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.

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

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TABLE OF CONTENTS

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).

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
Diana Tocko, MSN, RN, NPD-BC, NE-BC, Committee Chair
Barbara Blozen, EdD, MA, RN-BC CNL, Co-Chair
Leo-Felix M. Jurado, PhD, RN, APN, NE-BC, CNE, FAAN
Rosemarie Marmion, MSN, RN, NPD-BC, NE-BC

NJSNA Staff
Judy Schmidt MSN, RN, CCRN, Chief Executive Officer/Nurse Peer Review Leader
Debra L. Harwell, BA, Deputy Director
Tyea Santiago, BSN, RN, Education Coordinator
Kortnei Jackson, Administrative Assistant
Deborah Robles, Administrative Liaison

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*)
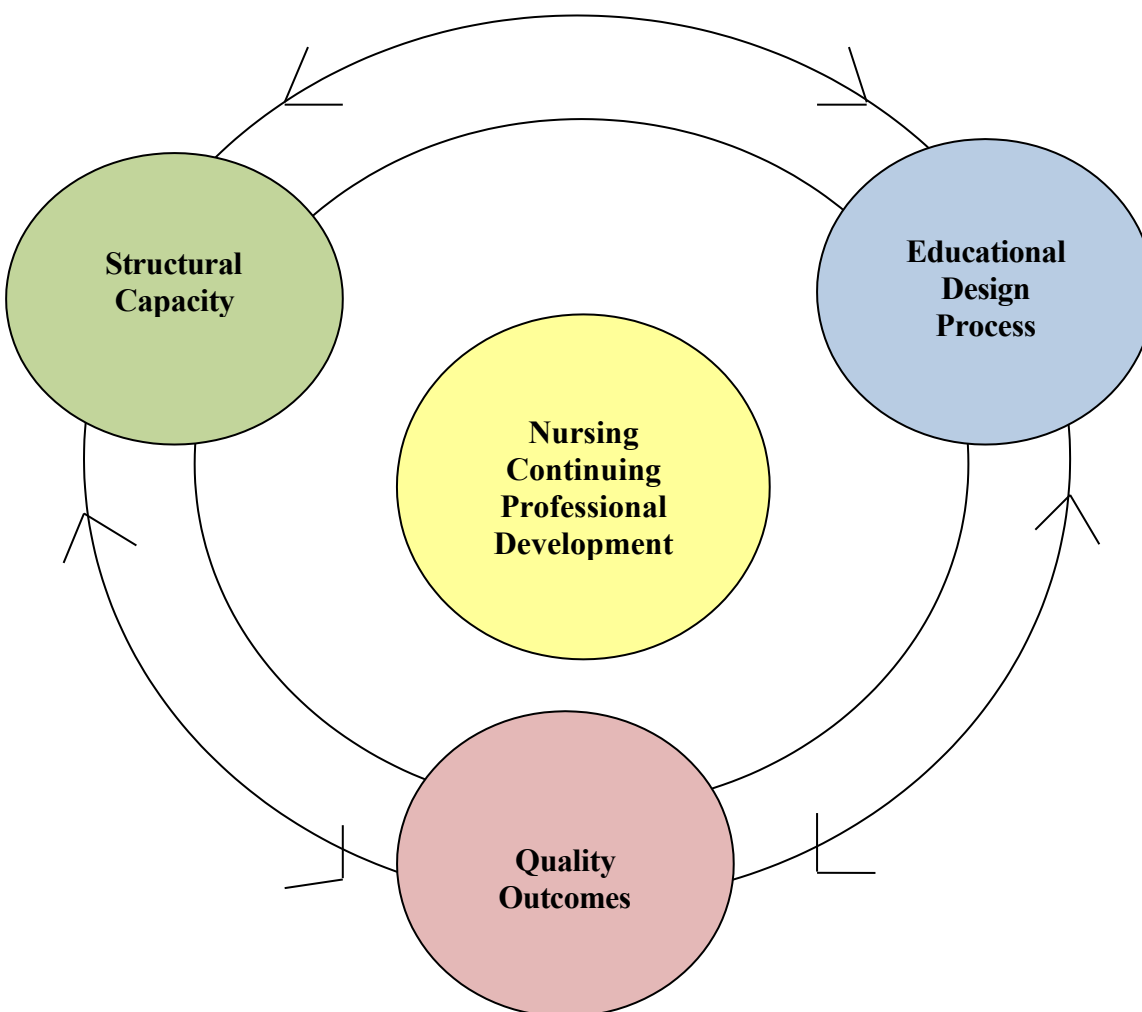
FOCUS ON QUALITY AND OUTCOMES: The Primary Accreditation Conceptual Framework © is based on the quality improvement framework of Donabedian's triad (structure, process, and outcome) (Donabedian, 1966). The accreditation criteria are organized by the domains in this framework. As applied within the Accreditation 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 CNE on the professional practice of nursing and/or patient outcomes.

SECTION 2: FEES AND ADVERTISING

NJSNA 2020 FEE SCHEDULE

INDIVIDUAL EDUCATIONAL ACTIVITY FEES
Two (2) Year Approval
ALL APPLICATIONS REQUIRE 90 DAYS FOR PROCESSING

	MEMBER	NON-MEMBER
.5 – 5.9 Contact Hours	$150	$200
> than 6 - 10.9 Contact Hours	$225	$325
> than 11 – 20.9 Contact Hours	$275	$375
> than 21 – 50.9 Contact Hours	$325	$475
> than 51 Contact Hours	$525	$775

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

	MEMBER	NON-MEMBER
.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		

MEMBER   **NON-MEMBER**

$1,850 $2,850   for one non-profit Provider Unit with one campus/hospital

$2,600 $3,600   for one non-profit Provider Unit with two non-profit campuses/hospitals under one central C.E. structure

$3,350 $4,350   for one non-profit Provider Unit with three non-profit campuses/hospitals under one central C.E. structure

$4,100 $5,100   for one non-profit Provider Unit with four non-profit campuses/hospitals under one central C.E. structure

$5,100 $6,100   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)

$6,100 $7,100   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)

	MEMBER	**NON-MEMBER**
Approved Provider	**$500**	**$700**

Please check www.njsna.org for the most up to date fees and information**

INDIVIDUAL APPLICANT CRITERIA

NJSNA INDIVIDUAL APPLICANT PROCESS

Go to www.njsna.org to complete Eligibility Verification Form

↓

NJSNA receives form and conducts internal evaluation for eligibility

↓

Eligibility met?

Yes → | No →

Yes branch:

Applicant receives Individual application link and Manual

↓

Applicant completes application and sends four copies on flash drive

↓

Acknowledgement letter sent out to applicant

↓

Application forwarded to two review team members at least three weeks prior to review team meeting for review

↓

Nurse Peer Review Leader reviews application

↓

Thresholds met?

No → Additional materials required for resubmittal.

Yes ↓

No branch:

Eligibility form reviewed with applicant

↓

Eligibility met?

Yes → | No →

No → Application process over

Additional materials required for resubmittal.

↓

NJSNA Staff reviews

↓

Thresholds met?

Yes → | No →

No → Application not approved

Nurse Peer Review Leader signs off. Approval Awarded. Applicant receives letter notifying them of approval.

Individual Activity- 2 Years

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, 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 recommendation to the Nurse Peer Review Leader (NPRL) for final action. This process ensures objective assessment of all applications. The NPRL 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 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.

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 (See Addendum H)**

  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 Nurse Peer Review Leader 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

MARKETING MATERIAL GUIDE 2020
Individual Educational Activities

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

Marketing and Promotional Materials	
	Expected learning outcome of the educational activity
	Speaker name(s)
	Appropriate Approval Statement: The approval statement must be displayed clearly to the learner and be written exactly as indicated by NJSNA. **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**.** **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**.**
	Planner & Speaker Disclosure: **Presence or absence of conflict of interest for all planners, presenters, faculty, authors, and content reviewers**. Individuals must disclose: 　1) Name of individual 　2) Name of commercial interest 　3) Nature of the relationship the individual has with the commercial interest 　4) Steps taken to resolve any conflict of interest
	Commercial Support **Presence or absence of:** 　1) **Commercial Support**. Learners must be informed if a commercial interest has provided financial or in-kind support for the educational activity, including 　　a. how content integrity is maintained 　　b. how bias is prevented

	Enduring Materials – *if applicable*
	2) **Expiration of Enduring Materials**. Educational activities provided through enduring materials are required to include an expiration date documenting how long contact hours will be awarded.
	a. This date must be visible to the learner *prior to the start* of the educational content.
	b. The period of expiration of enduring material should be based on the content of the material but cannot exceed three years.
	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.
	d. The review date must be included on the enduring material, along with the original release date and an expiration date.
	Steps for Successful Completion Notice of requirements for successful completion of the educational activity. 1. Must state how to successfully earn a contact hour certificate.
	Joint Providership *(Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the **Provider** awarding contact hours and responsible for adherence to ANCC criteria)*

<u>POLICY FOR INDIVIDUAL APPLICANT ANNUAL REPORTS</u>

<u>Policy</u>

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

<u>Procedure</u>

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 accessed to the applicants next application submittal along with required application fee.

June 2016, 2017, 2018, 2019, 2020

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.

Types of Educational Activities		
Type of Activity	**Features**	**Example (s)**
Provider- directed, provider paced	Provider controls all aspects of the learning activity including: • Learning outcomes • Content • Education strategies • Evaluation methods	Live activity Live webinar
Provider- directed, learner paced	Provider determines the following: • Learning outcomes	Online course Self-learning module

	Content	Print article
	• Content • Education strategies • Evaluation methods Learner determines the pace at which they engage in the activity	
Learner- directed, learner paced	Learner determines the following: • Learning needs/goals • Resources • Learning strategies • Learning Outcomes • Pace of activity	

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 CNE 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 CNE activity; and 2) for submitting application to NJSNA.

- The Nurse Planner must be an RN holding a current nursing license (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 CNE 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 (Describe why this is happening and how you know it could be better (new standards, new guidelines, research, etc.). Focus on the evidence that shows there's a problem, not on the purpose of content of the education

- o 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? Check the level of intervention appropriate for this activity.

    ☐ Knowledge   ☐ Skill   ☐ Practice
    (Doesn't know)   (Doesn't know how)   (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 ACITIVITY

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

  o Actual time spent in the educational activity;
  o Required attendance time at activity (e.g., 100% of activity, or missing no more than ten minutes of activity);
  o Return demonstration;
  o Successful completion of post-test (e.g., attendee must score X% or higher); and

o If attendee does not earn noted score, identify your resolution process.
- o Completed evaluation form.

- Presence or absence of conflicts of interest for all individuals in a position to control content of the educational activity

  - o For individuals in a position to control content who have a relevant relationship with a commercial interest organization (conflict of interest is present), the following required information must be provided to learners.

    - Name of individual.
    - Name of commercial interest;
    - Nature of the relationship the individual has with the commercial interest.
    - Resolution used to solve conflict of interest.

  - o For individuals in a position to control content who do not have a relevant relationship with a commercial interest organization, the activity provider must inform learners, that no conflict of interest exists.

- Additional required information, if applicable, includes

  - o Commercial support: Learners must be informed if a commercial interest organization has provided financial or in-kind support for the educational activity;
  - o 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
  - o 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 Nurse Planner/Planning Committee determines the methods used to evaluate each educational activity. The evaluation components and methods of evaluation should be relative to the desired learning outcome(s) 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**
• Intent to change practice • Active participation in learning activity • Post-test • Return demonstration • Case study analysis • Role-play	• Self-reported change in practice • Change in quality outcome measure • Return on Investment (ROI) • Observation of performance

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

INDIVIDUAL CNE 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
- Signature of primary nurse planner or nurse planner of the 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

<u>Planning Forms for Educational Activities</u>

- ➢ 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 conflict of interest process for all individuals in a position to control content (planners, presenters, faulty, authors, &/or content reviewers) aka *Biographical/Conflict of Interest Data Form if used*
  - • name of Individual
  - • past 12 months
  - • spouse/significant other
- ➢ 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
  - • Primary Nurse Planner/Nurse Planner signature
- ➢ Commercial Support Agreement with signature and date (if applicable)
  - • Name of the Commercial Interest Organization (CIO)
  - • Name of the Provider
  - • Complete description of all the CS provided, including both financial and in-kind support
  - • Statement that the CIO will not participate in planning, developing, implementing or evaluating the educational activity
  - • Statement that the CIO will not recruit learners from the educational activity for any purpose

- Description of how the CS must be used by the Provider (unrestricted use &/or restricted use)
- Signature of a duly authorized representative of the CIO with the authority to enter the binding contracts on behalf of the CIO
- 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
  o Activity approval number
    ▪ Evidence of approval statement as applicable provided to learners prior to start of activity
  o Criteria for successful completion
  o Presence or absence of conflicts of interest for all members of the Planning Committee, presenters, faculty, authors and content reviewers
    ▪ Evidence of verbal disclosures (if applicable)
  o Commercial support (if applicable)
  o Expiration date (enduring materials only)
  o 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 biographical forms and conflict of interest forms 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 education 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

TABLE OF CONTENTS

- Individual Educational Activity Applicant Eligibility Verification Form
- Individual Education Activity Application
- Qualified Planners and Faculty/Presenters/Content Reviewers
- Assessment of Conflict of Interest
- Use of Educational Design Criteria
- Notes About Advertising Your Activity
- Required Attachments (if applicable)
- Sample Documents
    - Biographical Data/Conflict of Interest Form (New)
    - Individual Activity Evaluation Form (Updated)
    - Individual Activity Applicant Sign-in Sheet
    - Individual Activity Applicant Commercial Support Agreement
    - Education Planning Table Live/Enduring Material (New)

New Jersey State Nurses Association
Individual Educational Activity
Applicant Eligibility Verification

Section 1: 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

Section 2: Commercial Interest

Is your organization one of the following:

- **If yes, select the option that applies and go to Section 5 (skip Sections 3 & 4).**
- **If none of the listed types, go to Section 3.**

- □ 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 CNE)

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

Section 3 – Commercial Interest Evaluation -- Only complete this section if you did not select an option for Section 2

<u>**A Commercial Interest**</u>: 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 <u>**not**</u> 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.**

Section 4: Commercial Interest Evaluation

- 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. _____

Section 5: Statement of Understanding

On behalf of <u>(insert name of applicant)</u>, 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 <u>(insert name of applicant)</u>, that <u>(insert name of applicant)</u> will comply with all eligibility requirements and approval criteria throughout the entire approval period, and that <u>(insert name of applicant)</u> will notify <u>New Jersey State Nurses Association)</u> promptly if, for any reason while this application is pending or during any approval period, <u>(insert name of applicant)</u> 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 <u>New Jersey State Nurses </u>Association to deny, suspend or terminate <u>(insert name of applicant)</u>'s approval of this individual activity and to take other appropriate action against <u>(insert name of applicant)</u>.
(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

Please return the completed Eligibility Verification Form to KJackson@njsna.org

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<div align="center">

NEW JERSEY STATE NURSES ASSOCIATION
Individual Educational Activity Application

BASIC ACTIVITY INFORMATION

</div>

NAME OF APPLICANT ORGANIZATION: Click here to enter text.

ORGANIZATION ADDRESS: Click here to enter text.

Street Address: Click here to enter text.

City: Click here to enter text.   **State:** Click here to enter text. **Zip Code:** Click here to enter text.

TITLE OF ACTIVITY: Click here to enter text.

TOTAL NUMBER OF CONTACT HOUR PLANNED: Click here to enter text.

ACTIVITY TYPE:

☐ **Provider-directed, provider paced: Live (in person ☐; or webinar☐)**
  o Start Date of Live Activity: Click here to enter text.
  o End Date of Live Activity: Click here to enter text.
  o City/State where Activity is being held: Click here to enter text.
  o Rationale for number of contact hours to be awarded (submit an agenda if the activity is 2 hours or longer):
    ▪ If the activity is less than 2 hours, provide start time:_____ and end time: _____

☐ **Provider-directed, learner paced: (Enduring material)**
  o Start date of Enduring material: Click here to enter text.
  o Expiration/end date of Enduring material (cannot exceed 2-year period of approval, but can be any length of time up to 2-years):
    o Content current and relevant to your learners?
    o You are required to remove the enduring material from circulation to update content if needed during the 2-year period of approval
    o Please identify the date this will happen and include it in your disclosure to learners.
    o Rationale for number of contact hours to be awarded: _____

☐ **Blended activity:**
  o Describe pre or post activity material: Click here to enter text.
  o Date of live portion of activity: Click here to enter text.
  o Rationale for number of contact hours to be awarded for pre or post activity work: Click here to enter text.
  o City/State for live portion of activity: Click here to enter text.

<u>Nurse Planner contact information for this activity.</u>
Name and credentials: Click here to enter text.
Email Address: Click here to enter text.
Phone Number: Click here to enter text.
State(s) of licensure for nurse planner: Click here to enter text.

> The **<u>Nurse Planner</u>** must be a currently licensed registered nurse with a baccalaureate degree or higher in nursing **AND** be actively involved in planning, implementing and evaluating this nursing continuing professional development activity.

<u>QUALIFIED PLANNERS AND FACULTY/PRESENTERS/AUTHORS/CONTENT REVIEWERS</u>

Complete the table below for each person involved with the activity and include name, credentials, educational (degree(s), and role in the activity**. PLANNING COMMITTEES MUST HAVE A MINIMUM OF A NURSE PLANNER AND ONE OTHER PERSON**. The Nurse Planner is responsible for adherence to the ANCC/NJSNA criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered (CONTENT EXPERT). There must be only **<u>one</u>** person designated as the nurse planner for the activity, although there can be additional nurses who serve on the committee. The nurse planner can also be the content expert, though it is still required to have at least 2 people on the planning committee.

Names and credentials of all activity planners, presenters, faculty, authors and/or content reviewers.

Name of individual/credentials	Individual's role in activity *(i.e., Nurse Planner, content expert, planning committee member, presenter, etc.*	Planning committee member? *(Yes/No)*	Name of commercial interest relationship *if any (see COI from for definition*	Nature of relationship *(see COI from for definition)*

ASSSESSMENT OF CONFLICT OF INTEREST

All activities must be assessed for conflict of interest and must comply with ANCC/NJSNA content integrity standards *(See NJSNA Approval Manual).*

Conflict of interest 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 commercial interest organization the products or services of which are pertinent to the content of the educational activity.

Any person in a position to control or influence the content of an educational activity MUST be assessed for conflict of interest i.e. Administrative assistant, IT person, LMS Managers, etc.

