

4. Other Planning Committee members (Names and Degrees):
5. Person above with the relevant content expertise:
6. Person who represents the target audience:
7. Bio form including conflict of interest/conflict resolution for each planning committee member is attached.
8. The planning committee ensures the quality of the continuing nursing education by:
 - Holding regular meetings to discuss activity
 - Electronic correspondences
 - Collaboration with presenters/faculty/authors
 - Other:

B. Faculty/Presenters/Authors- in addition to listing names below & on the Educational Activity Planning Form—5 Column, attach the completed bio form for each presenter/author. (Attach a separate sheet listing presenters if needed).

1. Description of how the qualifications of the faculty/presenters/authors were identified:
2. Faculty/Presenter/Author(s) Name, Degrees and Credentials:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

BIO FORMS WITH CONFLICT OF INTEREST, CONFLICT RESOLUTION & OFF-LABEL USE DECLARATION FOR EACH PLANNER/PRESENTER/AUTHOR HAS BEEN ATTACHED. *(This is the manner in which the needed qualifications of the faculty are met).*

Key Element 3: Effective Design Principles

- A. **Learning Goal (purpose) for learner and appropriate for target audience:**

- B. **Identified gaps in knowledge, skills, practice (based on needs assessment—example: Knowledge deficit related to care of our geriatric population).**

For items C-G, use the “Educational Activity Planning Form -5 Column” to provide this information for live presentations. For self-study or independent learning activities, provide responses to C, D, G on the “Educational Activity Planning Form-3 Column format.

C. Objectives: Indicate what the learner will be able to do at the conclusion of the activity. An average of 1-2 objectives per hour is realistic. It is also recommended that objectives be numbered sequentially. Objectives listed on the evaluation form should be EXACTLY the same as the ones on the Educational Activity Content Form. (*see Appendix A in criteria manual-Suggested Guidelines for Writing Learning Objectives*).

D. Content: Itemize key points that will be addressed with each objective. Content must be more than a restatement of the objective and must be related to the objective.

E. Time Frame: List the number of minutes for each objective. See Key Element 4 for self-study or independent studies.

F. Presenter: List the presenter who will be addressing each objective.

G. Teaching learning strategies, materials and resources: List the methods, strategies, materials and resources to be used.

NOTE: The objectives should be congruent with the Learning Goal. The content should be congruent with the activity’s learning goal and objectives. The teaching and learning strategies and time frame should be congruent with the Learning goal, objectives, and content.

H. Learner Feedback: Check the best description or describe how learners will be provided feedback:

- Question and answers during activity.
- Return results of testing.
- Provide certificate
- Follow-up communication.
- Other - Describe:

I. Criteria for Successful Completion (consistent with learning goal (purpose), objectives, and teaching/learning strategies include (Check all that apply):

- Attendance at entire event
- Attendance at entire session of a multi-session event (contact hours awarded/session)
- Attendance at least 80% of event
- Completion/submission of evaluation form (required).
- Achieving passing score on post test.
- Completion of self-study packet.
- Other - Describe:

J. Rationale for Successful completion method is consistent with learning goal, objectives, teaching and learning strategies based on:

- Purpose indicated successful completion criteria
- Evaluation method/category
- Content knowledge
- Content application
- What was required by organization
- Other-Describe:

K. Verifying Participation

- Attendance/participation will be verified at the event through sign-in sheets/registration form (*see Appendix E in criteria manual—sample sign-in/attendance sheets*)
- Internet Registration
- Paper or mail in registration
- Participant verification form
- Other:

Key Element 4: Awarding Contact Hours. Contact hours calculated to the nearest one-hundredth and cannot be rounded up.

Contact Hour Calculation:

If live presentation: attach an **agenda or schedule** for the entire event. Clearly state time spent on welcome, introductions, pre/post tests, breaks and evaluation. The time frames on the schedule and the objective/content outline pages must match and must support the number of contact hours requested.

Identify the number of contact hours to be awarded, with supporting documentation.

$$\frac{\text{Minutes of contact for approved learning activities}}{\text{Divided by 60}} = [\quad] \text{ Total number of contact hours}$$

If packaged program: describe how contact hours were calculated.

