provided to learners.

**21. Joint providership (if applicable):**

- ✓ **If the activity is jointly provided, there should be a statement that demonstrates that two or more groups were involved in the planning and development of the activity.**
- ✓ There is not a prescribed statement that must be used for disclosing joint providership.

**Remember:**

- 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 educational design criteria.
- The individual activity applicant name should be clear, and the **activity approval statement as issued by the accredited approver must be on** the certificate and disclosure, and it should be clear that the approved activity organization is providing the contact hours.

- If both or more than one organization has activity approval, one organization needs to take responsibility for being the provider of contact hours.

## Summative Evaluation:

### The summative evaluation contains two components:

- ✓ A summary of data highlighting whether the activity was effective in closing or narrowing the gap and achieving the educational activity outcome.
- ✓ An analysis of what was learned from the evaluation data and what can be applied to future activities.

### Tips:

- ✓ The summative evaluation does not simply include the data collected from the evaluations.
- ✓ There should be a clear analysis of the data from the NP and planning committee documented.
- ✓ There is no prescribed method for providing the summative evaluation information.
- ✓ Common delivery methods include a narrative format, SBAR format, SOAP note, or table with analysis information
- ✓ Additional information will be posted at: [www.njsna.org](http://www.njsna.org) Education Tab.

## REQUIRED ATTACHMENTS

- Identification, Mitigation, and Disclosure of Relevant Financial Relationships from Planners, Faculty and Others List
- Educational Planning Table – Live/Enduring Material (if applicable)
- Template for Collecting Information about All Financial Relationships from Planners, Faculty, and Others (*if applicable*)
  - Required if it is a clinical topic*
  - Not required if non-clinical topic*
  - Further clarifications in Sample Documents Section*
- Disclosures to Participants
  - How will you disclose this to your participants?*
  - Provide evidence of disclosure*
- Commercial Support Agreement (*if applicable*)
- Joint Provider Agreement (*if applicable*)



**APPROVED PROVIDER'S NAME:**

**IDENTIFICATION, MITIGATION, AND DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FROM PLANNERS, FACULTY AND OTHERS**

*Instructions: You can use this format to provide documentation of an individual's expertise.*

*Identify the prospective role(s) that this person may have in the planning and delivery of this education (choose all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Primary Nurse Planner | <input type="checkbox"/> Teacher, Instructor, Faculty |
| <input type="checkbox"/> Nurse Planner         | <input type="checkbox"/> Author, Writer               |
| <input type="checkbox"/> Speaker               | <input type="checkbox"/> Planning Committee Member    |
| <input type="checkbox"/> Content Expert        | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Content Reviewer      |   |

*(If the Primary Nurse Planner is planning an activity, your role is Nurse planner of the activity.)*

**Section 1: Demographic Data**

<b>Full Name:</b>	
<b>Credentials:</b>	
<b>Degrees (spell out)</b>	
<b>Preferred Address</b>	
<b>Preferred Telephone #</b>	
<b>Preferred Email Address:</b>	
<b>Present Position/Title</b>	

**\*\*As the Primary Nurse Planner, I Have Experience or Knowledge Related To ANCC/NJSNA Criteria Through:**

<input type="checkbox"/>	<b>Years of Experience with IFN/ANCC criteria</b>	
<input type="checkbox"/>	<b>Graduate Education</b>	
<input type="checkbox"/>	<b>Reviewed the IFN Manual and Criteria</b>	
<input type="checkbox"/>	<b>Expertise in Subject Matter</b>	<b># of Years:</b>
<input type="checkbox"/>	<b>Mentored by:</b> _____	

**\*\*As A Nurse Planner I Have Experience or Knowledge Related To ANCC/NJSNA Criteria Through:**

<input type="checkbox"/>	<b>Years of Experience with IFN/ANCC criteria</b>
<input type="checkbox"/>	<b>Graduate Education</b>
<input type="checkbox"/>	<b>Reviewed the IFN Manual and Criteria</b>
<input type="checkbox"/>	<b>Expertise in Subject Matter</b> # of Years:
<input type="checkbox"/>	<b>Mentored by Primary Nurse Planner:</b> _____

**\*\*As A Presenter/Faculty/Author/Content Reviewer I Have Experience or Knowledge Related To ANCC/NJSNA Criteria Through:**

<input type="checkbox"/>	<b>Field of Expertise</b>
<input type="checkbox"/>	<b>Graduate Education</b>
<input type="checkbox"/>	<b>Advanced Degree in Area of Specialization</b>
<input type="checkbox"/>	<b>Documented History of Working in Area as an Expert</b>
<input type="checkbox"/>	<b>Advanced Research on Subject Matter</b>
<input type="checkbox"/>	<b>Years of Expertise</b>

All activities must be assessed for relevant financial relationships and must comply with ANCC/NJSNA content integrity standards.