Nurse Planner to Assess COI (*It is the nurse planner's responsibility to make sure COI is assessed, evaluated, resolved 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 a commercial interest organization?
   ☐ Yes   ☐ No

3) Is there a relationship between the products of a commercial interest organization and the topic of the activity?   ☐ Yes   ☐ No

If there is a COI, explain how COI was assessed, identified and resolved. Explain for all individuals with COI and the type of COI. *(Submit completed conflict of interest forms (or similar COI data) 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 conflict of interest. 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 conflict of interest for anyone with the ability to control the content of this activity.**

_____   _____
    Nurse Planner Signature   **Date**

USE OF EDUCATIONAL DESIGN CRITERIA

A. **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.*

B. **Evidence to validate the professional practice gap** *(Describe why this is happening and how you know it could be better (new standards, new guidelines, research, etc.). Focus on the evidence that shows there's a problem, not on the purpose of content of the education*

C. **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? Check the level of intervention appropriate for this activity.*

    ☐ **Knowledge**   ☐ **Skill**   ☐ **Practice**
    Doesn't know)   **(Doesn't know how)**   **(Not able to show/do in Practice)**

D. **Description of the target audience.**
    ☐   RN
    ☐   APRN
    ☐   RNs in a specialty area (Identify specialty _____)
    ☐   Interprofessional – *Please list relevant professional groups.*

E. **Measurable learning outcome(s):** *What do you expect the learner to know or do at the end of the activity and how are you going to measure success? PLEASE DO NOT submit a list of objectives. Provide a measurable outcome statement that indicates what the learner will know, do, or be able to apply in practice at the end of the activity. For Example: Demonstrate knowledge of prescription opioid drugs, including alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion by passing a post-test with a score of at least 80%.*

F. **Content of activity:** *A paragraph description/outline summarizing the overall content for the activity (NOTE: If this is a conference, provide a description of how the sessions overall contribute to meeting the outcome for the conference – do not describe each session) OR*

☐ See Educational Planning Table

G. **Current supporting references or resources (within past 5-7 years):** *List evidenced-based references. For web sites, provide the specific title and date of publication of the information, not just a link to the web site (APA Format). If resources used for content are older than 5-7 years, an explanation of use must be included.*

H. **Learner engagement strategies:** *List the strategies, like discussion, role play, or skills, practice that indicate how learners will be **actively** involved in the learning experience (NOTE: Lecture and PowerPoint are not learner engagement strategies).*

I. **Criteria for Awarding Contact Hours for Live and Enduring Material Activities** *(Presentation time plus evaluation time divided by 60 equals total number of contact hours) MUST MATCH DISCLOSURES GIVEN TO PARTICIPANTS)*

(Describe what other requirement(s) learners will need to meet before being awarded contact hours) (Check all that apply)

☐ Attendance for the entire activity or conference
☐ Attendance at 1 or more sessions in a multi-session event
☐ Completion/submission of evaluation form
☐ Successful completion of a post-test (e.g., attendee must score_____% or higher)
   *If attendee does not earn noted score, identify your resolution process.
☐ Successful completion of a return demonstration
☐ Other - Describe:

_____

_____

J. **Evaluation Method:** *How will you evaluate whether a learner has gained knowledge, improved skill, or has a plan to apply new knowledge and skills in practice by the end of the activity? You can collect this data in a number of ways – through end-of-activity discussion, question, or observation of skill performance-an evaluation form is not required but is one option. Please describe the process you will use to see whether you have helped reach the outcome identified in "E" above.*

K. What is your 3 to 6-month summative evaluation plan? *(How will you know that the participants have applied what they learned in the activity. How the summative evaluation data for an educational activity is used to analyze the outcomes of that activity and guide future activities).*

L. **Disclosures Provided to Learners:** *How will the disclosures on the attachment be presented to learners **prior to** the start of the activity? Will they be on the agenda, read aloud, shown on a slide before the activity starts, outlined on the course webpage, etc.? Please describe how/when these will be presented to the learners and attach evidence to your application submission (See Attachment List).*

M. **This activity is receiving commercial support**
☐ No
☐ Yes *(Include a signed commercial support agreement (See Attachment List) with the application*
   o *Enter Name of Commercial Entities providing support:* Click here to enter text.
   o *Enter the amount of money received OR Enter the type of in-kind contribution provided (items donated, etc.)* Click here to enter text.

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

N. **This activity is being Jointly Provided**
☐ No
☐ Yes

- o Please enter the name(s) of joint provider organization(s).
- o A member of the joint provider organization (s) must be on the planning committee. Name of individual:_____*(Individual(s) serving on the planning committee on behalf of the joint provider)*

NOTES ABOUT ADVERTISING YOUR ACTIVITY

- 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.

- <u>Marketing/Promotional Material Information</u>

  - NJSNA Approval Statement
  - Steps for successful completion
  - Planner(s)/Speaker(s) disclosures
  - Commercial Support *(if applicable)*
  - Jointly Provided *(if applicabl)*
  - Enduring Information (beginning and end date) *(if applicable)*

REQUIRED ATTACHMENTS

☐   Biographical Data/Conflict of Interest Form *(if applicable)*
☐   Educational Planning Table – Live/Enduring Material *(if applicable)*
☐   Disclosures to Participants *(Marketing material, slide, etc.)*
☐   Commercial Support Agreement *(if applicable)*
☐   Jointly Providership Agreement *(if used)*

SAMPLE DOCUMENTS
(Documents may be used, if needed

BIOGRAPHICAL DATA/CONFLICT OF INTEREST FORM

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

Check which role(s) you are fulfilling:

☐   Primary Nurse Planner   ☐   Content Expert

☐   Nurse Planner   ☐   Content Reviewer

☐   Speaker   ☐   Planning Committee Member

Section 1: Demographic Data

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

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

☐	**Years of Experience with NJSNA/ANCC criteria**	
☐	**Attendance at recent NJSNA Roadshow/CE Update**	**Date Attended:**
☐	**Graduate Education**	
☐	**Reviewed the NJSNA Approval Manual and Criteria**	
☐	**Expertise in Subject Matter**	**# of Years:**
☐	**Mentored by:** _____	

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

☐	**Years of Experience with NJSNA/ANCC criteria**	
☐	**Attendance at recent NJSNA Roadshow/CE Update**	**Date Attended:**
☐	**Graduate Education**	
☐	**Reviewed the NJSNA Approval Manual and Criteria**	
☐	**Expertise in Subject Matter**	**# of Years:**
☐	**Mentored by Primary Nurse Planner:**	

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

☐	**Field of Expertise**
☐	**Graduate Education**
☐	**Advanced Degree in Area of Specialization**
☐	**Documented History of Working in Area as an Expert**
☐	**Advanced Research on Subject Matter**
☐	**Years of Expertise**

Is there an actual, potential, perceived conflict of interest for yourself or spouse/partner?

Procedures used to resolve conflict of interest or potential bias if applicable for this activity: *(Check all that apply)*

_____ Not applicable since no conflict of interest.

_____ Removed individual with conflict of interest from participating in all parts of the educational activity.

_____ Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

_____ Not awarding contact hours for a portion or all of 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 and Credentials   **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

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, listed in APA format (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 Learning Outcome(s) met?

A B C D E

ϒ ϒ ϒ ϒ ϒ   1.

ϒ ϒ ϒ ϒ ϒ   2.

ϒ ϒ ϒ ϒ ϒ   3   Relationship of learning outcome(s) to content of the activity?

ϒ ϒ ϒ ϒ ϒ   4.   How well did this continuing nursing education program meet your learning needs?

Please evaluate each speaker: SPEAKER: _____

ϒ ϒ ϒ ϒ ϒ   5.   Knowledge of subject

ϒ ϒ ϒ ϒ ϒ   6.   Presentation orderly and understandable

ϒ ϒ ϒ ϒ ϒ   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.   ϒ **Yes**   ϒ **No**

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

The content was useful and added to my knowledge. ϒ **Yes**   ϒ **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 APPLICANT
COMMERCIAL SUPPORT AGREEMENT

A commercial interest, as defined by the American Nurse's Credentialing Center (ANCC), 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 a commercial interest that are used to pay for all or part of the costs of a CNE activity.

> **Note: Organizations providing commercial support may _not_ provide or joint provide an educational activity.**

Title of Educational Activity:	
Activity Location (if live):	Activity Date (if live):
Name of Commercial Interest Organization:	
Name of Individual Activity Applicant:	
Total amount of Commercial Support:	

Area(s) of activity Commercial Interest organization would like to support:
   Ϫ Unrestricted
   Ϫ Restricted*
       o Speaker honoraria
       o Speaker expenses
       o Meal
       o Other (please list):	

* Commercial interest 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.

	Terms and Conditions
1.	All organizations must comply with the *ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities* which is available on the ANCC Accreditation web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of Commercial Interest organization providing financial or in-kind support.

3.	The Individual Activity Applicant is responsible for all decisions related to the educational activity. The Commercial Interest organization providing financial or in-kind support may **not** participate in any component of the planning process of an educational activity, including:
	    ■ Assessment of learning needs
	    ■ Determination of objectives

		▪ Selection or development of content ▪ Selection of planners, presenters, faculty, authors and/or content reviewers ▪ Selection of teaching/learning strategies ▪ Evaluation methods
4.		The Individual Activity Applicant 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 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.		Commercial Interest 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.

Individual Activity Applicant:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
_____ **Electronic Signature (Required)_____ Date:**	
Completed By: (Name and Credentials)	
Commercial Interest Name:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
_____ **Electronic Signature (Required) Date:**	
Completed By: (Name and Credentials)	

APPROVED PROVIDER CRITERIA

NJSNA APPROVED PROVIDER PROCESS

Go to www.njsna.org to complete Eligibility Verification Form

↓

NJSNA receives form and conducts internal evaluation for eligibility

↓

Eligibility met?

Yes →

Applicant receives Approved Provider application

↓

Applicant completes application and sends four copies on flash drive

↓

Acknowledgement letter sent out to applicant

↓

Application forwarded to two review team members at least three weeks prior to review team meeting for review

↓

Nurse Peer Review Leader reviews application

↓

Thresholds met?

No →

Yes ↓

Nurse Peer Review Leader signs off. Approval Awarded. Applicant receives letter notifying them of approval.
Provider Unit- 3 Years

No →

Eligibility form reviewed with applicant

↓

Eligibility met?

Yes →

No ↓

Application process over

1 Year Provisional approval. Self-Study materials required within 30 days.

Additional Activity file required 3-6 months later.

↓

NJSNA Staff reviews

↓

Thresholds met?

Yes ←

No →

Application not approved

Applicant receives letter notifying applicant of additional 2 year approval.

NJSNA NCPD Manual V1 – 2020
57

2015 REVISED OVERVIEW OF AMERICAN NURSES CREDENTIALING CENTER'S COMMISSION ON ACCREDITATION CHANGES FROM PREVIOUS CRITERIA

APPROVED PROVIDER

Key Elements Criteria have changed. Some criteria have been combined and some eliminated. See the crosswalk below for changes:

2015 Revised Accreditation Program Criteria Crosswalk – Approved Provider

ORGANIZATIONAL OVERVIEW (OO)	OLDVERSION	NEW VERSION	RATIONALE
OO1	**Demographics** a. Submit a description of the Provider Unit, including but not limited to size, geographic range, target audience(s), content areas, and the types of educational activities offered. b. If the Provider Unit is part of a multi-focused organization, describe the relationship of these dimensions to the total organization.	**Executive Statement/High Level Summary** Submit an executive statement and/or high-level strategic summary of the Provider Unit (E.G., Overall description on how the provider unit functions, the mission of the provider unit as it relates to its NCPD/CNE offerings, including the impact the provider unit has on the organization and its learners). (1000-word limit).	This change aides the provider unit in explaining the overall functions of its Provider unit. Each Provider Unit has its unique process to ensure the ANCC criteria are utilized and maintained
002	**LINES OF AUTHORITY AND ADMINISTRATIVE SUPPORT** a. 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. b. Submit position descriptions for the	Role Description a. 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. b. Submit position descriptions for the Primary Nurse Planner and Nurse	Requirement for organization charts were removed.

	Lead Nurse Planner and Nurse Planners (if any) in the Provider Unit. c. Submit an organizational chart, flowchart, or similar image that depicts the structure of the Provider Unit, including the Primary Nurse Planner and other Nurse Planners (if any). d. If part of a larger organization, submit an organizational chart, flowchart, or similar image that depicts the organizational structure and the Provider Unit's location within the organization	Planners (if any) in the Provider Unit.	
003	**DATA COLLECTION AND REPORTING** Approved Provider organizations report data at a minimum, annually to their ANCC Accredited Approver. Required Submissions include all of the following: a. Submit a complete list of all CNE offerings provided in the past twelve months, including activity dates, titles, target audience, total number of participants, number of contact hours offered for each	**REMOVED**	This information is collected at the time the organization applies for accreditation or reaccreditation. Organizations are required to ensure their NARS activity, organizations and PNP/NP demographic data are up to date at the time the selfstudy is submitted. OO4

	activity, joint provider status, and any commercial support, including monetary or in-kind contributions. b. New applicants must submit a list of the CNE offerings provided within the past twelve months. If available, include the items listed above. c. Any additional requirements of the ANCC accredited Approver		
004	**<u>EVIDENCE</u>** A provider organization must demonstrate how its structure and processes result in positive outcomes for itself and for registered nurses participating in its educational activities. a. Submit a list of the quality outcome measures the Provider Unit has collected, monitored, and evaluated over the past twelve months specific to the Provider Unit. Outcomes must be written in measurable terms. b. Submit a list of the quality outcome measures the Provider Unit has collected, monitored, and evaluated over the past twelve months specific to Nursing Professional	Removed and integrated into the Quality Outcomes Criteria	

	Development. Outcomes must be written in measurable terms.		
STRUCTURAL CAPACITIY (SC)	**OLDVERSION**	**NEW VERSION**	**RATIONALE**
SC1	The Primary Nurse Planner's (PNP) 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.	The Primary Nurse Planner's (PNP) 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	N/A
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 accreditation criteria.	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 accreditation criteria.	N/A
SC3	How the Primary Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating CNE activities in compliance with ANCC accreditation criteria	How the Primary Nurse Planner/Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating CNE activities in compliance with	The Nurse Planner has a valuable and critical role within the provider unit. The Primary Nurse Planner may not be involved in the activity planning, implementation, and evaluation processes. Therefore, the addition of Nurse

		ANCC accreditation criteria.	Planner to this criterion clarifies and emphasizes that the focus is on providing guidance and direction to others; not the PNP's guidance to the NP. Additionally, the Nurse Planner(s) may be providing the guidance independent of or in tandem with the PNP.
EDUCATION DESIGN PROCESS (EDP)	**OLDVERSION**	**NEW VERSION**	**RATIONALE**
EDP1	The process used to identify a problem in practice or an opportunity for improvement (professional practice gap	The process used to identify a problem in practice or an opportunity for improvement (professional practice gap).	N/A
EDP2	How the Nurse Planner identifies the educational needs (knowledge, skills, and/or practice) that contribute to the professional practice gap (PPG).	How the Nurse Planner identifies the underlying educational needs (knowledge, skills, and/or practice) that contribute to the professional practice gap(s) (PPG).	EDP2 requires an identification of the underlying educational need (knowledge, skills, and/or practice). The addition of the word underlying provides context to the criterion. It emphasizes the fundamental need in addressing where the professional practice gap exists to determine appropriate intervention strategies.
EDP3	The process used to identify and resolve all conflicts of interest for	How the Nurse Planner identifies, and measures change	Moving EDP7 to EDP3 provides the PNP/NP an

	all individuals in a position to control educational content.	in knowledge, skills, and/or practice of the target audience that are expected to occur as a result of participation in the educational activity. (Formally EDP 7)	opportunity to plan an activity with logical flow. How the PNP/NP identifies, and measures change in knowledge, skills, and/or practice should be in tandem with the underlying educational need for the activity (knowledge, skills, and/or practice) in alignment to the identified PPG(s), and the learning outcome(s). The PNP/NP must know how they will identify and evaluate change prior to content development.
EDP4	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.	The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content. (Formally EDP 3)	A sequential move of EDP3 moved to EDP4
EDP5	How strategies to promote learning and actively engage learners are incorporated into educational activities.	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 (Formally EDP 4).	A sequential move of EDP 4 moved to EDP 5.

EDP6	How summative evaluation data for an educational activity are used to guide future activities	How strategies to promote learning and actively engage learners are incorporated into educational activities (Formally EDP 5).	A sequential move of EDP 5 moved to EDP 6.
EDP7	How the Nurse Planner measures change in knowledge, skills, and/or practices of the target audience that are expected to occur as a result of participation in the educational activity	How the summative evaluation data for an educational activity are used to analyze the outcomes of that activity and guide future activities. (Formally EDP 6) (EDP 7 moved to EDP 3)	A sequential move of EDP6 moved to EDP 7. The summative evaluation is an aggregate of the evaluation data that the PNP/NP should analyze to determine if the learning outcomes identified were achieved. The summative evaluation also includes how that data will be used to guide future activities. QUALITY The summative evaluation is an aggregate of the evaluation data that the PNP/NP should analyze to determine if the learning outcomes identified were achieved. The summative evaluation also includes how that data will be used to guide future activities.

QUALITY OUTCOMES (QO)	OLDVERSION	NEW VERSION	RATIONALE
QO1	The process utilized for evaluating effectiveness of the Provider Unit in delivering quality CNE.	The process used for evaluating the overall effectiveness of the Provider Unit in carrying out its work as a provider of continuing nursing education (CNE).	Emphasizes evaluation of the provider unit as a whole
QO2	How the evaluation process for the Provider Unit resulted in the development or improvement of an identified quality outcome measure for the Provider Unit. (Refer to identified quality outcomes list in OO4a.)	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.	Clarifies the relationship between the outcome (goal) for the provider unit's structure and/or function and how the provider unit developed, measured, and analyzed its 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.	
QO3	How, over the past twelve months, the Provider Unit has enhanced nursing professional development. (Refer to identified quality	QO3a: Identify at least one quality outcome the provider unit has established and worked to achieve over the past twelve months to improve the	Clarifies the relationship between the outcome (goal) for professional development of the provider unit's learners and how the provider unit

	outcomes list in OO4b.)	professional development of nurses. Identify the metrics used to measure success in achieving that outcome. QO3b: Using one of the outcomes 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	developed, measured, and analyzed its success in achieving that outcome.

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)

Commercial interest organizations 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.

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:
  o State Nurses Association affiliated with ANA
  o College or University
  o Health care facility (i.e. Hospital, Rehab center)
  o Health-related organization (i.e. Health Department)
  o Interprofessional educational group
  o Professional nursing education group
  o SNO (Specialty Nurse Organization)
- Be administratively and operationally responsible for coordinating the entire process of planning, implementing, and delivering CNE
- 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 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 a 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 in **quadruplicate (4 flash drives).** Place one entire application in PDF format on each flash drive. (See Addendum F, page 141, for *PDF Bookmarking Instructions*)
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 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 recommendation to the Nurse Peer Review Leader (NPRL) for final action. This process ensures objective assessment of all applications. The NPRL 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 NJSNA Nurse Peer Review Leader (NPRL) 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 NPRL 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 Nurse Peer Review Leader investigates and determines inappropriate actions the NPRL 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 <u>must</u> 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

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 Nurse Peer Review Leader 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

MARKETING MATERIAL GUIDE 2020
Approved Provider Activities

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

Marketing and Promotional Materials	
	Expected learning outcome of the educational activity
	Speaker name(s)
	Appropriate Approval Statement: The approval statement must be displayed clearly to the learner and be written exactly as indicated by NJSNA. **(Approved Provider):** [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#
	Planner & Speaker Disclosure: **Presence or absence of conflict of interest for all planners, presenters, faculty, authors, and content reviewers**. Individuals must disclose: 1. Name of individual 2. Name of commercial interest 3. Nature of the relationship the individual has with the commercial interest 4. Steps taken to resolve any conflict of interest

	Commercial Support
	
	Presence or absence of:
	1. **Commercial Support**. Learners must be informed if a commercial interest has provided financial or in-kind support for the educational activity, including
	    a. how content integrity is maintained
	    b. how bias is prevented

	Enduring Materials – *if applicable* 1. **Expiration of Enduring Materials**. Educational activities provided through enduring materials are required to include an expiration date documenting how long contact hours will be awarded.

		a. This date must be visible to the learner *prior to the start* of the educational content. b. The period of expiration of enduring material should be based on the content of the material but cannot exceed three years. 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. d. The review date must be included on the enduring material, along with the original release date and an expiration date.
		Steps for Successful Completion Notice of requirements for successful completion of the educational activity. 1. Must state how to successfully earn a contact hour certificate.
		Joint Providership *(Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the **Provider** awarding contact hours and responsible for adherence to ANCC criteria)*

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 31st via email to Education Department.

