

2022 Individual Activity Application File Requirements

This is a list of the items that are required to be bookmarked in your Application for submission for approval. **Each application must be bookmarked and named in this order.**

1. Individual Activity Application

- a. Eligibility Verification Form**
 - i. Commercial Interest Addendum (if applicable)
- b. Title and location of activity**
- c. Activity Type - Type of activity format: Live or Enduring**
- d. Date live activity presented, for ongoing enduring activities, date first offered and subsequent review dates.**
- e. Description of professional practice gap**
- f. Evidence that validates professional practice gap**
- g. Educational need that underlies the professional practice gap**
- h. Description of target audience**
- i. Desired measurable learning outcome(s)**
- j. Description of evidence-based content with supporting reference or resources**
 - i. *Educational Planning Table*
- k. Learner engagement strategies used**
 - i. *Educational Planning Table*
- l. Criteria for awarding of contact hours**
- m. Description of evaluation method (Evidence that change in knowledge, skills, &/or practices of target audiences was assessed)**
 - i. *Evaluation Form (if used)*
- n. 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))
- o. 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)
 - i. *Form 1 - needed*
 - ii. *Form 2 - needed*
 - iii. *Form 3 – if needed*
 - iv. *Form 4 – if needed*
- p. Evidence of mitigation of relevant financial relationships - if applicable**
- q. Number of contact hours awarded for the activity & method of calculation**
- r. Agenda for the activity – if activity is more than 3 hours**
- s. Certificate: must include:**
 - i. Title and date of the educational activity
 - ii. Name and address of provider of the educational activity
 - iii. Number of contact hours awarded
 - iv. Approval statement
 - v. Participant name
 - vi. Nurse Planner of the activity name and credentials

IAA FILE REQUIREMENTS

- t. Commercial Support Agreement with signature and date - if applicable**
 - i. Name of the Provider
 - ii. Name of the Ineligible Company (IC)
 - iii. Complete description of all the CS provided, including both financial and in-kind support
 - iv. Statement that the IC will not participate in planning, developing, implementing or evaluating the educational activity
 - v. Statement that the IC will not recruit learners from the education activity for any purpose
 - vi. Description of how the CS must be used by the Provider (unrestricted use &/or restricted use)
 - vii. Signature of a duly authorized representative of **the** IC with the authority to enter the binding contracts on behalf of the IC
 - viii. Signature of a duly authorized representative of the Provider with the authority to enter the binding contracts on behalf of the Provider
 - ix. Date on which the written agreement was signed
- u. Evidence of disclosing to the learner:**
 - i. Learning outcome for the activity
 - ii. Title & Date & Location of the activity
 - iii. Speaker(s) name(s)
 - iv. Approval statement
 - v. Criteria for awarding contact hours: steps for successful completion of the activity
 - vi. 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)
 - vii. Mitigation of relevant financial relationship – *if applicable*
 - viii. Commercial support statement - *if applicable*
 - ix. Expiration date - *enduring material only*
 - x. Joint Providership - *if applicable*
 - xi. Verbal Disclosure Statement – *if disclosure is given verbally in the opening remarks of an activity,*
- v. Joint Providership Agreement (if applicable)**
 - i. 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

IAA FILE REQUIREMENTS

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 is an attachment that must be bookmarked as a sub-head
2. For each Identification, Mitigation, and Disclosure form that is attached – label each one:
 - a. First initial. Last name or spell out the name
 - b. Identification, Mitigation, and Disclosure Forms**
 - i. T. Santiago
 - ii. D. Harwell
3. For the Educational Planning tables – label each one – if more than one 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 – such as the title, location of the activity, # of contact hours