*Relevant relationships exists when an individual is in a position to control or influence the content of an education activity and has a financial relationship with an ineligible company and the products or services of which are pertinent to the content of the educational activity.*

**Is there an actual, potential, perceived relevant relationship for yourself?**

**(Administrative Assistants, IT personnel, LMS Managers are not in a position to control or influence the content of an educational activity. Unfortunately, these stakeholders are not eligible to partake in the planning process.)**

## **Standards for Integrity and Independence**

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. The Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance.

Please complete the form below and return it to Contact Name/email \_\_\_\_\_ by Date (add date).\_\_\_\_\_.

**To be Completed by Planner, Faculty, or Others Who May Control Educational Content**

Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below).

For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

<b><u>Enter the Name of Ineligible Company</u></b>	<b><u>Enter the Nature of Financial Relationship</u></b>	<b><u>Has the Relationship Ended?</u></b>
<p>An <b>ineligible company</b> is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</p> <p>For specific examples of ineligible companies visit <b>accme.org/standards</b>.</p>	<p>Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed. Diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.</p>	<p>If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.</p>
<b>Example: ABC Company</b>	<b>Consultant</b>	

In the past 24 months, I have not had **any** financial relationships with any ineligible companies.

\_\_\_\_\_  
Planner/Faculty/Presenter Signature

\_\_\_\_\_  
Date

**Nurse Planner to Assess Relevant Relationships** *(It is the nurse planner's responsibility to make sure relevant relationships are identified, mitigated and disclosed to participants for every person in a position to control or influence the content of an education activity).*

- 4) Does the person have the ability to control the content of the activity?  Yes  No
- 5) Does the person have a financial relationship with an ineligible company?  
 Yes  No
- 6) Is there a relationship between the products of an ineligible company and the topic of the activity?  Yes  No

**If there is a relevant financial relationship, explain how the relevant financial relationship was identified and mitigated. Explain for all individuals with a relevant financial relationship and the type of relevant financial relationship.** *(Submit completed Identification, Mitigation, and Disclosure of Relevant Financial Relationships from Planners, Faculty and Others Form for each person involved with the activity).*

If the content of the activity is NOT about any products consumed by or used on patients (examples-leadership, precepting), then it is impossible for anyone to have a relevant financial relationship. In that case, check the box below instead of submitting relevant financial relationship data.

- I attest to the fact that the content of this activity has no connection with any products consumed by or used on patients, so there is no relevant financial relationship for anyone with the ability to control the content of this activity.**

Procedures used to resolve relevant relationships or potential bias if applicable for this activity:

*(Check all that apply)*

- \_\_\_\_\_ Not applicable since no relevant financial relationship.
- \_\_\_\_\_ Removed individual with relevant financial relationship from participating in all parts of the educational activity.
- \_\_\_\_\_ Revised the role of the individual with relevant financial relationship so that the relationship is no longer relevant to the educational activity.
- \_\_\_\_\_ Not awarding contact hours for a portion or all 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 indicators 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 indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- \_\_\_\_\_ Other - Describe: \_\_\_\_\_

\_\_\_\_\_  
Nurse Planner Signature

\_\_\_\_\_  
Date

**Provider's Name**

**Educational Planning Table – Live/Enduring Material**

Title of Activity: \_\_\_\_\_

Gap to be addressed by this activity: \_\_\_ Knowledge \_\_\_ Skills \_\_\_ Practice \_\_\_ Other:  
Describe \_\_\_\_\_

Measurable Learning Outcome (s) \_\_\_\_\_  
\_\_\_\_\_

Select all that apply:  Nursing Professional Development  Patient Outcome  Other: Describe \_\_\_\_\_

CONTENT (Topics)	TIME FRAME (if live)	PRESENTER/ AUTHOR	TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES
Provide an outline of the content (Not objectives)	Approximate time required for content	List the Author	Learner Engagement Strategies (i.e., Q&A, Discussion, Self- check/Reflection, Case Studies, Group Project, Other

List the evidence-based references used for developing this educational activity (within 5-7 years):

**If Live:** (Note: Time spent evaluating the learning activity must be included in the total time when calculating contact hours.)