Approved Provider Units are also required to upload and attest their NARS report into the NARS System by January 31st. (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 31st annually is $100.00

09/12   Revised 2016, 2017, 2018, 2019, 2020

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 Biographical/Conflict of Interest forms 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 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 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/CNE offerings, including the impact the Provider Unit has on the organization and its learners). (1000-word limit)*

OO2. Role Description

- 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).

03. Data Collection and Reporting

Approved Provider organizations report data, at a minimum, annually to NJSNA's Approver Unit.

- Submit the Approved Provider Unit's NARS Attestation statement.
- New Approved Provider applicants: submit a list of the 3 previously approved activities provided within the past 12 months.
- Any additional requirements of NJSNA's Approver Unit: Quality Outcome Narrative

04. Evidence

A provider organization must demonstrate how its structure and processes result in positive outcomes for itself and for registered nurses participating in its educational activities.

- **OO4a**. Submit a list of the quality outcome measures the Approved Provider Unit has collected, monitored and evaluated over the last 12 months **specific to the Approved Provider Unit. Outcomes must be written in measurable terms**

Examples of outcomes
- 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 CNE 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

- **OO4b.** Submit a list of the quality outcome measures the Approved Provider collected, monitored, and evaluated over the last 12 months **specific to Nursing Professional Development. Outcomes must be written in measurable terms**

  Examples of outcomes
  - 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; and
  - Improvement in nursing care delivery.

Note: New applicants should develop and submit with their application a list of quality outcome measure that will be collected, monitored, and evaluated.

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's (PNP) 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.

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 data.

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 CNE 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 CNE 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 CNE. CNE 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. CNE 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).

Planning. Planning for each educational activity must be independent from the influence of commercial interest organizations.

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.

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

Describe and, using an example, demonstrate the following:

EDP4. The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content.

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.)*

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.

Describe and, using an example, demonstrate the following:

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

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 continuing nursing education (CNE).

QO2. How the evaluation process for the Provider Unit resulted in the development or improvement of an identified quality outcome measure. (Refer to identified quality outcomes list in OO4

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.

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 one of the outcomes 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 *Content Integrity Standards for Industry Support in Continuing nursing professional developmental 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 *Content Integrity Standards for Industry Support in Nursing continuing professional developmental Activities* in Addendum E: Ensuring Independence and Content Integrity, page 137.

CONFLICT OF INTEREST

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

When the PNP/NP completes the Biographical Data/Conflict of Interest 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 2
    - 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 conflict if interest process for all individuals in a position to control content (planners, presenters, faculty, authors, &/or content reviewers) *Biographical Data Form/Conflict of Interest documentation*
  - Name of individual
  - Past 12 months
  - Spouse/significant other
  - Individual providing the information is provided a definition of commercial interest organization
- ✓ 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 (CS) with signature and date (if applicable)
  - Name of the Commercial Interest Organization (CIO)
  - Name of the Provider
  - Complete description of all the CS provided, including both financial and in-kind support
  - Statement that the CIO will not participate in planning, developing, implementing or evaluating the educational activity
  - Statement that the CIO will not recruit learners from the education activity for any purpose
  - Description of how the CS must be used by the Provider (unrestricted use &/or restricted use)
  - Signature of a duly authorized representative of the CIO with the authority to enter the binding contracts on behalf of the CIO
  - 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
  - o Criteria for successful completion
  - o Presence or absence of conflicts of interest for all members of the Planning Committee, presenters, faculty, authors and content reviewers
  - o Commercial support (if applicable)
  - o Expiration date (enduring materials only)
  - o 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
  - o 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
Completed Biographical Data/Conflict of Interest 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

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

TABLE OF CONTENTS

Eligibility

- Approved Provider Eligibility Verification

Planning Documents

- Approved Provider 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 Activity Planning Forms
  - Qualified Planners and Faculty/Presenters/Content Reviewers
  - Assessment of Conflict of Interest
  - Use of Educational Design Criteria
  - Notes About Advertising Your Activity
  - Required Attachments (if applicable)
  - Sample Documents
    - Biographical Data/Conflict of Interest Form (New)
    - Education Planning Table Live/Enduring Material (New)
    - Evaluation Form (Updated)
    - Sign-in Sheet
    - Commercial Support Agreement
    - Joint Providership Agreement (if used)

New Jersey State Nurses Association
Approved Provider Eligibility Verification

Section 1: 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
_____ Professional Nursing Education Group
_____ Specialty Nursing Organization
_____ Other: Describe - _____

_____
Nurse Planner of the activity: Name and Credentials

_____
Employer   Title/Position

Telephone Number   E-mail Address

1.   **<u>Is your organization a commercial interest?</u>**

<u>A Commercial Interest</u>: *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.*

_____   Yes **You may NOT apply to become/reapply as an Approved Provider.**
_____   No   Continue to the next question.

2.   Did your organization promote/market/advertise/target more than 50% of your education activities in the past calendar year to registered nurses outside of Region 2 *(New York, New Jersey, Puerto Rico, Virgin Islands).*

_____   Yes **You may NOT apply to become/reapply as an Approved Provider.**
_____   No   Continue to the next question.

Section 2: Nurse Planners

- All Nurse Planners are currently licensed registered nurses with baccalaureate degrees or higher in nursing.
  _____   Yes   _____   No

  If NO, the applicant organization is **<u>NOT</u>** eligible for Approved Provider status.

- Does the applicant organization have an identified ***<u>Primary Nurse Planner</u>*** who acts as the contact with NJSNA and ensures compliance with ANCC/NJSNA criteria across the Approved Provider Unit?

    Yes   No
  If yes, provide Primary Nurse Planner's Name and Credentials: _____

  If NO, the applicant organization is **<u>NOT</u>** eligible for Approved Provider status.

- Does the Approved Provider Unit's ***<u>Nurse Planner(s)</u>*** actively participate in the planning, implementation and evaluation process of **<u>each</u>** nursing continuing professional development activity?

    _____   Yes   _____   No

If NO, the applicant organization is **NOT** eligible for Approved Provider status.

Please list the names and credentials of all current nurse planners:

Nurse Planner Name	Credentials

Section 3:

The applicant organization must answer the following questions and providing any additional required information.

- The applicant has been operational for 6 months using the ANCC/NJSNA Criteria.
    - _____ Yes   **If yes**, list the date the applicant organization became operational: _____
    - _____ No   **If no**, the applicant organization is **not** eligible for Approved Provider status

- The applicant has assessed, planned, implemented, and evaluated at least three separate educational activities, within the past 12 months, provided at separate and distinct events:
    - o   with the direct involvement of the Nurse Planner;
    - o   that adhere to the ANCC Accredited Approver Criteria;
    - o   each learning activity must be at least 1 hour (60 minutes) in length. Contact hours may or may not have been offered;
    - o   and were **not** joint provided (new applicants only).

    _____ Yes   _____ No

- Applicant organization is in compliance with all applicable Federal, State, and Local laws and regulations that apply to the delivery of CNE.

    _____ Yes   _____ No

Section 8: Statement of Understanding

I attest, by my signature below, that I am duly authorized by (Insert name of organization) to submit this application as an approved provider offered by the American Nurses Credentialing Center (ANCC) through Accredited Approvers and to make the statements herein. On behalf of (Insert name of organization), I have read the approved provider eligibility requirements and criteria. I understand that (Insert name of organization) is subject to all eligibility requirements and criteria as an approved provider. I understand that becoming an approved provider depends on successfully

meeting eligibility requirements and criteria and maintaining approved provider standing is dependent upon continued compliance.

On behalf of (insert name of organization), I expressly acknowledge and agree that information accumulated through the approval process may be used for statistical, research, and evaluation purposes and that anonymous and aggregate data may be released to third parties. Otherwise, all information will be kept confidential and shall not be used for any other purposes without (insert name of organization)'s permission.

On behalf of (insert name of organization), 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 organization), that (insert name of organization) will comply with all eligibility requirements and approval criteria throughout the entire approval period, including all reapplication periods for maintaining approval, and that (insert name of organization) will notify NJSNA promptly if, for any reason while this application is pending or during any approval period, (insert name of organization) does not maintain compliance. I understand that any misstatement of material fact submitted on, with or in furtherance of this application for approved provider status shall be sufficient cause for NJSNA to deny, suspend or terminate (insert name of organization)'s approved provider status and to take other appropriate action against (insert name of organization). *(Applications received without a signature incur a delay in processing which will cause a delay in the review of the approval application.)*

An "X" in the box below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information contained.

☐   **Electronic Signature (Required)**   **Date** _____

_____
Completed By: Name and Title

Please return the completed Eligibility Verification Form and if necessary, the Approved Provider Eligibility Commercial Interest Addendum to NJSNA at: 1479 Pennington Road
Trenton, NJ 08618 to Kortnei Jackson at 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:

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 offerings, including the impact the Provider Unit has on the organization and its learners). (1000-word limit)*

Description:

OO2. Role Description

- 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

List:

- Submit a written **position description,** in paragraph format, for the Primary Nurse Planner's role and the Nurse Planner(s) role (if any) and qualifications related to 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's (PNP) 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.

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 data.

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 CNE 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 CNE 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:

Planning. Planning for each educational activity must be independent from the influence of commercial interest organizations.

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:

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

Describe and, using an example, demonstrate the following:

EDP4. The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content.

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

Specific Example:

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:

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.

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:

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 CNE.

> **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 education (NCPD).

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

Specific Example:

QO2. How the evaluation process for the Provider Unit resulted in the development or improvement of an identified quality outcome measure.

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

Specific Example:

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.

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

Specific Example:

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.

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

Specific Example:

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.

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.

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

Specific Example:

QO3b. Using ***one*** of the outcomes 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.

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

Specific Example:

Approved Provider's Name
Activity Planning Forms

BASIC ACTIVITY INFORMATION

NAME OF APPLICANT ORGANIZATION: Click here to enter text.

ORGANIZATION ADDRESS: Click here to enter text.

Street Address: Click here to enter text.

City: Click here to enter text.   **State:** Click here to enter text. **Zip Code:** Click here to enter text.

TITLE OF ACTIVITY: Click here to enter text.

TOTAL NUMBER OF CONTACT HOUR PLANNED: Click here to enter text.

ACTIVITY TYPE:

☐ **Provider-directed, provider paced: Live (in person ☐; or webinar☐)**
- o Start Date of Live Activity: Click here to enter text.
- o End Date of Live Activity: Click here to enter text.
- o City/State where Activity is being held: Click here to enter text.
- o Rationale for number of contact hours to be awarded (submit an agenda if the activity is 2 hours or longer):
  - ▪ If the activity is less than 2 hours, provide start time: _____ and end time: _____

☐ **Provider-directed, learner paced: (Enduring material)**
- o Start date of Enduring material: Click here to enter text.
- o Expiration/end date of Enduring material (cannot exceed 3-year period of approval, but can be any length of time up to 3-years):
  - o How long will this content be current and relevant to your learners?
  - o You are required to remove the enduring material from circulation to update content if needed during the 3-year period of approval
  - o Please identify the date this will happen and include it in your disclosure to learners.
  - o Rationale for number of contact hours to be awarded: _____

☐ **Blended activity:**
- o Describe pre or post activity material: Click here to enter text.
- o Date of live portion of activity: Click here to enter text.
- o Rationale for number of contact hours to be awarded for pre or post activity work: Click here to enter text.
- o City/State for live portion of activity: Click here to enter text.

Nurse Planner contact information for this activity.

Name and credentials: Click here to enter text.

Email Address: Click here to enter text.

Phone Number: Click here to enter text.

State(s) of licensure for nurse planner: Click here to enter text.

> The **Nurse Planner** must be a currently licensed registered nurse with a baccalaureate degree or higher in nursing **AND** be actively involved in planning, implementing and evaluating this continuing education activity.

QUALIFIED PLANNERS AND FACULTY/PRESENTERS/AUTHORS/CONTENT REVIEWERS

Complete the table below for each person involved with the activity and include name, credentials, educational (degree(s), and role in the activity**. PLANNING COMMITTEES MUST HAVE A MINIMUM OF A NURSE PLANNER AND ONE OTHER PERSON**. The Nurse Planner is responsible for adherence to the ANCC/NJSNA criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered (CONTENT EXPERT). There must be only one person designated as the nurse planner for the activity, although there can be additional nurses who serve on the committee. The nurse planner can also be the content expert, though it is still required to have at least 2 people on the planning committee.

Names and credentials of all activity planners, presenters, faculty, authors and/or content reviewers.

Name of individual/credentials	Individual's role in activity *(i.e., Nurse Planner, content expert, planning committee member, presenter, etc.*	Planning committee member? *(Yes/No)*	Name of commercial interest relationship *if any (see COI from for definition*	Nature of relationship *(see COI from for definition)*

ASSSESSMENT OF CONFLICT OF INTEREST

All activities must be assessed for conflict of interest and must comply with ANCC/NJSNA content integrity standards *(See NJSNA Approval Manual).*

Conflict of interest 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 commercial interest organization the products or services of which are pertinent to the content of the educational activity.

Nurse Planner to Assess COI (*It is the nurse planner's responsibility to make sure COI is assessed, evaluated, resolved 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 a commercial interest organization?
   ☐ Yes ☐ No

3. Is there a relationship between the products of a commercial interest organization and the topic of the activity? ☐ Yes ☐ No

If there is a COI, explain how COI was assessed, identified and resolved. Explain for all individuals with COI and the type of COI. (*Submit completed conflict of interest forms (or similar COI data) 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 conflict of interest. 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 conflict of interest for anyone with the ability to control the content of this activity.**

_____   _____
Nurse Planner Signature   **Date**

USE OF EDUCATIONAL DESIGN CRITERIA

A. **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.*

B. **Evidence to validate the professional practice gap** *(Describe why this is happening and how you know it could be better (new standards, new guidelines, research, etc.). Focus on the evidence that shows there's a problem, not on the purpose of content of the education*

C. **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? Check the level of intervention appropriate for this activity.*

      ☐ **Knowledge**   ☐ **Skill**   ☐ **Practice**
      (Doesn't know)   **(Doesn't know how)**   **(Not able to**
      show/do in

                                               Practice)

D. **Description of the target audience.**

      ☐   RN
      ☐   APRN
      ☐   RNs in a specialty area (Identify specialty_____)
      ☐   Interprofessional – *Please list relevant professional groups.*

E. **Measurable learning outcome(s):** *What do you expect the learner to know or do at the end of the activity and how are you going to measure success? PLEASE DO NOT submit a list of objectives. Provide a measurable outcome statement that indicates what the learner will know, do, or be able to apply in practice at the end of the activity. For Example: Demonstrate knowledge of prescription opioid drugs, including alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion by passing a post-test with a score of at least 80%.*

F. **Content of activity:** *A paragraph description/outline summarizing the overall content for the activity (NOTE: If this is a conference, provide a description of how the sessions overall contribute to meeting the outcome for the conference – do not describe each session) OR*

☐ See Educational Planning Table

G. **Current supporting references or resources (within past 5-7 years):** *List evidenced-based references. For web sites, provide the specific title and date of publication of the information, not just a link to the web site (APA Format).*

H. **Learner engagement strategies:** *List the strategies, like discussion, role play, or skills, practice that indicate how learners will be **actively** involved in the learning experience (NOTE: Lecture and PowerPoint are not learner engagement).*

I. **Criteria for Awarding Contact Hours for Live and Enduring Material Activities**
   (Presentation time plus evaluation time divided by 60 equals total number of contact hours) MUST MATCH DISCLOSURES GIVEN TO PARTICIPANTS)

   (Describe what other requirement(s) learners will need to meet before being awarded contact hours) (Check all that apply)

   ☐ Attendance for the entire activity or conference
   ☐ Attendance at 1 or more sessions in a multi-session event
   ☐ 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 - Describe:

   _____
   _____.

J. **Evaluation Method:** *How will you evaluate whether a learner has gained knowledge, improved skill, or has a plan to apply new knowledge and skills in practice by the end of the activity? You can collect this data in a number of ways – through end-of-activity discussion, question, or observation of skill performance-an evaluation form is not required but is one option. Please describe the process you will use to see whether you have helped reach the outcome identified in "E" above.*

K. What is your 3 to 6-month evaluation plan? *(How will you know that the participants have applied what they learned in the activity).*

L. **Disclosures Provided to Learners:** *How will the disclosures on the attachment be presented to learners **prior to** the start of the activity? Will they be on the agenda, read aloud, shown on a slide before the activity starts, outlined on the course webpage, etc.? Please describe how/when these will be presented to the learners and attach evidence to your application submission (See Attachment List).*

M. **This activity is receiving commercial support**
   ☐ No
   ☐ Yes *(Include a signed commercial support agreement (See Attachment List) with the*
      a. application
   Enter Name of Commercial Entities providing support: Click here to enter text.
   Enter the amount of money received OR Enter the type of in-kind contribution provided (items donated, etc.) Click here to enter text.

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

N.   **This activity is being Jointly Provided**
  ☐ No
  ☐ Yes

  - Please enter the name(s) of joint provider organization(s).
  - A member of the joint provider organization (s) must be on the planning committee. Name of individual:_____*(Individual(s) serving on the planning committee on behalf of the joint provider)*

O.   **Submit a Summative Evaluation** *(To be part of all planning documents)*

NOTES ABOUT ADVERTISING YOUR ACTIVITY

- If advertising this is your correct marketing statement: "(Name of Approved Provider) is approved as a provider of continuing nursing professional development by New *State Nurses an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. P#____ "*

- Marketing/Promotional Material Information

  - Approved Provider Statement along with Provider Unit
  - Steps for successful completion
  - Planner(s)/Speaker(s) disclosures
  - Commercial Support *(if applicable)*
  - Jointly Provided *(if applicable)*
  - Enduring Information (beginning and end date) *(if applicable)*

REQUIRED ATTACHMENTS

☐   Biographical Data/Conflict of Interest Form *(if applicable)*
☐   Educational Planning Table – Live/Enduring Material *(if applicable)*
☐   Disclosures to Participants *(Marketing material, slide, etc.)*
☐   Commercial Support Agreement *(if applicable)*
☐   Joint Provider Agreement *(if applicable)*

SAMPLE DOCUMENTS
(Documents may be used, if needed

BIOGRAPHICAL DATA/CONFLICT OF INTEREST FORM

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

Check which role(s) you are fulfilling:

☐   Primary Nurse Planner   ☐   Content Expert

☐   Nurse Planner   ☐   Content Reviewer

☐   Speaker   ☐   Planning Committee member

Section 1: Demographic Data

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

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

☐	**Years of Experience with NJSNA/ANCC criteria**	
☐	**Attendance at recent NJSNA Roadshow/CE Update**	**Date Attended:**
☐	**Graduate Education**	
☐	**Reviewed the NJSNA Approval Manual and Criteria**	
☐	**Expertise in Subject Matter**	**# of Years:**
☐	**Mentored by:** _____ _	

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

☐	**Years of Experience with NJSNA/ANCC criteria**	
☐	**Attendance at recent NJSNA Roadshow/CE Update**	**Date Attended:**
☐	**Graduate Education**	
☐	**Reviewed the NJSNA Approval Manual and Criteria**	
☐	**Expertise in Subject Matter**	**# of Years:**

☐	**Mentored by Primary Nurse Planner:**

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

☐	**Field of Expertise**
☐	**Graduate Education**
☐	**Advanced Degree in Area of Specialization**
☐	**Documented History of Working in Area as an Expert**
☐	**Advanced Research on Subject Matter**
☐	**Years of Expertise**

Is there an actual, potential, perceived conflict of interest for yourself or spouse/partner?

Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(Check all that apply)

_____ Not applicable since no conflict of interest.

_____ Removed individual with conflict of interest from participating in all parts of the educational activity.

_____ Revised the role of the individual with conflict of interest 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: _____

_____

Primary Nurse Planner / 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 _____

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 listed in APA format (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

Ƴ Ƴ Ƴ Ƴ Ƴ   1.

Ƴ Ƴ Ƴ Ƴ Ƴ   2.

Ƴ Ƴ Ƴ Ƴ Ƴ   3   Relationship of learning outcome(s) to content of the activity?

Ƴ Ƴ Ƴ Ƴ Ƴ   4.   How well did this continuing nursing education program meet your learning needs?

Please evaluate each speaker: SPEAKER:_____

Ƴ Ƴ Ƴ Ƴ Ƴ   5.   Knowledge of subject

Ƴ Ƴ Ƴ Ƴ Ƴ   6.   Presentation orderly and understandable

Ƴ Ƴ Ƴ Ƴ Ƴ   7.   Effective use of teaching method(s)

Please evaluate each speaker: **SPEAKER:** _____

Ƴ Ƴ Ƴ Ƴ Ƴ   8.   Knowledge of subject

Ƴ Ƴ Ƴ Ƴ Ƴ   9.   Presentation orderly and understandable

Ƴ Ƴ Ƴ Ƴ Ƴ   10.   Effective use of teaching method(s)

Ƴ Ƴ Ƴ Ƴ Ƴ   11.   Overall, I found the learning experience**.**

PLEASE **CIRCLE** YOUR ANSWER: As a result of this program:

      a) I plan to change my practice

      b) I plan to bring the information gained to my facility for policy change consideration.

      c) I will use the knowledge gained to educate my patients.

      d) The knowledge gained does not to apply to my practice.

      e) I am not currently practicing as a nurse.

      f) Other, please state:

_____

_____

Approved Provider's Name
Certificate

THIS IS TO CERTIFY

<<PARTICIPANT>>

HAS SUCCESSFULLY COMPLETED

TITLE OF ACTIVITY: _____

 # OF CONTACT HOURS: _____

DATE: _____ **LOCATION:** _____

_____
Primary Nurse Planner or Nurse Planner of the Activity:
Name, Credentials and Signature

_____ 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

A commercial interest, as defined by the American Nurse's Credentialing Center (ANCC), 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 a commercial interest that are used to pay for all or part of the costs of a CNE activity.

Note: Organizations providing commercial support may _not_ provide or joint provide an educational activity.

Title of Educational Activity:	
Activity Location (if live):	Activity Date (if live):
Name of Commercial Interest Organization:	
Name of Approved Provider:	
Total amount of Commercial Support:	

Area(s) of activity Commercial Interest organization would like to support:
  ϒ Unrestricted
  ϒ Restricted*
        o Speaker honoraria
        o Speaker expenses
        o Meal
        o Other (please list):	

* Commercial interest 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 *ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities* which is available on the ANCC Accreditation web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of a Commercial Interest organization providing financial or in-kind support.

3.	The Approved Provider is responsible for all decisions related to the educational activity. The Commercial Interest organization providing financial or in-kind support may **not** participate in any component of the planning process of an educational activity, including:
	    ▪ Assessment of learning needs
	    ▪ Selection or development of content
	    ▪ Selection of planners, presenters, faculty, authors and/or content reviewers
	    ▪ Selection of teaching/learning strategies

	▪ Evaluation methods
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.	Commercial Interest 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.

Approved Provider Name:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
_____ **Electronic Signature (Required)** **Date:**	
Completed By: (Name and Credentials)	
Commercial Interest Name:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
_____ **Electronic Signature (Required)** **Date:**	
Completed By: (Name and Credentials)	

SECTION 6: 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 CNE.

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 CNE 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 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.

BIOGRAPHICAL DATA/CONFLICT OF INTEREST 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.

COMMERCIAL BIAS - Favoritism or influence shown toward a product or company in relation to an educational offering.

COMMERCIAL INTEREST - 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 commercial interest organizations. Exceptions are made for non-profit o government organizations and non-healthcare related companies.

COMMERCIAL SUPPORT - Financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the cost of CNE 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 CNE. The COA is composed of a least nine members selected from CNE 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 CNE, and support Provider Unit goals and improvements.

CONFLICT OF INTEREST - An affiliation or relationship of a financial nature with a commercial interest organization that might affect a person's ability to objectively participate in the planning, implementation, or review of a learning activity.

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 continuing nursing professional development units of measure. The CEU is an educational measurement utilizing criteria of the International Association for Continuing Education and Training (IACET).

CONTINUING NURSING PROFESSIONAL DEVELOPMENT (CNE) 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.

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.

ELIGIBILTY - 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.

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 CNE.)

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).

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 CNE activities in adherence to the ANCC/NJSNA criteria.

LEARNER-DIRECTED, LEARNER PACED ACTIVITY - An educational activity in which the leaner 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 in 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 CNE. (Hospitals and Colleges are considered multi-focused organizations)

NEED ASSESSMENT - The process by which a discrepancy between what is desired and what exits is identified.

NURSE PEER REVIEW LEADER - 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 CNE.

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 CNE 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 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.

ORGANIZATIONAL CHART - A diagram or other schematic used to depict informal and formal lines of communication and relationships within the overall organization as well as within the Provider Unit.

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 CNE.

PROCESS - For Approved Providers, process is the development, delivery, and evaluation of CNE activities. For Accredited Approvers, process is the evaluation of providers of CNE and/or individual CNE 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 RELATIONSHIP - A relationship with a commercial interest 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.

SPECIALITY 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
COORDINATION OF ACTIVITY PLANNING

No longer required:
- Purpose
- Behavioral Objectives

Required:
- Learning Outcome(s)
  - Similar to a behavioral objective but has an overarching theme.
  - There should only be one or two for the entire program.

OLD WAY

❧ **Gap for target audience that the educational activity addressed based on the needs assessment data**:

  ❧ *Gap in knowledge by the target audience preceptors who stated new critical care nurses were not familiar with the Intra-Aortic Balloon Pump*

  ❧ X Gap in Remembering (knows) - Behavioral Objective 1

  ❧ X Gap in Understanding (knows how) - Objectives 2 and 3

  ❧ X Gap in Applying (shows/does) - Objectives 4 and 5

Objectives Level	OLD WAY Behavioral Objectives	Teaching Strategies	Outcome Measurement/ Evaluation
Knowledge	1. Defines two risks associated with counterpulsation therapy.	-Lecture -Discussion -Post Test	Level 1: Reaction and Planned Action Level 2: Knowledge/ Learning
Compre-hension	2. Explains ischemic left ventricular failure and its pathophysiology.	-Lecture -Discussion -Post Test	Level 1: Reaction and Planned Action Level 2: Knowledge/ Learning
Compre-hension	3. Discusses the hemodynamic consequences of early inflation.	-Lecture -Discussion -Post Test	Level 1: Reaction and Planned Action Level 2: Knowledge/Learning
Application	4. Demonstrates successful use of the Intra-Aortic Balloon Pump in the patient care setting.	-Skills Lab -Competency Assessment w/ Preceptor	Level 1: Reaction and Planned Action Level 3: Change in Practice
Application	5. Provides two arterial pressure waveforms and one helium waveform properly labeled in the patient care setting.	-Simulation -Competency Assessment w/ Preceptor	Level 1: Reaction and Planned Action Level 3: Change in Practice

NEW WAY

❧ **Gap for target audience that the educational activity addressed based on the needs assessment data**:
  - ❧ *Gap in knowledge by the target audience preceptors who stated new critical care nurses were not familiar with the Intra-Aortic Balloon Pump*
  - ❧ <u>X</u> Gap in Remembering (knows)
  - ❧ <u>X</u> Gap in Understanding (knows how) – Learning Outcome 1
  - ❧ <u>X</u> Gap in Applying (shows/does) – Learning Outcome 2

Learning Outcome Level	NEW WAY Learning Outcomes	Teaching Strategies	Outcome Measurement/ Evaluation
Comprehension	1. Discusses the impact of IAPB Therapy on ischemic left ventricular failure. (comprehension)	-Lecture -Discussion -Pre/Post Test	Level 1: Reaction and Planned Action (Program Eval) Level 2: Knowledge/ Learning (Pre/Post Test)
Application	2. Demonstrates successful use of the Intra-Aortic Balloon Pump in the patient care setting. (application)	-Skills Lab -Competency Assessment with Preceptor	Level 1: Reaction and Planned Action (Program Eval) Level 3: Change in Practice (Competency Checklist)

In this program, you would want the participant to be able to understand the theory behind using the pump (Learning Outcome #1/Comprehension), as well as, being able to use the pump appropriately when at the bedside with the patient (Learning Outcome #2/Application).

What Learning Outcomes <u>are</u>:
  - ✓ Written as a statement that reflects what the learner will be able to do as a result of participating in the educational activity
  - ✓ Must be observable and measurable
  - ✓ Addresses the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap
  - ✓ Results in narrowing or closing the gap
  - ✓ May be assessed short term or long term
  - ✓ May be more than one learning outcome for an educational activity, but no more than two

What Learning Outcomes <u>are not</u>:
  - Two to three behavioral objectives put together to form one learning outcome
  - Specific to one part of the content

BLOOM'S TAXONOMY

Bloom's Taxonomy can be used to classify educational learning outcomes into levels of complexity and mastery.

They cover the learning outcomes in cognitive, affective and sensory domains.
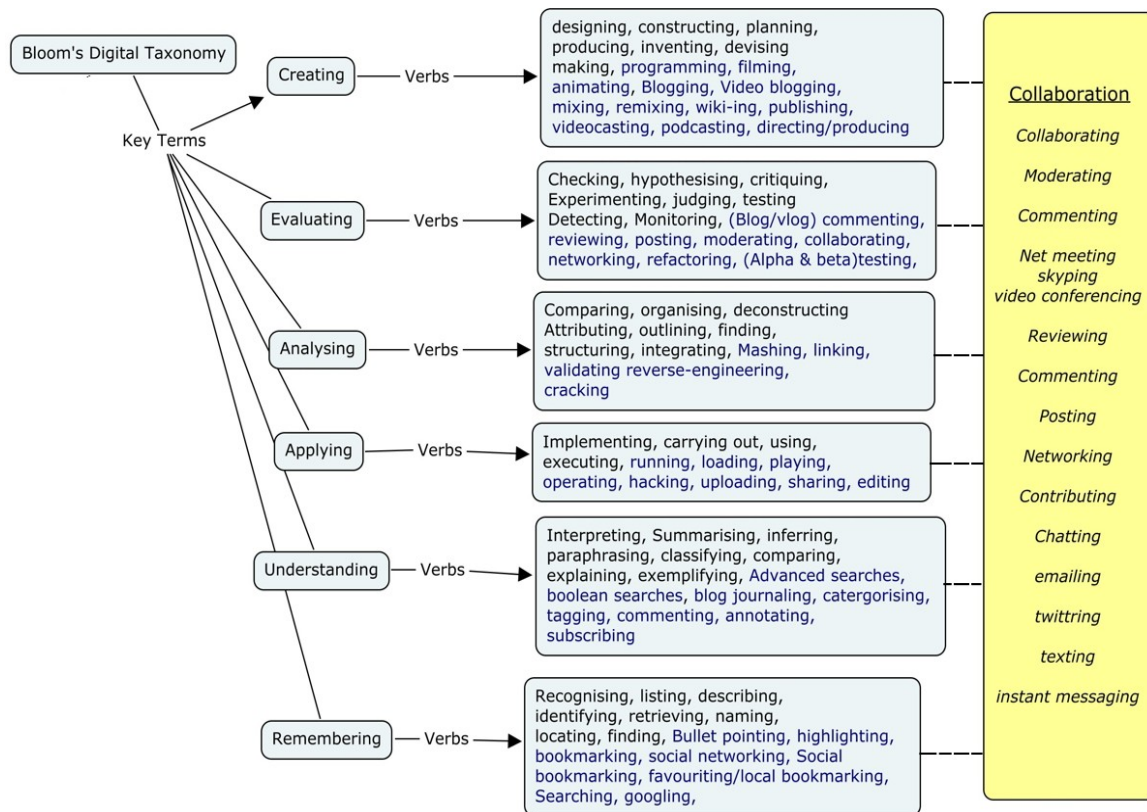
Reference:
https://www.bing.com/images/search?q=bloom%27s+taxonomy&view=detailv2&&id=C30688E7D3
8D7059A921A4B66B85A1AAC5D6411C&selectedIndex=4&ccid=SYiYFW%2bX&simid=608035
591985760795&thid=OIP.M498898156f9744203132e85138053e81H0&ajaxhist=0

Title of Activity: IntraAortic Balloon Pump

Identified Gap(s): Lack of knowledge related to the use of the IntraAortic Balloon Pump when caring for critically ill patients.

Description of current state: Needs identified by survey of experienced cardiac nurses and skills required to care for complex patients.

Description of desired/achievable state: Knowledgeable in the application of principles for ventricular assist devices

Gap to be addressed by this activity: X **Knowledge**   X **Skills**   X **Practice**   _____**Other**

Describe: Increased knowledge provided through lecture and discussion. Opportunity provided to observe and demonstrate skills with the equipment.

Purpose: Enable the learner to safely care for patients diagnosed with ACS and vascular abnormalities that require interventional procedures				
OBJECTIVES	**CONTENT** **(Topics)**	**TIME FRAME**	**PRESENTER**	**TEACHING METHODS**
	Course requirements / disclosures, Pre Test/Review Pre Test	15 min.	K. K. RN	
1. Define two risks associated with counter-pulsation therapy.	Technical introduction to counterpulsation	85 min.	K. K. RN	PowerPoint Lecture, Discussion
2. Explain ischemic left ventricular failure and its pathophysiology.	Theoretical Aspects	105 min.	K. K. RN	PowerPoint Lecture, Discussion
3. Discuss the hemodynamic consequences of early inflation.	Clinical Considerations	60 min.	K. K. RN	PowerPoint Lecture, Discussion
4. Demonstrates successful use of the Intra-Aortic Balloon Pump in the patient care setting.	Hands on workshop with IABP and equipment	110 min.	K. K. RN	Demo /return demo with skill checklist in a simulated setting
	Course review/questions, Post Test, Summary, Evaluation	30 min.	K. K. RN	Post Test/ Evaluations
5. Provides two arterial pressure waveforms and one helium waveform properly labeled in the patient care setting.	Competency Assessment of IABP during patient care	20 min.	K. K. RN	Performed on unit with a preceptor using skill checklist.
List the evidence-based references used for developing this educational activity: Mannacio, V, et al; Preop Intraaortic Balloon Pump for Off-Pump Coronary Arterial Revascularization. *J Thorac Cardiovasc Surg* 2012; 93:804-09				

Educational Planning Table – Live/Enduring Material   NEW WAY

Title of Activity: Infusion Therapy

Learning Outcome(s):
- Demonstrates knowledge of safe initiation, care and maintenance of intravenous therapies by passing a post-test with a score of 80% or better.
- Performs peripheral intravenous insertion per policy.

Select all that apply: X 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
Welcome ▪ Schedule, Review course completion requirements ▪ Speaker introduction and disclosures	5 min	Pamela Planner, MSN, RN-BC	Review schedule and content Disclosures
Pretest	5 min	Pamela Planner, MSN, RN-BC	Written test
Goals of IV Therapy ▪ Fluid & electrolyte, medications, nutrition, blood ▪ Solutions: examples and uses ▪ Isotonic, Hypotonic, Hypertonic	20 min	Pamela Planner, MSN, RN-BC	Slides, Lecture Discussion
Hospital policy ▪ RN and LPN scope ▪ IV competency requirements	10 min	Pamela Planner, MSN, RN-BC,	Slides, Lecture Discussion
Anatomy ▪ Skin, veins, site selection	15 min	Pamela Planner, MSN, RN-BC	Slides, Lecture Discussion
Insertion of IV ▪ Equipment prep, devices, skin prep, insertion technique	10 min	Pamela Planner, MSN, RN-BC	Slides, Lecture Discussion
Legal issues ▪ Documentation, infiltration, phlebitis, infection	25 min	Pamela Planner, MSN, RN-BC	Slides, Lecture Discussion
Peripheral & Central lines ▪ Policies, types of central lines, implanted ports ▪ Dialysis accesses, Central Line Bundle	30 min	Pamela Planner, MSN, RN-BC	Slides Lecture Discussion

• CLABSI: CDC & INS recommendations • Patient teaching • Legal considerations			Bundle kits Dressing change kits
Types of catheters, Multiple lumens Differences between catheters, Tip location and verification, Access sites	20 min	Pamela Planner, MSN, RN-BC	Slides, Lecture, Discussion Catheters
Indications • Patient selection, Advantages, Disadvantages • Contraindications	15 min	Pamela Planner, MSN, RN-BC	Slides, Lecture Discussion
Nursing Care • Inspection, Assessment, Documentation • Dressing change, Flush procedure, Blood draws • Policy • Complications: clotted catheter, malposition, thrombosis, breakage, removal, phlebitis, sepsis	30 min	Pamela Planner, MSN, RN-BC	Slides, Lecture Discussion Documentation tools
• Patient verifiers • Skin cleansing • Use of local • Tourniquet use • Occlusive dressing	15 min	Pamela Planner, MSN, RN-BC	Demo-Return demo: Insertion checklist Practice boards, IV catheters, securement devices, dressings, prep kits, add on devices
Course review Post Test Summary, Evaluations	15 min	Pamela Planner, MSN, RN-BC	Post Test Evaluations

List the evidence-based references used for developing this educational activity, listed in APA format (within 5-7years):

- Datta S, Hanning CD. (2016). How to insert a peripheral venous cannula. Br J Hosp Med. Jan;43(1):67–69.
- Mbamalu D, Banerjee A. (2018). Methods of obtaining peripheral venous access in difficult situations. Postgrad Med J. Aug;75(886):459–462.
- Pearson ML, Abrutyn E. (2017). Reducing the risk for catheter-related infections: a new strategy. Ann Intern Med. Aug 15;127(4):304–306.
- Tager IB, Ginsberg MB, Ellis SE, Walsh NE, Dupont I, Simchen E, Faich GA. (2015). An epidemiologic study of the risks associated with peripheral intravenous catheters. Am J Epidemiol. Dec;118(6):839–851.
- Turnidge J. (2019). Hazards of peripheral intravenous lines. Med JAust. Jul 7;141(1):37–40.
- Whiteley MS, Chang BY, Marsh HP, Williams AR, Manton HC, Horrocks M. (2018). Use of hand-held Doppler to identify 'difficult' forearm veins for cannulation. Ann R Coll Surg Engl. May;77(3):224–226.
- Wright A, Hecker J. (2017). Infusion failure caused by phlebitis and extravasation. Clin Pharm. Aug;10(8):630–634.

