

2020 Approved Provider Activity File Requirements

This is a list of the items that are required to be bookmarked in your Self-Study package for approval/re-approval. **Each bookmarked file should be named and referenced in the same order.**

1. Approved Provider Application (Self Study)

a. Eligibility Verification Form

- i. Commercial Interest Addendum (if applicable)

b. Organizational Overview

- i. *Organizational Overview 1*
- ii. *Organizational Overview 2*
 1. *List of names of Provider Unit members*
 2. *Position Descriptions*

c. Structural Capacity

- i. *Structural Capacity 1*
- ii. *Structural Capacity 2*
- iii. *Structural Capacity 3*

d. Educational Design Process

- i. *Educational Design Process 1*
- ii. *Educational Design Process 2*
- iii. *Educational Design Process 3*
- iv. *Educational Design Process 4*
- v. *Educational Design Process 5*
- vi. *Educational Design Process 6*
- vii. *Educational Design Process 7*

e. Quality Outcomes

- i. *Quality Outcomes 1*
- ii. *Quality Outcomes 2a*
- iii. *Quality Outcomes 2b*
- iv. *Quality Outcomes 3a*
- v. *Quality Outcomes 3b*

f. 3 Activity Files (planning documents)

- i. **Title and location of activity**
- ii. **Activity Type - Type of activity format: Live or Enduring**

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- iii. Date live activity presented, for ongoing enduring activities, date first offered and subsequent review dates.*
- iv. Description of professional practice gap**
- v. Evidence that validates professional practice gap**
- vi. Educational need that underlies the professional practice gap**
- vii. Description of target audience**
- viii. Desired measurable learning outcomes**
- ix. Description of evidence-based content with supporting reference or resources**
 - 1. Educational Planning Table*
- x. Learner engagement strategies used**
 - 1. Educational Planning Table*
- xi. Criteria for awarding of contact hours**
- xii. Description of evaluation method (Evidence that change in knowledge, skills, &/or practices of target audiences was assessed)**
 - 1. Evaluation Form (if used)*
- xiii. 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 Expert(s))
- xiv. Demonstration of identification, mitigation, and disclosure of relevant financial relationships of all individuals who control the content of the educational activity:** (planners, presenters, faculty, authors, &/or content reviewers)
 - 1. Form 1 – if needed*
 - 2. Form 2 – if needed*
 - 3. Form 3 – if needed*
 - 4. Form 4 – if needed*
- xv. Evidence of mitigation of relevant financial relationships - if applicable**
- xvi. Number of contact hours awarded for the activity & method of calculation**
- xvii. Agenda for the activity – if activity is more than 3 hours**
- xviii. Certificate - must include:**
 - 1. Title and date of the educational activity
 - 2. Name and address of provider of the educational activity
 - 3. Number of contact hours awarded
 - 4. Approval statement
 - 5. Participant name
 - 6. Primary Nurse Planner or Nurse Planner of the activity name and credentials
- xix. Commercial Support Agreement with signature and date - if applicable**
 - 1. Name of the Ineligible Company (IC)
 - 2. Name of the Provider
 - 3. Complete description of all the CS provided, including both financial and in-kind support

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4. Statement that the IC will not participate in planning, developing, implementing or evaluating the educational activity
 5. Statement that the IC will not recruit learners from the education activity for any purpose
 6. Description of how the CS must be used by the Provider (unrestricted use &/or restricted use)
 7. Signature of a duly authorized representative of **the** IC with the authority to enter the binding contracts on behalf of the IC
 8. Signature of a duly authorized representative of the Provider with the authority to enter the binding contracts on behalf of the Provider
 9. Date on which the written agreement was signed
- xx. Evidence of required information provided to the learners:**
- Marketing/Promo Materials**
1. Learning outcome for the activity
 2. Title & Date & Location of the activity
 3. Speaker(s) name(s)
 4. Approval statement
 5. Criteria for awarding contact hours: steps for successful completion of the activity
 6. Planner and speaker disclosure statement - Presence or absence of relevant financial relationships for all individuals in a position to control content (planning committee, presenters, faculty, authors, &/or content reviewers)
 7. Mitigation of relevant financial relationships – *if applicable*
 8. Commercial support statement - *if applicable*
 9. Expiration date - *enduring material only*
 10. Joint Providership - *if applicable*
 11. Verbal Disclosure Statement – *if disclosure is given verbally in the opening remarks of an activity*
- xxi. Joint Providership Agreement (if applicable)**
1. Materials associated with this activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate who is awarding the contact hours and therefore responsible for adherence to the ANCC/NJSNA criteria
- xxii. Summative evaluation**
1. A summary of data highlighting whether the activity was effective in closing or narrowing the gap and achieving the educational activity outcome.
 2. An analysis of what was learned from the evaluation data and what can be applied to future activities.
 3. The summative evaluation does not simply include the data collected from the evaluations. There should be a clear analysis of the data from the NP and planning committee documented.
 4. Do not only provide raw data collected or each individual completed

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HINTS:

You want the reviewer to be able to click on the name and go right to it!

1. Each bolded item must be bookmarked.
 - a. Each item that is italicized must be bookmarked as a sub-head
2. For each Identification, Mitigation, and Disclosure of relevant financial relationships Form that is attached – label each one:
 - a. First initial. Last name or spell out the name
 - b. Identification, Mitigation Forms**
 - i. T. Santiago
 - ii. D. Harwell
3. For the Educational Planning tables – label each one – if more than one table is attached
 - a. First initial. Last name or spell out the name
 - b. Educational Planning Tables**
 - i. D. Harwell
 - ii. B. Blozen
 - iii. K. Winters
4. Think of the sub-heads as stair steps or nesting dolls
5. Some items in may appear twice