Total Minutes \_\_\_ divided by 60= \_\_\_ contact hour(s)

**If Enduring:** Method of calculating contact hours: \_\_\_ Pilot Study \_\_\_ Historical Data \_\_\_ Complexity of Content

\_\_\_ Other: Describe \_\_\_\_\_

Completed By: Name and Credentials \_\_\_\_\_

Date \_\_\_\_\_

**Approved Provider's Name  
(SAMPLE) Evaluation Form**

**CODE:**            A=EXCELLENT, B= GOOD, C = FAIR, D = POOR, E = N/A

**How were the following Learning Outcome(s) met?**

**A B C D E**

- |  |    |   |
|--|----|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1. |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 2. |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3  | Relationship of learning outcome(s) to content of the activity?                                 |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 4. | How well did this nursing continuing professional development program meet your learning needs? |

**Please evaluate each speaker: SPEAKER: \_\_\_\_\_**

- |  |    |   |
|--|----|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 5. | Knowledge of subject                    |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 6. | Presentation orderly and understandable |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7. | Effective use of teaching method(s)     |

This program was presented in a fair and unbiased manner. Please identify a change that you will implement as a result of this educational activity:

- a. No change will be made, content supported the current practice.
- b. Will review/revise protocols, policies and procedures.
- c. Will change my management/treatment of patients.
- d. Will enhance patient education.
- e. Other, please specify

\_\_\_\_\_

\_\_\_\_\_

Do you anticipate any barriers to learner change? If yes, please specify.

\_\_\_\_\_

\_\_\_\_\_

Participating in this activity will enhance my knowledge, skills or strategy relating to professional practice.

**Yes**             **No**

Participating in this activity will enhance my performance in caring for patients.  **Yes**    **No**

The content was useful and added to my knowledge.     **Yes**             **No**

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

**Approved Provider's Name  
Certificate**

**THIS IS TO CERTIFY**

\_\_\_\_\_ <<PARTICIPANT>> \_\_\_\_\_

**HAS SUCCESSFULLY COMPLETED**

**TITLE OF ACTIVITY:** \_\_\_\_\_

**# OF CONTACT HOURS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_  
City and State

**Primary Nurse Planner or Nurse Planner of the Activity  
Name, Credentials**

\_\_\_\_\_ is approved as a provider of nursing continuing professional development by New Jersey State Nurses association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

**Approved Provider's Name**  
**(SAMPLE) Sign-In Form**

**PROGRAM:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_ **PROVIDER NUMBER:** \_\_\_\_\_

**R.N. PARTICIPANT (Please Print)                      UNIQUE IDENTIFIER                      (NOT SSN)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_



## Approved Provider Commercial Support Agreement

An ineligible company, as defined by the Standards for Integrity and Independence, 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.

**Commercial support** is financial or in-kind contributions given by an ineligible company, that are used to pay for all or part of the costs of a NCPD activity.

**Note: Organizations providing commercial support may not provide or joint provide an educational activity.**

<b>Title of Educational Activity:</b>	
<b>Activity Location (if live):</b>	Activity Date (if live):
<b>Name of Ineligible Company Organization:</b>	
<b>Name of Approved Provider:</b>	
Total amount of Commercial Support:	
Area(s) of activity Ineligible Company organization would like to support:	
<input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted* <ul style="list-style-type: none"> <li><input type="checkbox"/> Speaker honoraria</li> <li><input type="checkbox"/> Speaker expenses</li> <li><input type="checkbox"/> Meal</li> <li><input type="checkbox"/> Other (please list):</li> </ul>	

\* *Ineligible Company may request that funds be used to support a specific part of an educational activity. The Approved Provider may choose to accept the restriction or not accept the commercial support. The Approved Provider maintains responsibility for all decisions related to the activity as described below.*