Gap to be addressed by this activity: <u>X</u> **Knowledge** <u>X</u> **Skills** <u>X</u> **Practice** _____ **Other: Describe:**

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** <u>210</u> **divided by 60=** <u>3.5</u> **contact hour(s)**

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

<u>Pamela Planner, MSN, RN-BC</u>_____ <u>10/4/19</u>____
Must be completed by the Nurse Planner of the Activity: Name and Credentials **Date**

ADDENDUM B
Individual Activity Applicant
Sample Summative Evaluation

Title of Class: <u>Organ & Tissue Donation/Supporting Families and Implementing Best Demonstrated Practices</u>

Date: <u>4/30/2015</u>

Activity # <u>03-2015</u>

Location: <u>xxx</u>

# of RN's	# of Participants	# of Evaluations
7	7	7

Instructor(s): xxx

← QUESTION NUMBERS →

	1	2	3	4	5	6	7	8	9	10			Totals
1	5	5	5	5	5	5	5	5	5	5			
2	5	5	5	5	5	5	5	5	5	5			
3	5	5	5	5	5	5	5	5	5	5			
4	5	5	5	5	5	5	5	5	5	5			
5	5	4	4	5	4	4	4	5	4	4			
#of 5's	7	6	6	7	6	6	6	7	6	6	0	0	10
#of 4's	0	1	1	0	1	1	1	0	1	1	0	0	7
# of 3's	0	0	0	0	0	0	0	0	0	0	0	0	0
# of 2's	0	0	0	0	0	0	0	0	0	0	0	0	0
#of 1's	0	0	0	0	0	0	0	0	0	0	0	0	0

Speaker Questions

Overall I found the learning experience:

a. Primary new information	2
b. Review of previously presented information	3
c. Too Basic	
d. Overwhelming for intro course	1

Programs or topics I would like to see covered in the future are:

*Brain death exam presentation

I plan to use this material in the following ways:

*Incorporate into our hospital policies

*General public knowledge of advancements in organ donation success

*Education of staff   *Policy review & patient care - Great annual program

Educator Evaluation of Program:

Pre-Test avg: <u>94</u>   Range: <u>92-96</u>

Post - Test avg: <u>98</u>   Range: <u>96-100</u>

Recommendations/Changes: None

ADDENDUM C
WRITING USING A NARRATIVE STYLE OF DOCUMENATION

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.

EXAMPLE OF A PROCESS DESCRIPTION AND SUPPORTING EXAMPLE:

EDP3. The process used to identify and resolve, as applicable, all actual and potential conflicts of interest for all individuals in a position to control educational content.

Process description:
The process used by our Provider Unit to resolve an actual or potential conflict of interest is outlined in the *2015 NJSNA Nursing Continuing Professional Development Approver Manual*. Our Provider Unit chooses to use one of the following options as needed:

1.) Removing the individual with a conflict of interest from participating in all parts of the educational activity
2.) Revising the role of the individual with a conflict of interest so that the relationship is no longer relevant to the educational activity
3.) Not awarding contact hours for a portion or all of the educational activity;
4.) Content of the educational activity evaluated by the Nurse Planner, content reviewer, and/or member of the Planning Committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation;
5.) Undertaking review of the educational activity by the Nurse Planner, content reviewer, and/or member of the Planning Committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity;

Example:

Using the process of resolution as described above, the following is an example of how our Provider Unit resolved an actual conflict of interest for an educational activity that we provided. We were planning an activity on triaging and evacuating patients during a hurricane emergency. As part of the planning process, we identified a nationally recognized expert in hurricane disasters. He has published extensively on the subject and has conducted research in the best methods of triage and evacuation. On his BIO/CIO form, he indicated that he conducted a research study that was funded with a grant from a company that makes splinting equipment for trauma patients. We recognized that this type of company would be classified as a commercial interest organization based on the ANCC definition. His research was conducted within the past 12 months therefore would be considered an actual conflict of interest as defined by ANCC. Resolution was required. We chose to implement resolution #5 as described above and we took the following actions:

> • A content reviewer evaluated the presentation to ensure the content was evidence-based, balanced, and bias-free

> • We notified participants in both written materials they received for the program as well as verbally at the start of the presentation that our Provider Unit is committed to ensuring all educational activities include only evidence-based content or content based on the best-available evidence and that all activities are presented in a balanced manner and bias-free. Participants were instructed to immediately contact a member of the Provider Unit (names of the Nurse Planner and other PU members at the conference were given) if they felt that the educational activity was presented in a manner that violated these principles.

The content reviewer found that the content was evidence-based and the presentation was balanced and bias free. There were two reports of bias following the presentation that were reported to the Nurse Planner (approximately 150 individuals participated in the activity). The Nurse Planner discussed the concerns that were brought to her attention and determined the reports were unfounded, i.e. did not demonstrate commercial bias in the activity. Both reports came from participants who thought that because the speaker mentioned his place of employment (a hospital system); it was a reflection of bias.

ADDENDUM D
Individual Activity Applicant
Sample Marketing/Promotional Material

Joint Providership (if applicable)
Your organization and their Organization is excited to Jointly Provide

Title of Activity:
Organ & Tissue Donation: Supporting Families
and Implementing Best Demonstrated Practices

Date: April 30, 2015
Time: 1:00PM to 2:00PM
Location/Address: 100 Main Street
Your Town, NJ or NY

Learning Outcome:

Successful Completion - Criteria for awarding contact hours:
A pre and post-test will be given.
The entire session must be attended and all requirements must be met to receive credit.

Presence or absence of conflicts of interest for all individuals in a position to control content
(e.g. the Planning Committee, presenters, faculty, authors, and content reviewers):
The Planning Committee, presenters, faculty, authors, and content reviewers have no conflicts
of interest to disclose. Disclosure forms are required and they are reviewed for any issues.
Speakers are required to present balanced and unbiased presentations. The presentation
content has been reviewed and any bias has been eliminated.

Commercial support (if applicable):
There is no commercial support for this program.

Provider Unit approval statement of awarding contact hours:
*[Name of Approved Provider] is approved as a provider of nursing continuing professional
development by the New Jersey Nurses Association, an accredited approver by the American
Nurses Credentialing Center's Commission on Accreditation.*

**Accredited status does not imply endorsement by (Provider Unit Name), NJSNA, or ANCC
Commission on Accreditation of any commercial products displayed in conjunction with this
program**

Contact Hours: Participants will be awarded 1 contact hour

Expiration date (enduring materials only)

ADDENDUM E
ENSURING INDEPENDENCE AND CONTENT INTEGRITY

INDEPENDENCE FOR COMMERCIAL INTEREST ORGANIZATIONS

The educational planning process is designed to provide independent continuing education firmly rooted in the identification of professional practice gaps and learning needs of registered nurses and/or members of the health care team. In order to fully ensure independence of these NCPD/IPCE activities and meet accreditation criteria, actions that ensure there is no commercial influence in the planning and execution of these activities are an important component of the overall process. The next section focuses on conflict of interest, commercial support, and content integrity in the presence of commercial support.

CONFLICT OF INTEREST

The following is an abbreviated outline of the requirements for ensuring independence and content integrity when planning educational activities. See ANCC Content Integrity Standards for Industry Support in Nursing Continuing Professional Developmental Activities, available at http://www.nursecredentialing.org/accreditation for full standard requirements.

A conflict of interest exists when an individual is in a position to control or influence the content of an educational activity and has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for identifying and resolving conflicts of interest during the planning and implementation phases of an educational activity. The Nurse Planner may engage the individual with the identified conflict of interest to participate in the resolution process through actions such as having the individual sign a speaker agreement outlining expected practice or submitting/ revising presentation materials, but the Nurse Planner must be actively engaged in the resolution process and is ultimately accountable for compliance. The Nurse Planner is also responsible for informing learners of the presence or absence of conflicts of interest for all individuals in a position to control content of the educational activity. If the Nurse Planner has a conflict of interest, he or she should recuse himself or herself from the role of Nurse Planner for the educational activity.

It is critical that all individuals in a position to control content of an educational activity are provided with the definition of a commercial interest organization prior to disclosing relevant relationships.

A **Commercial Interest** is defined by *ANCC as any entity producing, marketing, reselling, or distributing health care 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 health care goods or services consumed by or used on patients. Or an entity that advocates for use of the products or services of commercial interest organizations. Exceptions are made for nonprofit or government organizations and non-health-care related companies.* (2015 ANCC Primary Accreditation Approver Application Manual, p 27)

IDENTIFICATION AND EVALUATION

The Nurse Planner is responsible for the following:

- Review Biographical/Conflict of Interest forms by each Planning Committee member and each faculty/presenter/author/content reviewer and anyone in in a position to control educational content of the activity
- Evaluate for appropriate qualifications and of actual or potential bias
- Evaluate for financial relationships and any commercial interest for the past 12 months

The Nurse Planner is responsible for ensuring that all individuals who have the ability to control or influence the content of an educational activity disclose all relevant relationships with any commercial interest, including, but not limited to, members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relationships with commercial interest organizations are considered relevant if they existed within the past twelve months. Relationships of the individual's spouse/partner may be considered relevant and must be reported, evaluated, and resolved.

- Employees of commercial interest organizations are not permitted to serve as planners, speakers, presenters, authors, and/or content reviewers if the content of the educational activity is related to the products or services of the commercial interest organization.
- Employees of commercial interest organizations are permitted to serve as planners, speakers, presenters, authors, and/or content reviewers if the content of the educational activity is NOT related to the products of the commercial interest organization.
- Individuals who have nonemployee relationships with commercial interest organizations are permitted to serve as planners, speakers, presenters, authors, and/or content reviewers as long as the provider has implemented a mechanism to identify, resolve, and disclose the relationship as outlined in these standards.
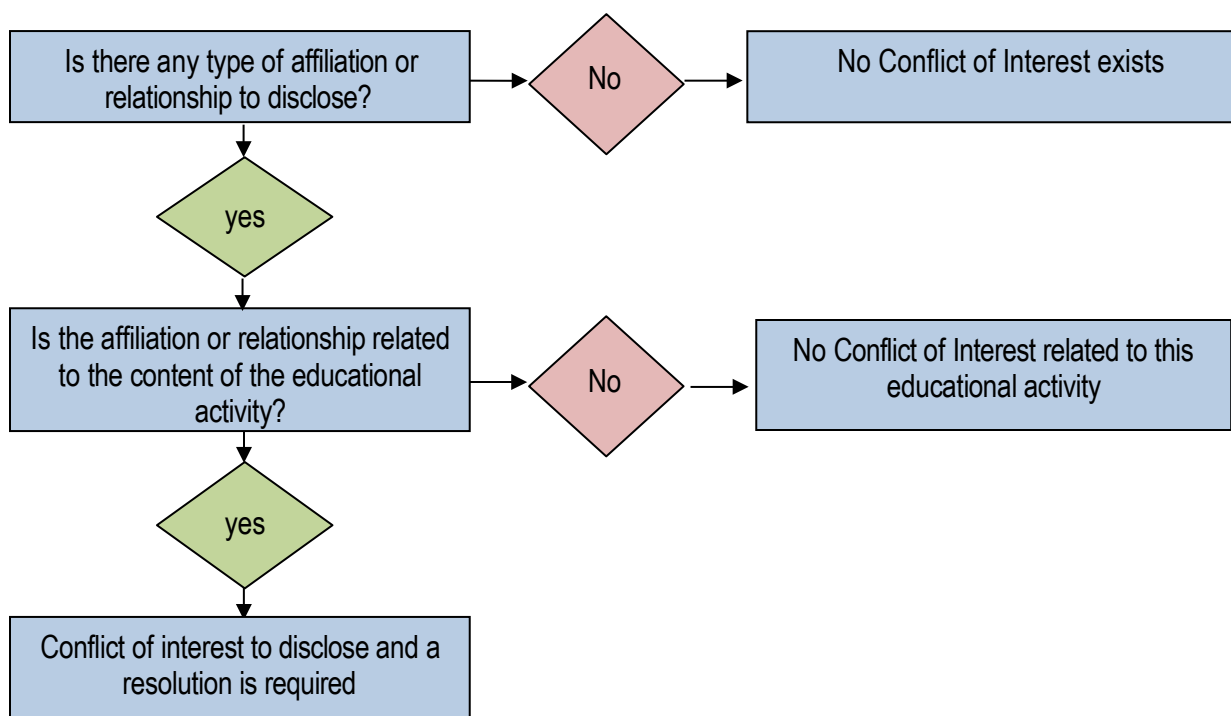
As seen in the flow diagram on the previous page - Evaluation may be categorized in the following ways:

- No relevant relationship with a commercial interest exists. No resolution required.
- Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined not to be pertinent to the content of the educational activity. No resolution required.
- Relevant relationship with a commercial interest exists. The relevant relationship is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity. Resolution is required.

RESOLUTIONS

When an individual has a relevant relationship with a commercial interest organization, the Nurse Planner must implement a process to resolve the conflict of interest. Actions taken to resolve conflicts of interest must demonstrate resolution of the identified conflicts of interest prior to presenting/providing the educational activity to learners. Such actions must be documented in the activity file, and documentation must demonstrate (1) the identified conflict and (2) how the conflict was resolved.

Resolutions may include but are not limited to the following:

- Removing the individual with a conflict of interest from participating in all parts of the educational activity
- Revising the role of the individual with a conflict of interest so that the relationship is no longer relevant to the educational activity
- Not awarding contact hours for a portion or all of the educational activity;
- Content of the educational activity evaluated by the Nurse Planner, content reviewer, and/or member of the Planning Committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator 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 the Nurse Planner, content reviewer, and/or member of the Planning Committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity;

COMMERCIAL SUPPORT

Commercial interest organizations may provide monetary funding or other support (Commercial Support) for nursing continuing professional developmental activities in accordance with the fundamental principles that:

1. Commercial Support must not influence the planning, development, content, implementation, or evaluation of an educational activity; and
2. Receipt of Commercial Support must be disclosed to learners.

Commercial Support may be used to pay for all or part of an educational activity and for expenses directly related to the educational activity, including, but not limited to, travel, honoraria, food, support for learner attendance, and location expenses. Commercial Support may be used to support more than one educational activity at the same time or multiple activities over a period of time.

Commercial Support as defined by ANCC:
- Financial Support–money supplied by a commercial interest organization to be used by a provider for expenses related to the educational activity. Financial support may be provided as an unrestricted grant, educational grant, donation, or scholarship.
- "in-kind" Support – materials, space, or other nonmonetary resources or services used by a provider to conduct an educational activity, which may include, but are not limited to, human resources, marketing services, physical space, equipment such as audiovisual components, and teaching tools (for example, anatomic models).
(2015 ANCC Primary Accreditation Approver Application Manual, p29)

ENSURING CONTENT INTEGRTY OF AN EDUCATIONAL ACTITIVY IN THE PRESENCE OF COMMERCIAL SUPPORT

Commercial interest organizations providing commercial support for continuing educational activities may not influence or participate in the planning, implementation, or evaluation of an educational activity. All of the following requirements to ensure content integrity must be satisfied by the provider when commercial support is accepted.
1. The commercial interest organization and accredited provider must have a written agreement setting forth the terms of the relationship and the support that will be provided. The written agreement will also reflect the requirements set forth in items 2-4, below.
2. All payments for expenses related to the educational activity must be made by the provider. The provider must keep a record of all payments made using Commercial Support funding. Commercial Support funds may only be used to support expenses directly related to the educational activity.
3. The provider is responsible for maintaining an accounting of expenses related to Commercial Support.
4. A commercial interest organization may not jointly provide educational activities.

Signed Conflict of Interest Disclosure Form
All planners, presenters, faculty, authors, and content reviewers must disclose any conflicts of interest related to the planning of an educational activity. Forms must be signed and dated. Disclosure must be relative to each educational activity. If a potential or actual conflict is identified, the planning process must include a mechanism for resolution.

ADDENDUM F
PDF BOOK MARKING INSTRUCTIONS

Overview of PDF Bookmarks

QUICK TIPS:

- PDF Bookmarks: Bookmarks are used in Adobe Acrobat to link a particular page or section of a PDF file. They allow you to quickly jump to that portion of the document by clicking on the linked phrase.

- Adobe Reader does NOT create Bookmarks! Reader will only view PDF files. You can NOT edit or create a PDF using Reader.

- You can get download a full version as a 30 Day Free Trial of Adobe Acrobat XIPro

- Adobe Acrobat XI Standard and Pro are available for download on the web or purchase at the store. **Always** check the system requirements and your computer before downloading and installing software to make sure that it is compatible with your system.

- There is variance in the fee structure due to the difference in the versions of the software and options to purchase to use it monthly or purchase the entire program. The cost is anywhere from $9.99/month to $298-$499 for the entire program.

- Be sure to check our website, www.njsna.org for Education Department resources.

- If you are creating a PDF file from a SCANNED document, it will be an OCR Text document, instructions for that are not provided.

- Renaming a Bookmark: Click on the Bookmark on the left menu to highlight the words and type in the new name.

- Double check the content to make sure everything is included before submitting your documents to us!

- These directions may vary with other versions of Adobe Acrobat!

How to "Create a PDF" Bookmarked Document

Step 1: Create Word Document.

Create your file in Word. Use our pre-formatted Table of Contents for your file to start with and then add the remainder of your content. Save your document in Word, move on to the next step when you have finished editing all text and checked spelling, grammar, etc. You cannot edit the text once you have imported the document into Adobe.

Step 2: Open your Word version in Adobe Acrobat Pro.

Open Adobe Acrobat. Below is a screen shot of the Home Page. On the left is a list of documents that you have previously opened or created (recent files). On the right are your task options. You will need to click on "Create a PDF" (top right) to start a document.