Terms and Conditions	
1.	All organizations must comply with the <i>Standards for Integrity and Independence</i> which is available at: <a href="http://www.njsna.org">www.njsna.org</a> , Education Tab.
2.	This activity is for educational purposes only and will not promote any proprietary interest of a <b>Ineligible Company organization providing financial or in-kind support.</b>
3.	The Approved Provider is responsible for all decisions related to the educational activity. The Ineligible Company organization providing financial or in-kind support may <b>not</b> participate in any component of the planning process of an educational activity, including: <ul style="list-style-type: none"> <li>▪ Assessment of learning needs</li> <li>▪ Selection or development of content</li> <li>▪ Selection of planners, presenters, faculty, authors and/or content reviewers</li> <li>▪ Selection of teaching/learning strategies</li> <li>▪ Evaluation methods</li> </ul>
4.	The Approved Provider will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC criteria.
5.	All commercial support associated with this activity will be given with the full knowledge and consent of the Approved Provider. No other payments shall be given to any individuals involved with the supported educational activity.
6.	Commercial support will be disclosed to the participants of the educational activity.

7.	Ineligible Company 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.
----	--

**Statement of Understanding**

An “X” in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Commercial Support Agreement above.

<b>Approved Provider Name:</b>	
<b>Address:</b>	
<b>Name of Representative:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	
<b>_____ Electronic Signature (Required)</b>	<b>Date:</b>
<b>Completed By: (Name and Credentials)</b>	
<b>Ineligible Company Name:</b>	
<b>Address:</b>	
<b>Name of Representative:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	
<b>_____ Electronic Signature (Required)</b>	<b>Date:</b>
<b>Completed By: (Name and Credentials)</b>	

## **Approved Provider Joint Provider Agreement**

Approved Providers may joint provide educational activities with other organizations. The joint providing organization may or may not be an ANCC accredited or approved organization. The joint providing organization may **not** be a Ineligible Company or sponsor. The Approved Provider's Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC/NJSNA criteria.

The Approved Provider is referred to as the **provider** of the educational activity. The other organization(s) are referred to as the **joint provider(s)** of the educational activity. In the event that two or more organizations are ANCC accredited or approved, one will act as the provider of the educational activity and the other(s) will act as the joint provider(s).

A qualified Nurse Planner from the Approved Provider organization must be involved in planning, implementing and evaluating the educational activity to include: developing objectives and content, selecting planners, presenters, faculty, authors and/or content reviewers, awarding contact hours, recordkeeping procedures, developing evaluation methods and managing commercial support and/or sponsorship. Decision-making responsibility may be shared collaboratively between the Approved Provider and the joint providing organization(s), however final responsibility rests with the Approved Provider when awarding ANCC contact hours.

The Approved Provider acting as the provider of the educational activity is responsible for obtaining a written joint provider agreement signed by an authorized representative of the joint provider that includes the following:

- Name of Approved Provider acting as the provider
- The name(s) of the organization(s) acting as the joint provider(s)
- Statement of responsibility of the provider, including the provider's responsibility for:
  - Determining educational objectives and content
  - Selecting planners, presenters, faculty, authors and/or 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 approved provider
- Name and signature of the individual legally authorized to enter into contracts on behalf of the joint provider(s)
- Date the agreement was signed

### **AGREEMENT FOR JOINT PROVIDING A CONTINUING EDUCATION ACTIVITY**

This educational activity is being joint provided by **(Name of Approved Provider)** and **(Name of Joint Provider)**. \_\_\_\_

Title of Activity:
Date(s) if live presentation:
Date to begin if enduring material:
Total number of Contact Hours:
Approved Provider Nurse Planner's Name:

Each item must be checked to reflect the appropriate responsibility. **Those items indicated as “Required” are the responsibility of the Approved Provider.**

Responsibilities	Approved Provider Name	Joint Provider Name
• Determining educational objectives and content	Required	
• Selecting planners, presenters, faculty, authors and/or content reviewers	Required	
• Determining appropriate number of and awarding ANCC contact hours	Required	
• Recordkeeping procedures	Required	
• Evaluation method	Required	
• Management of commercial support or sponsorship	Required	
Other items (suggestions only):		
• Marketing		
• Printing		
• Registration		
• Supplies: List:		
• Physical location		
• Audio-visual supplies		
• Food		
• Other:		
• Other:		
• Other:		

Financial considerations are often not part of the joint provider agreement. However, there may be decisions related to costs or revenue and those can be included below. If exchange of money is included as part of the agreement, it is recommended that the financial arrangements be stipulated in the joint provider agreement. Joint providing an educational activity is a collaborative venture that requires the direct involvement of the Nurse Planner. **Contact Hours may not be purchased.**

**FINANCIAL AGREEMENT**

The following is a description of financial responsibilities of the Approved Provider and the joint provider(s):

- 
- 
- 
- 
- 

<b>Approved Provider Name:</b>	
<b>Name of Representative and Official Title</b>	

**Signature (Required)**

**Date:**

**Joint Provider Name:**

**Name of Representative & Official Title**

**Address:**

**Email Address:**

**Phone Number:**

**Fax Number:**

**Signature (Required)**

**Date:**



# NEW JERSEY STATE NURSES ASSOCIATION APPROVER UNIT GLOSSARY

*(Adopted from the 2015 ANCC Primary Accreditation Application Manual  
for Providers and Approvers)*

**ACCOUNTABILITY** - Responsibility for adherence to the ANCC accreditation criteria as they apply to providing quality NCPD.

**ACCREDITATION** - The voluntary process by which a nongovernment agency or organization appraises and grants accredited status to institutions and/or programs or services that meet predetermined structure, process, and outcome criteria (time-limited).

**ACCREDITED APPROVER** - An eligible organization credentialed by ANCC after having submitted to an in-depth analysis to determine its capacity to assess and monitor other organizations' compliance with ANCC accreditation criteria that support the provision of quality NCPD activities, and to assess and monitor applicants' compliance with ANCC accreditation criteria as Approved Providers (C/SNA and FNS only) and Individual Activity Applicants (C/SNA, FNS, and SNO).

**ACCREDITED APPROVER PROGRAM DIRECTOR** - A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a graduate degree, with either the baccalaureate or graduate degree in nursing (or international equivalent), who has the authority within the organization to evaluate adherence to the ANCC/NJSNA criteria in the approval of NCPD.

**ACCREDITED PROVIDER** - An eligible organization credentialed by ANCC after having submitted to an in-depth analysis to determine its capacity to provide quality continuing education over an extended period of time.

**APPROVED PROVIDER** - An eligible organization approved by an ANCC Accredited Approver after having submitted to an in-depth analysis to determine its capacity to provide quality continuing education over an extended period of time.

**APPROVER UNIT** - Comprises the members of an organization who support the approval of other organizations and/or nursing continuing professional development activities.

**BEST AVIALABLE EVIDENCE** - Choosing evidence based on an evidence hierarchy, with higher levels of the hierarchy consistent with a stronger evidence base (Polit and Beck, 2008).

**BIAS** - Tendency or inclination to cause partiality, favoritism or influence.

**BLENDED ACTIVITY**- Activities that involve a “live” component in combination with a provider-directed, learner-pace component. Dates of prework and/or post-activity work and Date of live portion of activity must be documented.

**COMMERCIAL BIAS** - Favoritism or influence shown toward a product or company in relation to an educational offering.

**COMMERCIAL SUPPORT** - Financial or in-kind contributions given by an ineligible company(ies) that are used to pay for all or part of the cost of NCPD activity. Providers of commercial support may not be providers or joint 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 NCPD. The COA is composed of a least nine members selected from NCPD stakeholder communities and represent expertise from across the field of continuing education, including academia, educational companies, domestic and international nursing associations, and governmental organizations.

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

**CONTACT HOUR** - A unit of measurement that describes **60** minutes of an organized learning activity. One contact hour = 60 minutes.

**CONTENT** - Subject matter of educational activity that is based on the best available evidence and reflects the desired outcomes.

**CONTENT EXPERT** - An individual with documented qualifications ~~that~~ demonstrating education and/or experience in a particular subject matter.

**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, bias, and any other aspects of the activity that may require evaluation.

**CONTINUING EDUCATION UNIT (CEU)** - The ANCC Accreditation Program does not utilize this term when referring to nursing continuing professional development units of measure. The CEU is an educational measurement utilizing criteria of the International Association for Continuing Education and Training (IACET).

**CREDENTIALING** - A generic term for licensure, certification, and registration. It can also be used as a term for a voluntary recognition process under the auspices of private-sector associations.

**ELIGIBILITY** - An applicant's ability to meet the requirements established by ANCC as a prerequisite to evaluation for approval or reapproval.