Shot 1:
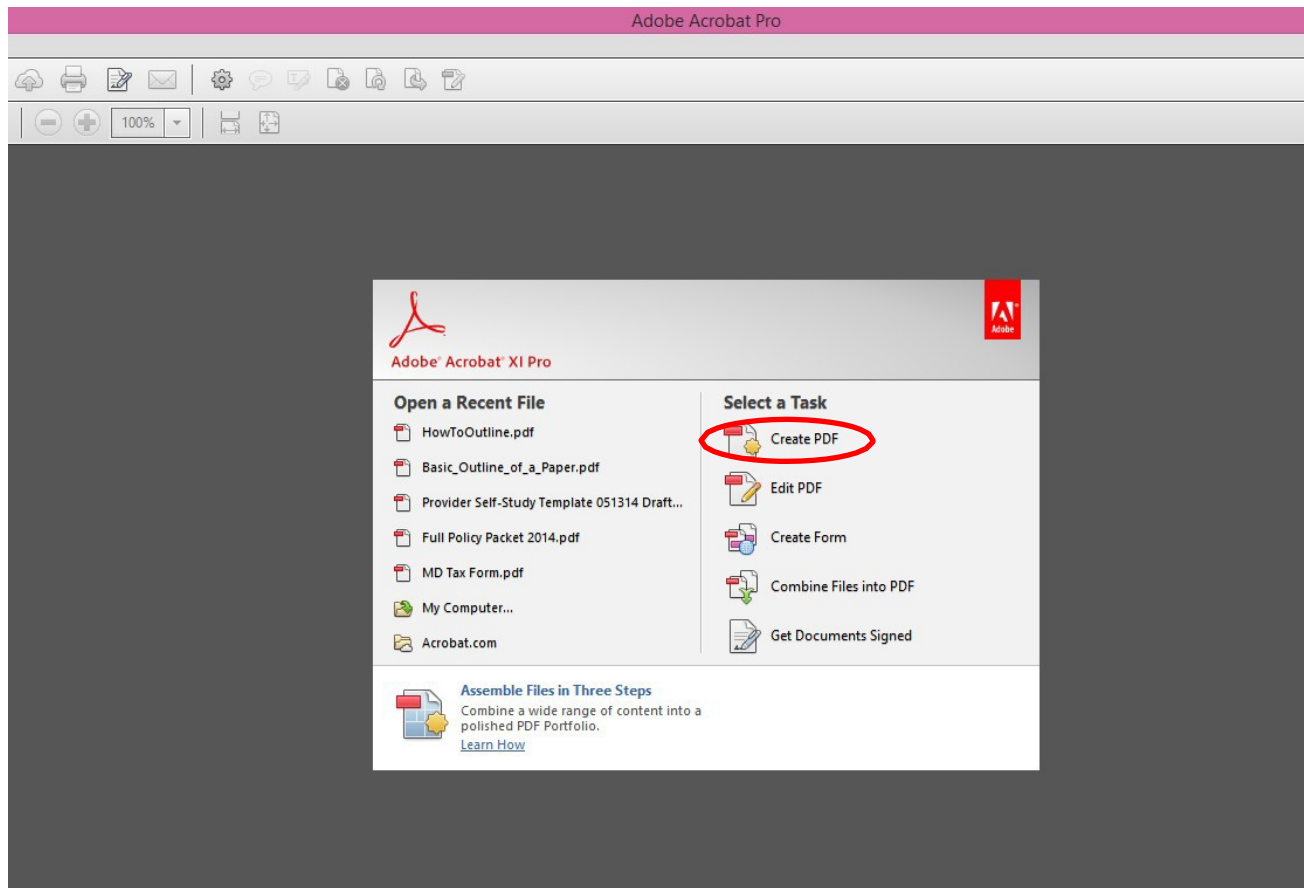
Step 3: After you select "Create a PDF," it will have you select which document that you will be using. Select the file and "Open."

Shot 2:
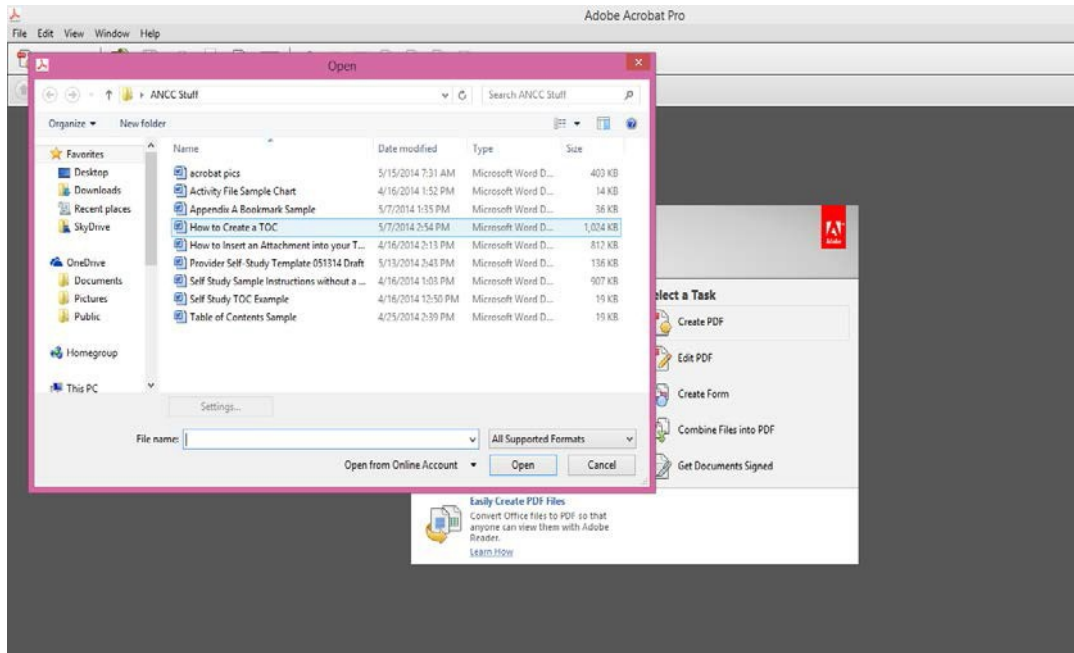
Adobe will take you back to the home page but a black bar will appear at the bottom and show you that it is processing the files.

Shot 3:
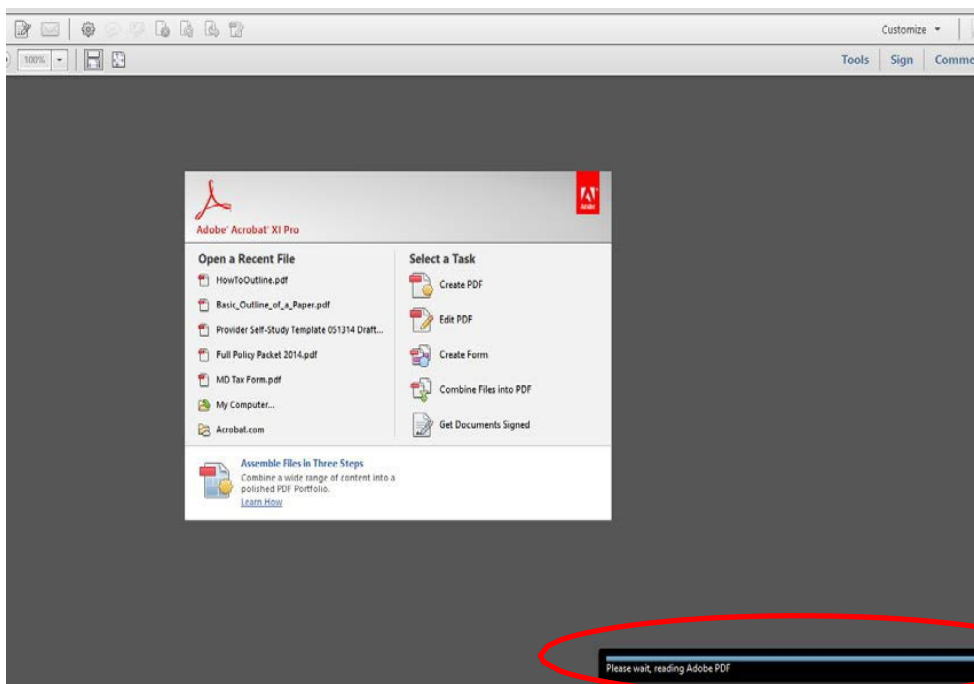
Step 4: Adobe will now display your file as a PDF bookmarked document. (My Example File)

Shot 4:
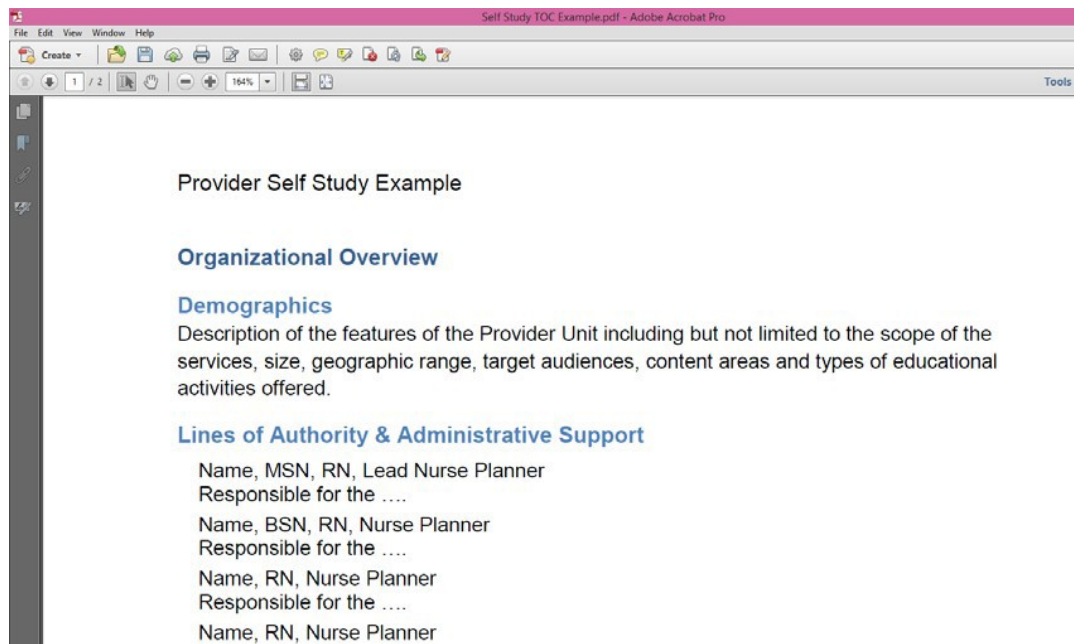
Overview of Navigation Icons

On the left side of Shot 4 above, you will see a series of icons, these are the navigation icons for your document.

 The "Page" icon will show you thumbnails of each page of your document.
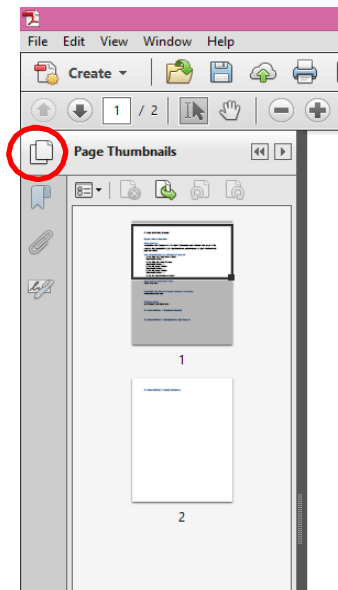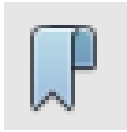
The "Scroll" icon will show you all of your bookmarks and where they are in your document.
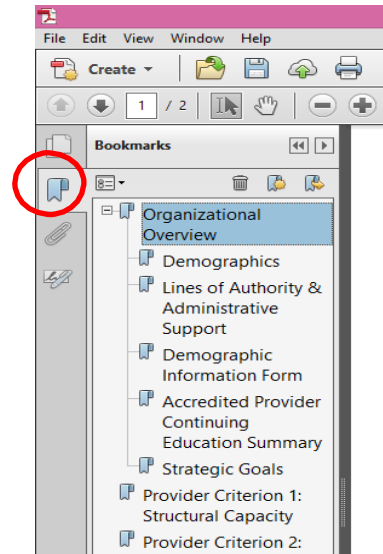
The "Paper Clip" icon is the attachment menu and will allow you to attach supporting documents.
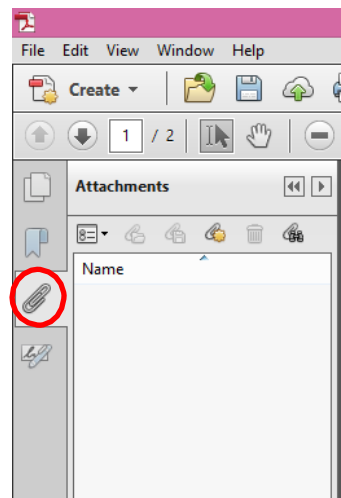
The "Pen" icon is to verify signatures on the document.
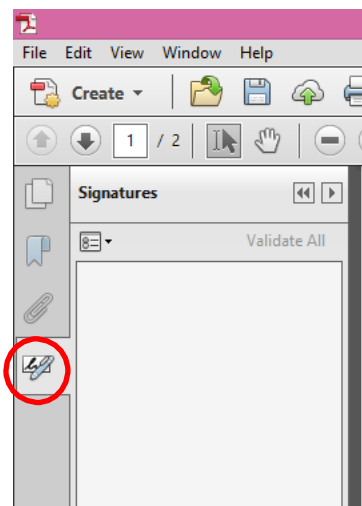
How to Create a New Bookmark

If you find that you would like to add in another bookmark that was not already created, these are the steps for that.

Step 1: On the left, Click on the "Scroll" Icon, which opens the Bookmarks Navigation pane.

Shot 1: Bookmarks Navigation Pane.
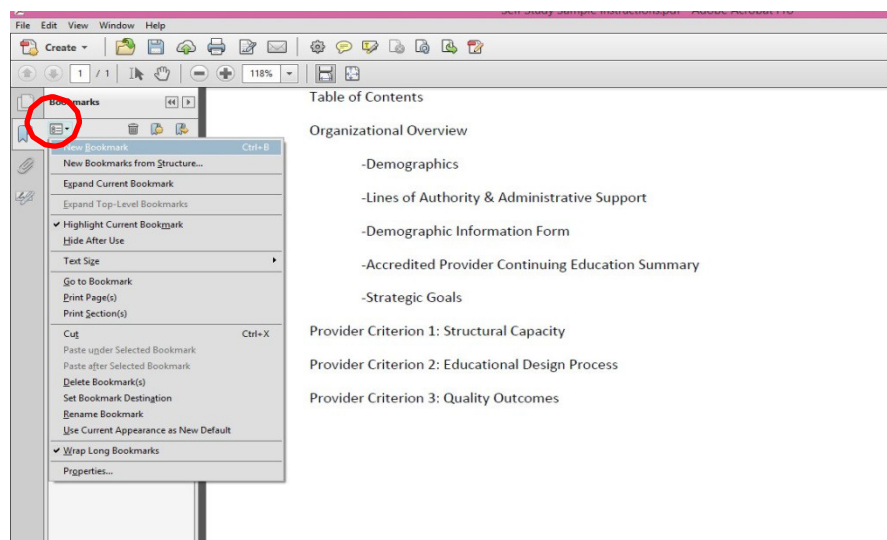
Step 2: Find the text in in the document that you wish to make a bookmark.

Step 3: Using the Text Select Tool from the Acrobat toolbar (The arrow above and to the right of the bookmarks toolbar), highlight/select the text with your mouse that you wish to use for the bookmark label. The highlighted text currently selected in the document is used as the Bookmark's label. If no text has been highlighted, type the text for the bookmark label, and press Enter. (Bookmark labels can be up to 128 characters long.)

Shot 2: Use the Selection Text Tool to highlight text to create the next bookmark. Select New Bookmark from the drop down of options. Repeat until all Bookmarks are created.
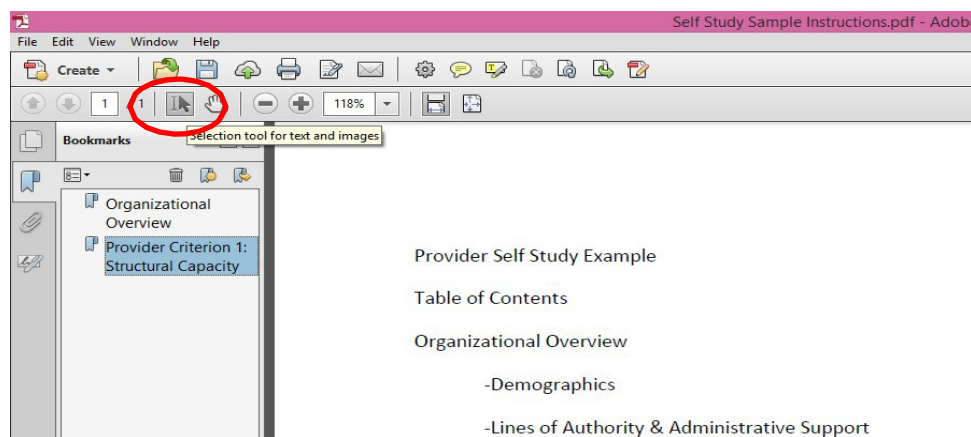
Shot 3: All of my Bookmarks, including the newly created ones.
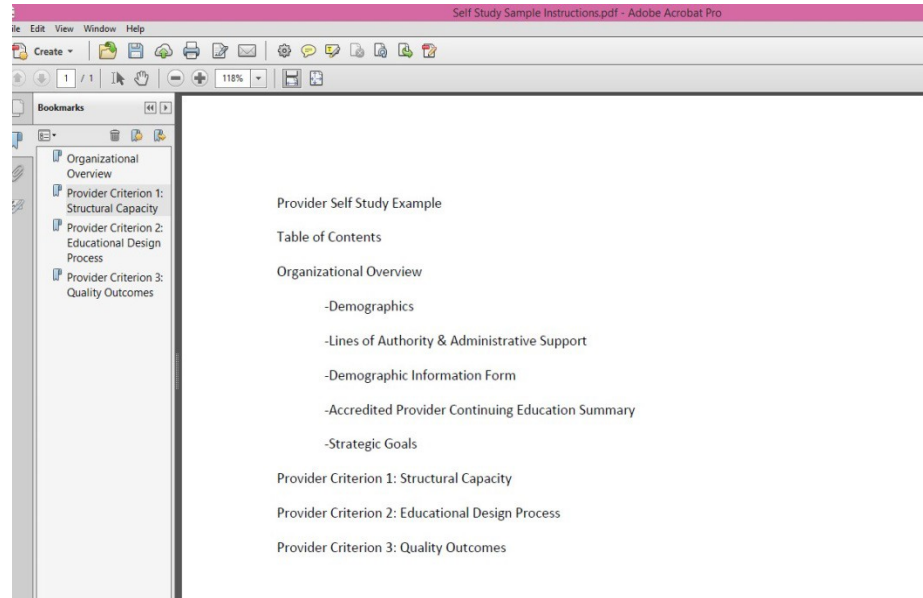
Nesting Bookmarks

You can nest/indent a list of bookmarks to show a relationship between topics. Nesting creates a parent/child relationship. You can expand and collapse this hierarchical list as desired. Remember: The nested pages must be bookmarks first to do this!