**ENDURING MATERIALS** - A non-live continuing nursing professional development activity that lasts over time. Examples of enduring materials include programmed texts, audio tapes, videotapes, monographs, computer-assisted learning materials and 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 in one place.



**EVALUATION – FORMATIVE** - Systematic evaluation in the process of curriculum construction, teaching, and learning for the purpose of improving any of these three processes (Bloom et al, 1971).

**EVALUATION – SUMMATIVE** - Samples the entire range of outcomes associated over a long period and assesses student mastery of those skills (Bloom et al., 1971).

**EVIDENCE-BASED PRACTICE** - Applying the best available research results (evidence) when making decisions about health care. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences. Systematic reviews (summaries of health care research results) provide information that aids in the process of evidence-based practice (<http://effectivehealthcare.ahrq.gov/index.cfm/glossary-of-terms>).

**GAP ANALYSIS** - The method of identifying the difference between current knowledge, skills and/or practices and the desired best practices.

**IDENTIFICATION, MITIGATION, AND DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FROM PLANNERS, FACULTY AND OTHERS FORM** - Information required from Nurse Planners, planners, speakers and content experts for Individual Activity Applications and Approved Providers. The data provided should document these individuals' 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

**INELIGIBLE COMPANY** - Any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients. Or an entity that advocates for use of the products or services of ineligible company/ies. Exceptions are made for non-profit or government organizations and non-healthcare related companies.

**IN-KIND SUPPORT** - Non-monetary support (e.g., marketing assistance, meeting room, event registration assistance) provided by the giver to the taker. (In the accreditation community the “taker” is the provider of NCPD.)

**INTERPROFESSIONAL CONTINUING EDUCATION** - Education that occurs when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes ([www.jointaccreditation.org](http://www.jointaccreditation.org)).

**INTERPROFESSIONAL EDUCATION** - When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010).

**INTERSTATE TRANSFERABILITY** - Continuing nursing professional development activities provided by an ANCC accredited provider or approved by an American Nurses Credentialing Center's Commission on Accreditation (COA) accredited approver are recognized by the NJSNA.

**JOINT PROVIDERSHIP** - Planning, developing, and implementing an educational activity by two (2) or more organizations or agencies.

**JOINTLY PROVIDED ACTIVITIES** - Educational activities planned, developed, and implemented by two (2) or more organizations or agencies.

**LEADERSHIP** - The provision of direction and guidance to individuals involved in the process of assessing, planning, implementing, and evaluating NCPD activities in adherence to the ANCC/NJSNA criteria.

**LEARNER-DIRECTED, LEARNER PACED ACTIVITY** - An educational activity in which the learner takes the initiative in identifying his/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 he or she engages in the learning activity. Learner-directed activities may be developed with or without the help of others, but they are undertaken on an individual basis.

**MARKETING MATERIALS** - Method of announcing an educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, e-mail, Intranet posting, electronic message or web site.

**MULTI-FOCUSED ORGANIZATION (MFO)** - An organization that exists for more than the purpose of providing NCPD. (Hospitals and Colleges are considered multi-focused organizations)

**NEED ASSESSMENT** - The process by which a discrepancy between what is desired and what exists is identified.

**NURSE PEER REVIEWER** - A registered nurse who holds a current, unencumbered license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in evaluating each Approved Provider or Individual Activity Applicant to evaluate adherence to the ANCC/NJSNA criteria.

**NURSE PLANNER** - A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in all aspects of planning, implementation, and evaluation of each NCPD 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/NJSNA criteria.

**NURSING CONTINUING PROFESSIONAL DEVELOPMENT (NCPD) ACTIVITIES** - 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.

**NURSING PROFESSIONAL DEVELOPMENT** - A specialized nursing practice that facilitates the professional development and growth of nurses and other health care personnel along the continuum from novice to expert.

**OUTCOME** - The impact of structure and process on the organization as an approver and the value/benefit to nursing professional development. Also applies to Approver Unit assessment of an approved provider.

**OUTCOME MEASUREMENT** - The process of observing, describing, and quantifying predefined indicator(s) of performance after an intervention designed to impact the indicator.

**PLANNING COMMITTEE** - At least 2 individuals responsible for planning each activity; one individual must be a Nurse Planner and one individual must have appropriate subject matter expertise (content expert).