Here is what the final product will look like:
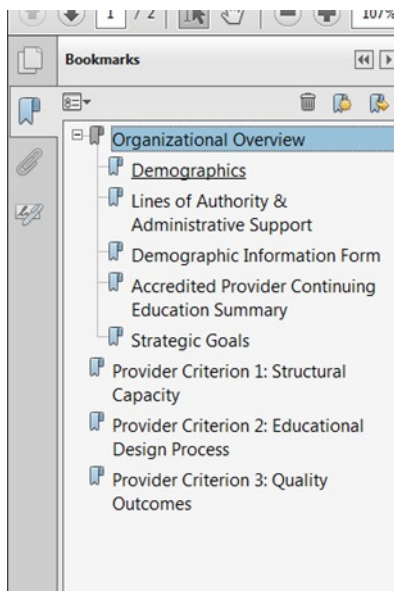
When you are finished, you should be able to jump from page to page throughout the document still with the document in order. Follow the steps below to nest one or more bookmarks under another bookmark:

Step 1: First, I made all of my soon to be nested pages Bookmarks, as you can see in the Navigation pane on the left.
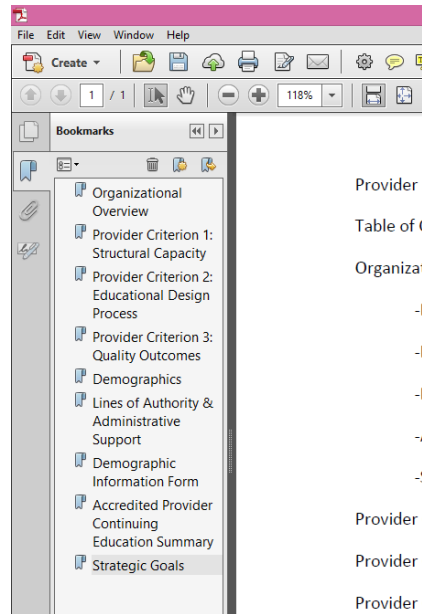
Step 2: Select/highlight the bookmark or range of bookmarks you want to nest (click the first bookmark, hold down the shift key or Ctrl key and click the last bookmarks in the series). Below, I have highlighted all of the bookmarks that I will be moving to be sub- headed under "Organizational Overview."
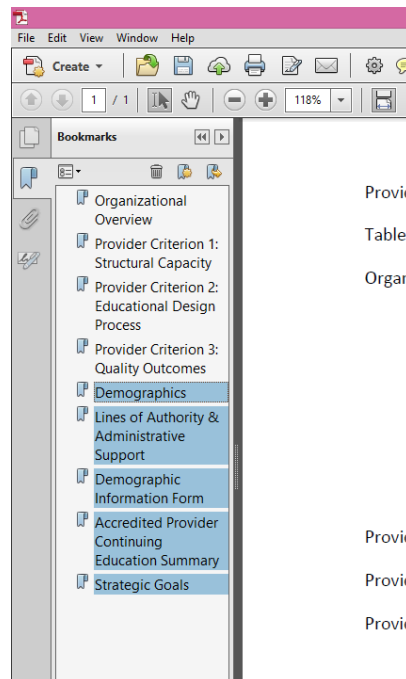
Step 3: Drag the highlighted bookmarks underneath what will become the parent bookmark or chapter heading. A line with a black triangle on the left will appear that shows where the bookmarks are being moved to. See the Navigation pane in the picture below.
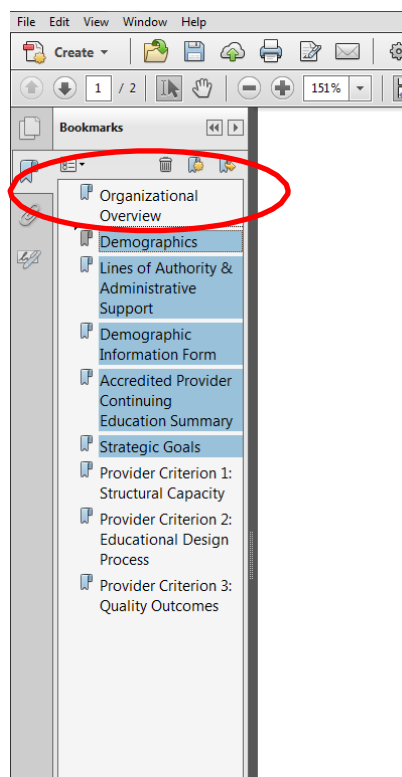
Step 4: Release your mouse and the bookmarks will be moved. Note: The actual pages will remain in their original location in the document.
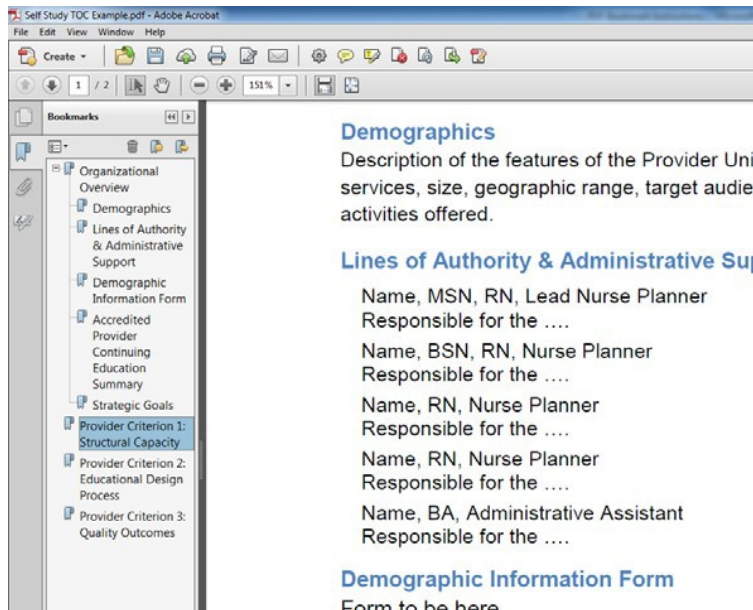
How to Insert an Attachment into your PDF

Step 1: Open
your File in
Adobe Acrobat.
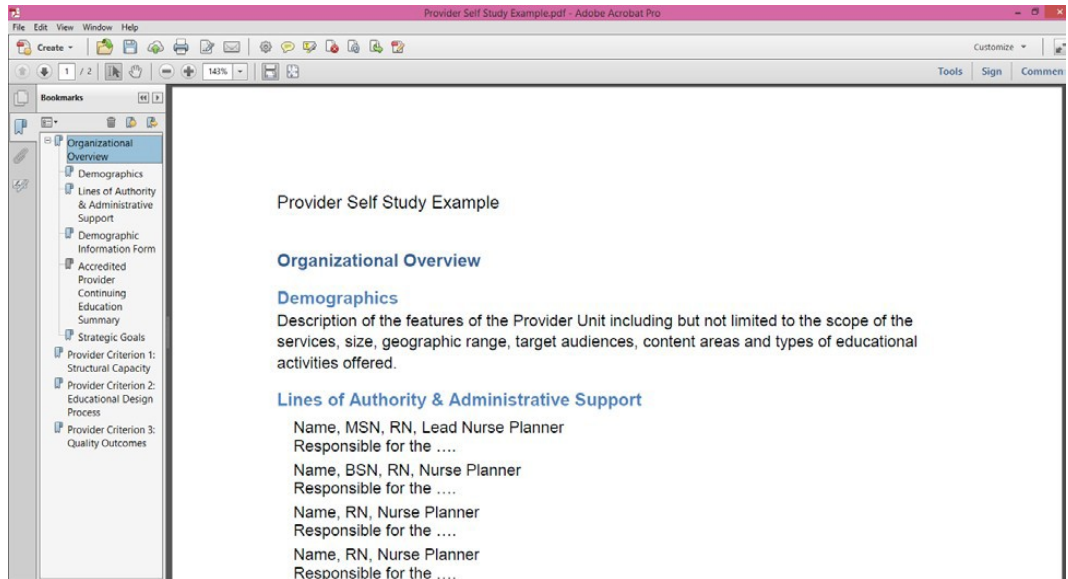
Step 2: On the left, click on

the "Paper Clip" [icon] icon
to display the attachment
menu.
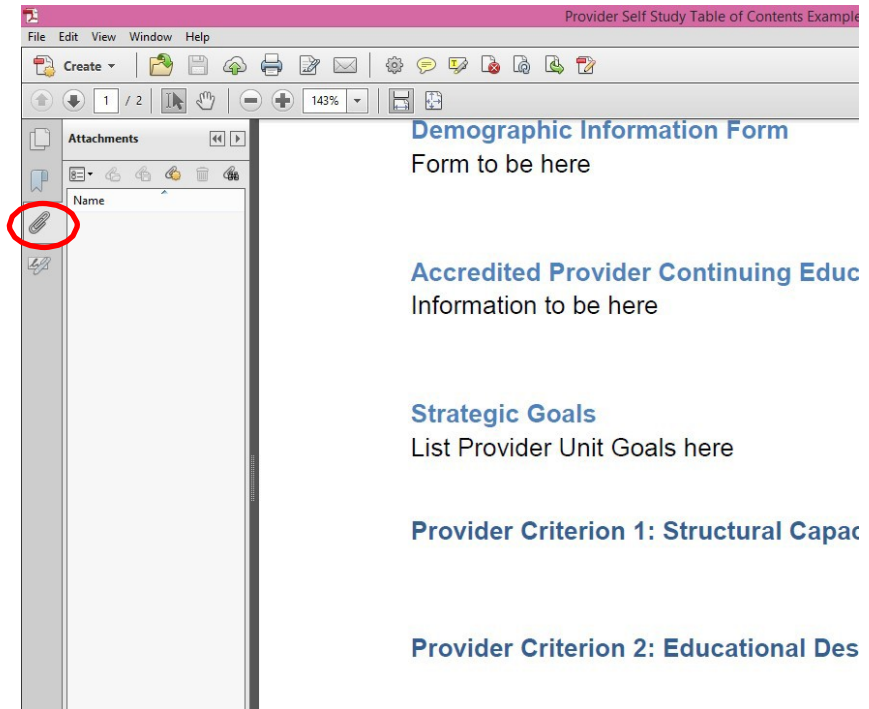
Step 3: Click on the box icon to display the

attachment drop down menu.

Select Add Attachment.

Step 4: Find your attachment in your files, select Open.

Step 5: Your attachment will be listed on the left hand display pane when it is attached. You can continue to upload using steps 1-4 or click on the paperclip with the starburst for a quicklink to upload attachments.
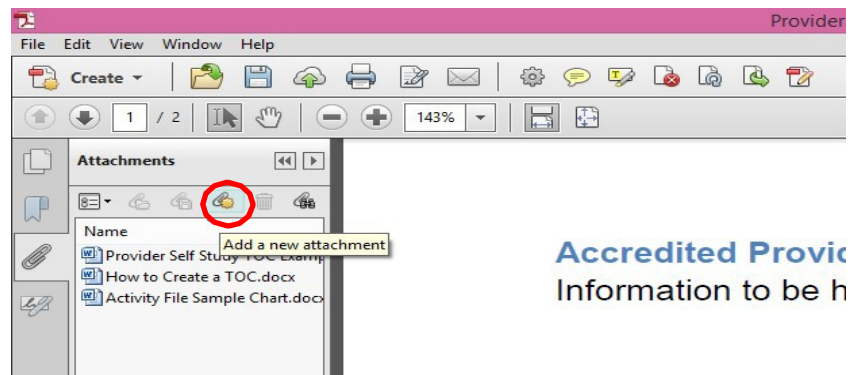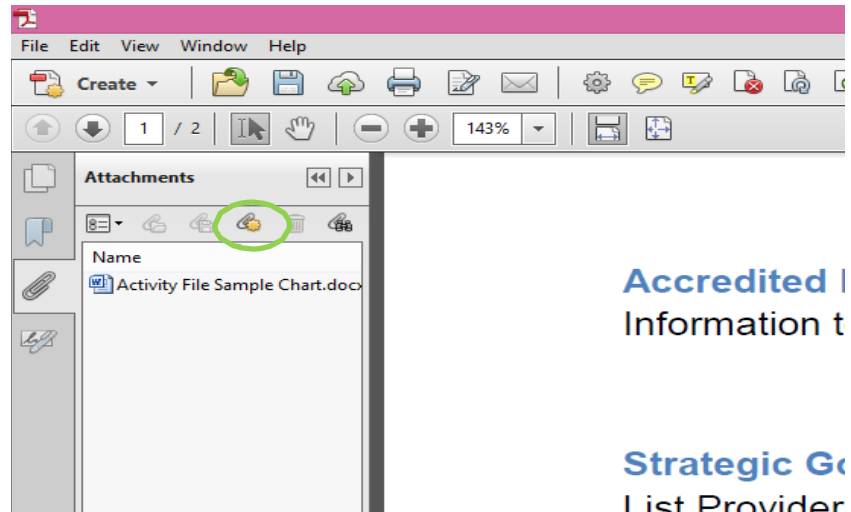
*When referencing an attachment in your document, make sure to reference the file name. For example, see attachment "How to Create a TOC."

You can sort by name using the arrow above the "name" of the files; this will alphabetize the files to make it easier to locate them by name.
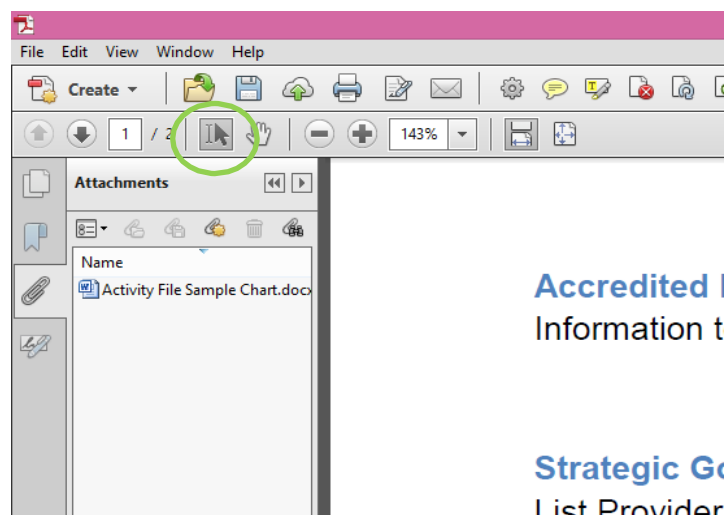
How to Page Number Your PDF

Our documents are required to be paginated. These steps explain the process to insert page numbers.

Step 1: On the right side of the screen in Acrobat, under Tools, click on Pages.
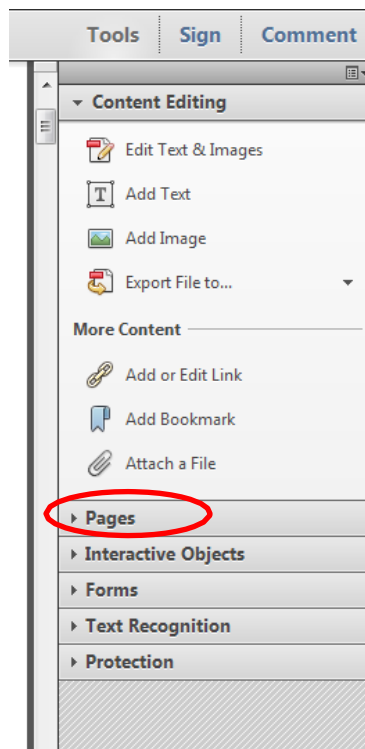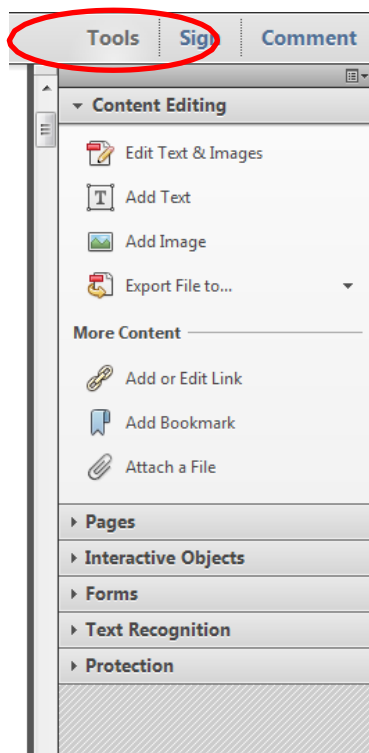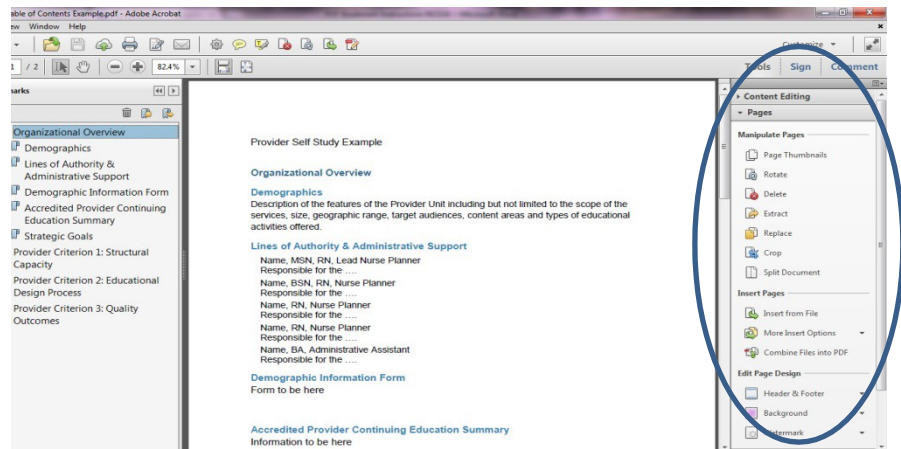
Step 2: The Pages menu

will drop down new options.

Choose Header & Footer.

 Click add Header & Footer.
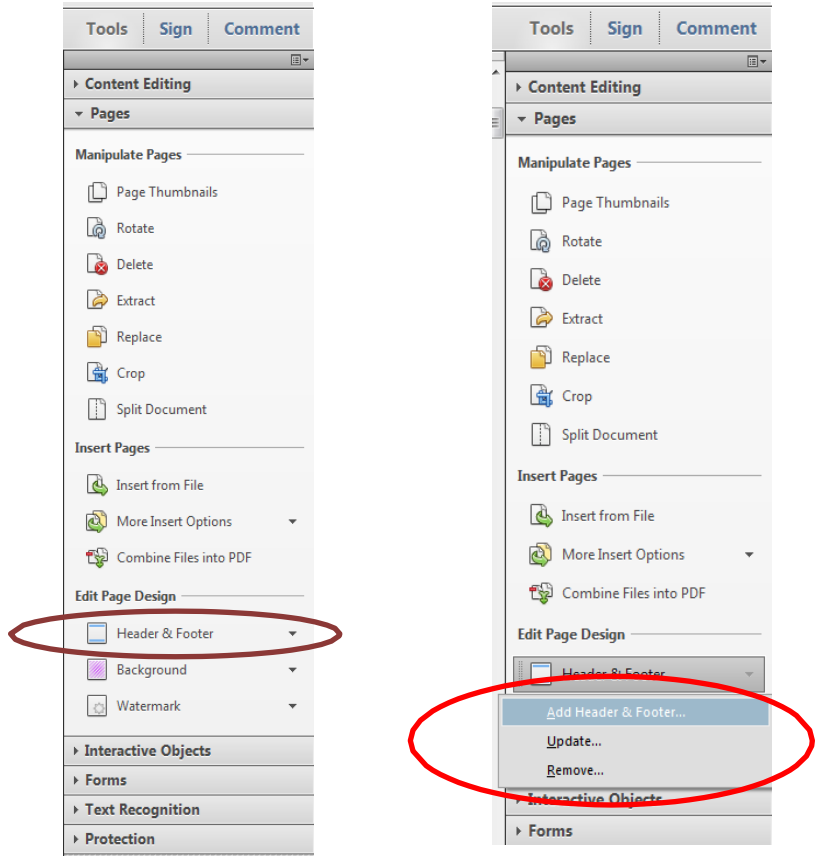
Step 3: A Menu will pop up with options for you to choose from. Here you can choose a font, insert any header or footer; preview what you are inserting, etc. Simply choose where you want the page number in the document (left, center or right footer text) then click your mouse in the box. Then click the button to Insert a Page Number, it will show the page number in the box that you picked. You can use this to insert a date as well.
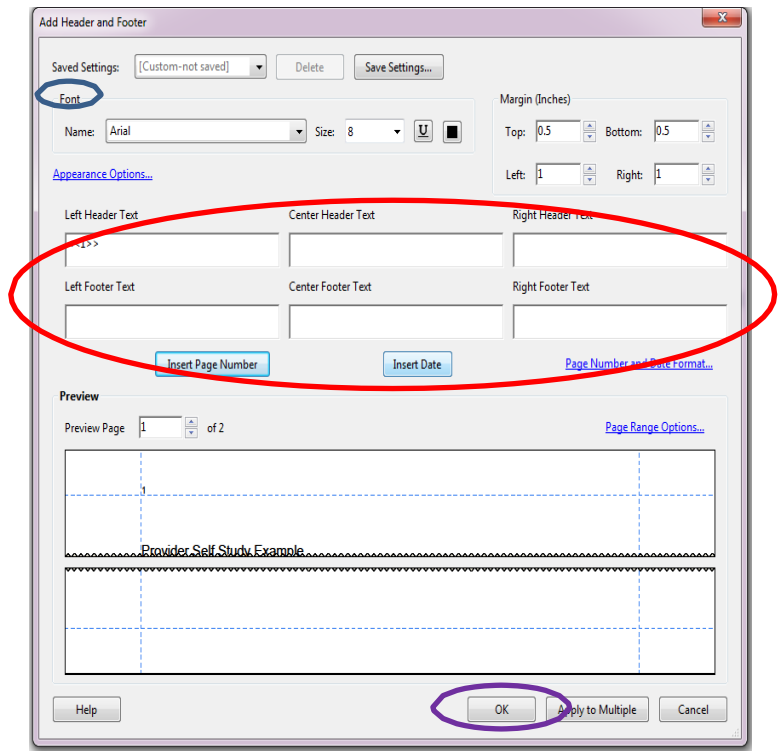
Step 4: Click Ok and you are done.

How to "combine files into a PDF" using Acrobat Pro

STEP 1: ORGANIZE YOUR ACTIVITY FILES & CREATE A TABLE OF CONTENTS

Organize your files and save them to where you can locate them all easily. They may be saved in any format Word, Excel, PDF, etc.

Tip 1: Put them all into a Folder and label it "Activity File 1"

Tip 2: Make a list of all of the files that you will be combining for your Activity File. Organize them into the final order that you will be putting them in your Activity File; refer to Appendix A in the Application Manual.

Use our pre-formatted Table of Contents (if you would like) for your own Table of Contents to start with, making adjustments to match your activity. You cannot edit the text once you have imported the document into Adobe.

STEP 2: OPEN ADOBE ACROBAT PRO.

Open Adobe Acrobat. Below is a screen shot of the Home Page. On the left is a list of documents that you have previously opened or created (recent files). On the right are your task options. You will need to click on "Combine files into PDF" (top right) to start a document.

Shot 1:
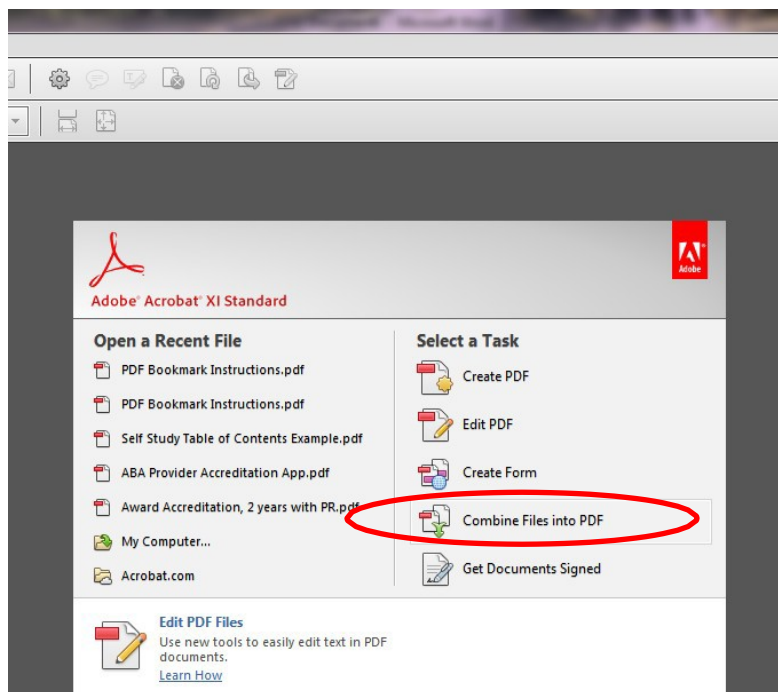
After you select Combine files into a PDF, this screen will open. Shot 2:
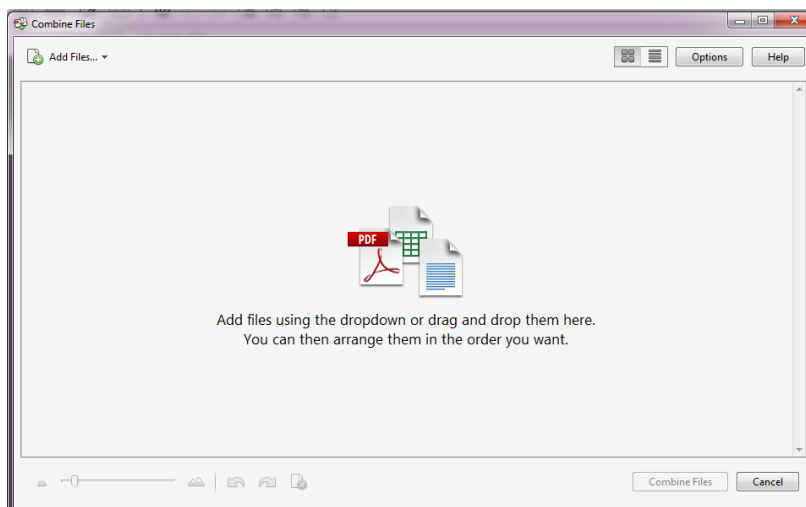
STEP 3: ADD FILES

Go to Add Files in the top left. In the drop down menu, select Add Files. This will take you to the document library on your computer.

Shot 3:
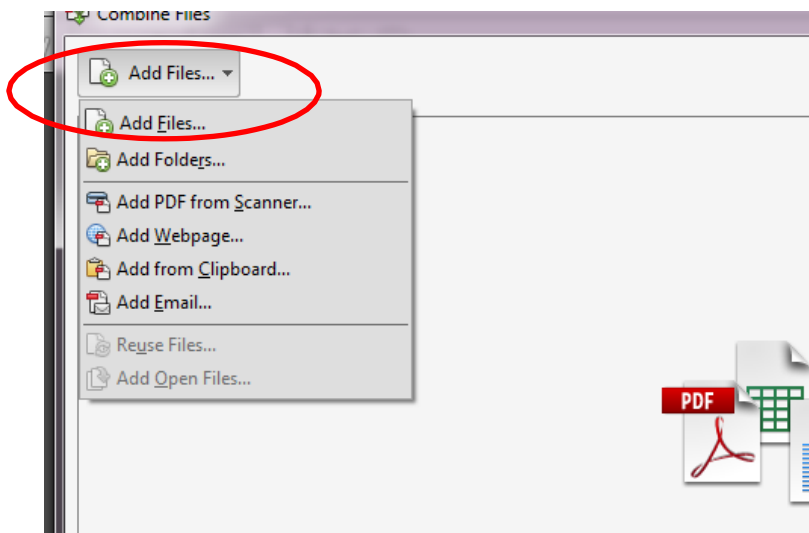
Choose all the files from your document library that you wish to have in your final document. (Refer to your written list.)

Shot 4:
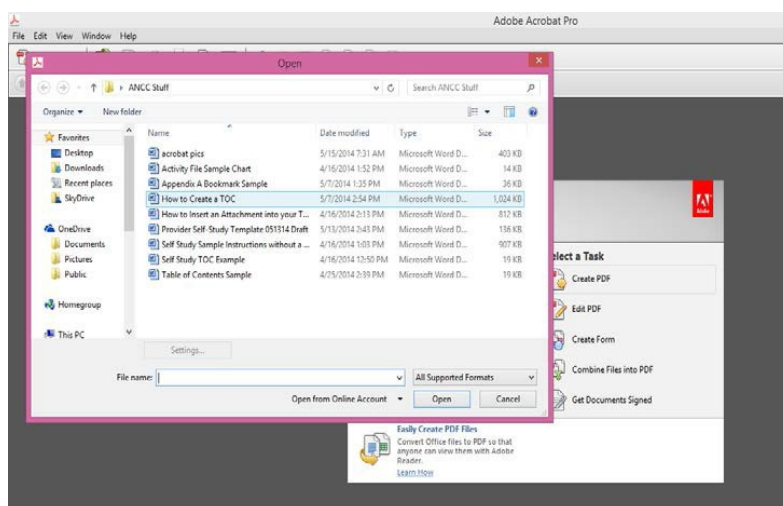
As you add files to your document list, they will show here. You can go to your document library as many times as you want BEFORE you Combine Files.

Shot 5:
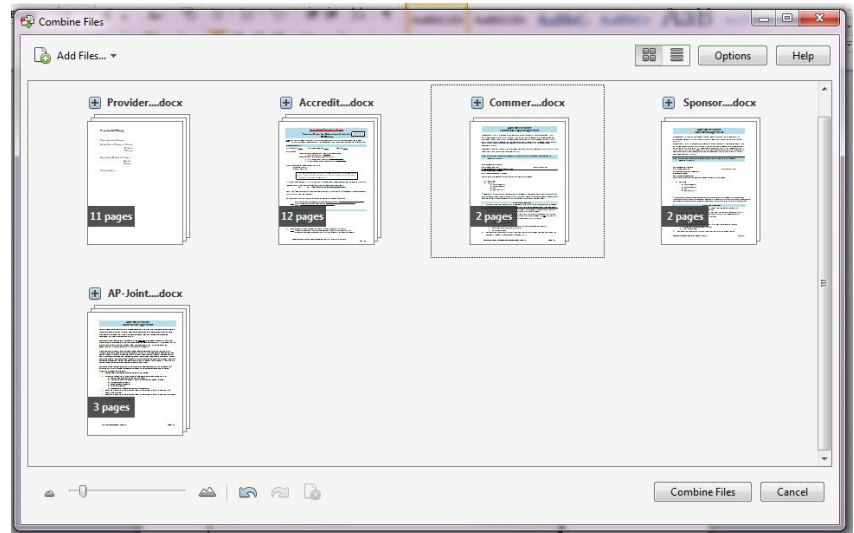
STEP 5: COMBINE FILES TO FINALIZE THE DOCUMENT

When your files are in order and ready, click Combine Files in the bottom right to finalize the document and create the PDF with Bookmarks.

Shot 7:
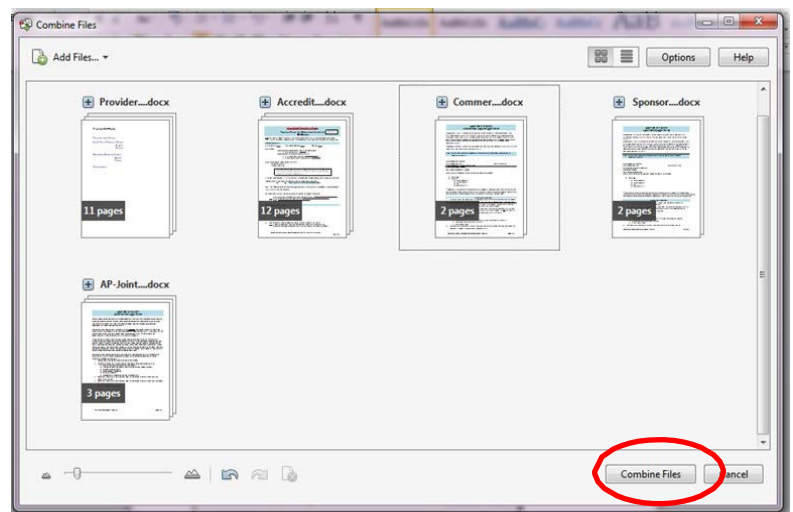
Adobe will begin creating your file; this process will take 3-5 minutes depending on the size. You will see a green bar across the bottom, which says "Converting."

Shot 8:
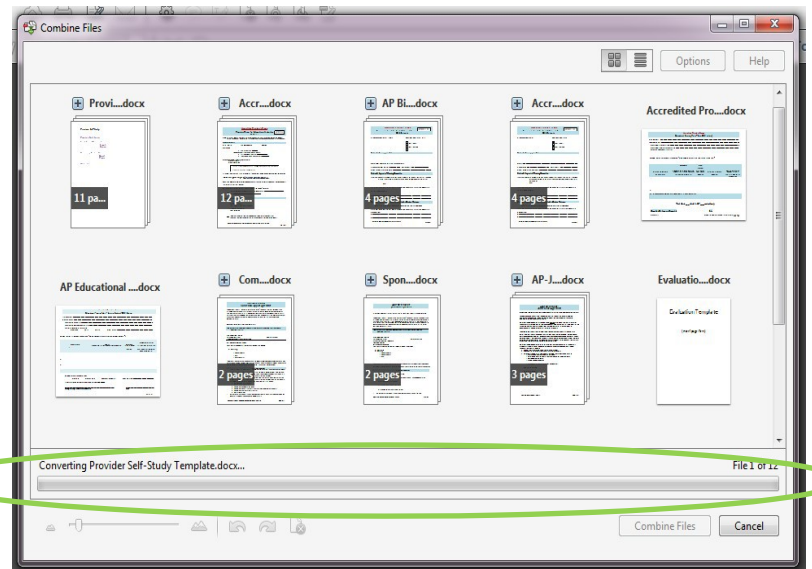
When Adobe is done, your new completed PDF file will open with Bookmarks created. The bookmarks will be of a few things:

1) Titles of every document

2) Table of Content (template style)

You may need to re-name some of your Bookmarks. Click on the Bookmark on the left menu to highlight the words (bookmark link) and type in the new name

Shot 9: Final product

Individual Activity & Approved Provider File Submission Guidelines

- **Sections 3, 4 and Appendix F of the 2015 Application Manual** have explicit instructions for document submission to NJSNA.

1. Approved Provider Applications
   a. Please section your responses
      i. Ex. <u>EDP 5, SC4</u>
   b. Only answer the specified criteria questions/action plans
   c. You may submit attachments, but they need to be labeled
2. Activity Files
   a. Each activity file should be one comprehensive PDF file with PDF bookmarks (bookmark instructions and sample pdf activity file are included as separate attachments). Each pdf bookmark should list, in order, the bullet points for

recordkeeping as defined by NJSNA (i.e. Title and Location, Summative Evaluation, Sign-in Sheet, etc.).   The NJSNA recordkeeping list can be found throughout the 2015 Application Manual.

   b. All evidential information MUST be included (i.e. marketing materials, BOI/COI forms, needs assessment data, etc.)

3. Submission Deadlines/Requirements

   a. As an NJSNA Approved Provider/Individual Activity Applicant, it is your responsibility to keep track of due dates. If you are unable to submit your application, please notify NJSNA **PRIOR** to application due date to ask for an extension.

   b. Applications that are not submitted in accordance with NJSNA criteria will be returned and resubmission will be required. Please be sure to reference the list of required recordkeeping items.

   c. It is the **Applicant's** responsibility to maintain accurate recordkeeping files that are in compliance with NJSNA standards.

   d. In addition, it is the responsibility of the Primary Nurse Planner to keep abreast of changes at NJSNA, the approval process and approval requirements. Please carefully read the letters and information sent by NJSNA staff as they contain valuable information relevant to your organization's approval.

   e. Planning forms cannot be completed after an activity has occurred. Planning forms should be completed during the *planning* phase of an activity. Planning forms cannot be dated after the activity has been completed. All original documentation should be included.

ADDENDUM G
Nursing Activity Reporting System (NARS) INSTRUCTIONS

Welcome ANCC Continuing Nursing Education (CNE) providers and approvers.

The Nursing Activity Reporting System (NARS) streamlines and supports the collection of your program and activity data. Individuals designated as NARS users or leaders of an organization approved by NJSNA may access NARS with a unique login ID and password. NARS allows users to upload their activities continuously throughout the year **OR** use the batch upload function to add or update multiple activity records from a single file containing data that has been exported from another tracking system.

NJSNA requires Approved Provider Units to upload and attest their NARS annual report into the NARS system each calendar year. **All Approved Providers must submit their activity data using the calendar year for your report.** *Failure to submit the annual report requirements by January 31st will result in additional fees and/or possibly suspension*.

How do I use NARS to complete my year-end reporting?

There are two (2) components of your organization's year-end reporting to NJSNA:
1. Enter all of your activities for the reporting year and ensure that they are "Closed".
2. Attest that your data is complete and ready for NJSNA review.

Entering Activities

There are Three (3) ways to enter activities into the NARS system:
1. Each course is entered directly into, each time it is given.
2. The Annual EOY Report Excel Spreadsheet is batch uploaded as a tab-delimited (.txt) file.
3. The Annual EOY Report Excel spreadsheet is batch uploaded as XML File (.xml) file.

Attestation:

What do I need to know about the "Attestation" section of the Program Summary tab?
At the conclusion of each Reporting Year, a provider is required to submit information about their activities that took place during the year.

To complete this reporting process, providers are required to attest that their data entry for the current Reporting Year is complete—as an indication to NJSNA that the organization data is ready to be reviewed and included in the information that NJSNA compiles and submits to ANCC about the NCPD activities each year. After all activities for the Reporting Year are ***completed and closed,*** a provider must attest that its NARS data reporting is complete for the Reporting Year by clicking on the button at the bottom of the Program Summary tab that says, *"I Attest that Data is Complete for the [current] Reporting Year."*

Once this button is clicked, providers will no longer be able to add or modify activity and program summary data for that Reporting Year. If a provider finds that they do need to make any edits to this information after clicking the Attestation button, they will need to contact the Education Department.

ADDENDUM H

EVALUATION OF AN INDEPENDENT STUDY CONTINUING EDUCATION ACTIVITY PILOT STUDY

To: Nursing Continuing Education Pilot Reviewers
From:
Subject: Activity - _____

Thank you for assisting in the evaluation of the effectiveness of the education design and to make recommendations for future CE activities. Please complete the following evaluation by circling the appropriate rating and returning it with your materials.

NAME: _____

KEY: 5 = EXCELLENT   4 = GOOD   3 - FAIR   2 - POOR   1 = N/A

2) To what degree did you meet the following learning outcomes?

    a)   5   4   3   2   1

    b)   5   4   3   2   1

3) To what degree was the activity helpful?   5   4   3   2   1

Please write your responses below:

4) Overall, I found the learning experience:

5) Number of minutes it took to complete the activity from start to finish:_____

6) Comments and suggestions for improvement of the activity:

7) Suggestions for future CE Activities:

Example of completed pilot study: 5 staff members took the pilot study. Minutes to complete: 59, 62, 65, 58, 57 /5=60.2 average minutes = 1 contact hour