**POSITION DESCRIPTION (APPROVER UNIT)** - Description of the functions specific to the role of Nurse Peer Reviewer Leader and Nurse Peer Reviewers that relate to the Approver Unit.

**POSITION DESCRIPTION (APPROVED PROVIDER UNIT)** - Description of the functions specific to the roles of Primary Nurse Planner and Nurse Planners (if any) that relate to the Approved Provider Unit.

**PRIMARY NURSE PLANNER** - A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent), and who has the authority within an Approved Provider Unit to ensure adherence to the ANCC/NJSNA criteria in the provision of NCPD.

**PROCESS** - For Approved Providers, process is the development, delivery, and evaluation of NCPD activities. For Accredited Approvers, process is the evaluation of providers of NCPD and/or individual NCPD activities.

**PROVIDER UNIT** - Comprises the members of an organization who support the delivery of nursing continuing professional development activities.

**PROVIDER-DIRECTED, LEARNER-PACED** - An educational activity in which the provider controls the content of the learning activity, including the learning outcomes based on a needs assessment, the content of the learning activity, the method by which it is presented, and the evaluation methods. Learners determine the pace at which they engage in the activity. (examples include print article, self-learning module/independent study).

**PROVIDER-DIRECTED, PROVIDER-PACED** - An educational activity in which the provider controls all aspects of the learning activity. The provider determines the learning outcomes based on a needs assessment, and chooses the content of the learning activity, the method by which it is presented, and evaluation methods (examples include live activities, live webinars).

**RELEVANT FINANCIAL RELATIONSHIP** - A relationship with an ineligible company is considered relevant if the products or services of the commercial interest are related to the content of the educational activity. The individual's spouse/partner's financial relationship with any commercial interest is also considered a relevant relationship.

**RESOURCES** - Available human, material, and financial assets used to support and promote an environment focused on quality NCPD and outcome measures.

**SELF-STUDY**- A formal application for Approved Providers consisting of OO, SC, EDP, QO and 3 sample activities.

**SINGLE-FOCUSED ORGANIZATION (SFO)** - An organization that exists for the sole purpose of providing NCPD.

**SPECIALTY** - A concentration in an area of nursing that has standards and that reflects a well-defined base of knowledge within the overall discipline of nursing.

**SPECIALTY NURSING ORGANIZATION (SNO)** - A national nursing body that has a majority of voting members who are RNs practicing in a specialized nursing area, as so defined in the organization's governing documents.

**STRUCTURE** - Characteristics of an organization, including commitment, accountability, and leadership, that are required to support the delivery of quality NCPD.

**TARGET AUDIENCE** - The group for which an educational activity has been designed.

**TEACHING STRATEGIES** - Instructional methods and techniques that are in accord with principles of adult learning.

**VIRTUAL VISIT** - A conference between the applicant and the NJSNA Approver Unit via teleconference or other electronic means to validate application findings. The Approver Unit team may request additional supporting evidence to seek clarification and verify compliance with accreditation criteria.

## ADDENDUM A

### WRITING USING A NARRATIVE STYLE OF DOCUMENTATION

#### Writing to the Criteria

A narrative description of how the organization operationalizes each criterion is required for the sections on Structural Capacity, Educational Design Process and Quality Outcomes.

Narrative documentation is an opportunity to tell how the organization is adhering to the Approver Unit criteria and requires both a *description (Describe)* and an *example (Demonstrate)* for each criterion.

Narrative documentation with supporting evidence/examples:

- “Telling a story”
- “Description of the wonderful work done by your organization for registered nurses”

Examples may be chosen from supplemental activity files but examples may also come from other activities or work done within the organization

- “**Describe**” – tell the story
- “**Demonstrate**” – provide evidence to substantiate the story

#### Some Tips for Writing

- Pause and reflect on the intent of the question
- Answer the question directly
- Do not add unnecessary extraneous information
- If an individual’s name is used in the narrative, indicate the position/title of the individual to ensure the reader can follow the response
- Give enough background/context for the reader to understand the response
- Ask several colleagues to read the responses and tell you if they make sense
- Remember to answer all parts of the criterion requirement in each response.

#### PLEASE NOTE:

- Process description should be a general overview of the process used by the Approved Provider applicant to meet the criterion requirement
- Example should be a specific and detailed description demonstrating how the Approved Provider applicant operationalized the process. Examples should include details such as who, when, where, how and why.