If self study or independent study type activity: describe how contact hours were calculated.

For example (with packaged program or independent study):

1. What was the method for calculating the contact hours: (Check the best description(s) that applies)
 - Pilot Study
 - Peer Review
 - Historical Data
 - Complexity of content and data
 - Other: Describe:

3. Provide supportive documentation of the rationale used to determine the number of contact hours to be awarded. (*attach on separate sheet*)

Key Element 5: Activity Evaluation

- A. Submit a copy of the evaluation tool(s) to be used for this event. It must include learner input and, at a **minimum**, (a) achievement of objectives (**EACH listed separately**) and (b) teaching effectiveness of EACH presenter. (*see Appendix D in criteria manual—sample evaluation form*)

- B. **Check or describe the method to be used to evaluate the activity (check all that apply):**
 - Evaluation Form (Required for all events.)
 - Pre and/or Post test (Optional). If post-test is used, what is passing score? ()
 - Return Demonstration (Optional).
 - Other - Describe:

- C. **Identify the category of evaluation (check all that apply) *It is recommended that that a portion be evaluated at one of the higher learning levels of evaluation:**
 - Learner satisfaction (simple-encompasses rating scale)
 - Knowledge enhancement (participation, testing, activity, etc.)
 - Skill and attitude change (return demonstration, skills lab, performance measure, etc)
 - Change in practice/performance (intermediate--follow-up within a designated period of time after learning occurred and collected through survey, self-report, quality assurance, performance improvement, performance management, etc.).
Method and time frame planned to collect this data: ()
 - Relationship of the practice change to quality of service (intermediate to complex—quality of service changes, outcome studies, satisfaction surveys, change in performance measures, audit data, etc.)
Method planned to collect this data: ()

D. Check the best description or describe how the evaluation data will be used:

- Refine future presentations of this course.
- Create new programs.
- Discontinue the activity.
- Decide whether or not to change this faculty or facility.
- Other - Describe:

Key Element 6: Accreditation Statement. To be used on all communications, marketing materials, certificates, and other documents and must contain the full statement:

- A copy of the **advertising material** is included. (**NOTE:** Do not use the term “CEU” on any materials related to GNA approval. The correct term is “contact hours”.)

Type of Advertising:

- Flyer/Brochure
- Memo/Letter
- Meeting Notice
- E-mail (print hard copy to include with your planning form)
- Web site (print hard copy to include with your planning form)
- A copy of the relevant pages of the web site is included with each copy of the planning form.
If advertising is via the web site the URL (web site address) is:
- Other - Describe:

- If a mock-up of the advertising is included with this planning form, the final copy will be added as soon as it is printed.

- The correct approval statement is included on the advertising material.
The advertising material **must include** the following statement:

This continuing nursing education activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's COA.

If the provider must release the advertising material prior to receiving approval and has submitted an application to GNA, the provider **MUST** state the following:

An application has been submitted to the Georgia Nurses Association for approval of () contact hours. Please call (Name of Person) at (the Providing Organization) for more information.

Key Element 7: Documentation of Completion. Written verification of successful completion of activity.

- A completed sample of the certificate is included (*see Appendix F in criteria manual—sample certificate*). Remember to include name of learner; number of contact hours awarded; name & address of the provider of the educational activity; title & date of the educational activity, number of contact hours awarded, official approval statement (do NOT modify statement or add any text on the same line as the statement):

This continuing nursing education activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's COA.

Key Element 8: Sponsorship and Commercialism. Commercial Interest is any entity either producing, marketing, re-selling, 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, re-sells 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. Commercial Support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a nursing education activity. Sponsorship is support (monetary or “in-kind”) furnished to the

provider of the education activity. Commercial Support & Sponsorship must be acknowledged to the learners (*see Appendix C in criteria manual-sample agreement*).

- A. This activity has no commercial support. If no, check A. If yes, complete items B, C & D below.
- B. Commercial support/sponsorship has been provided by the following: (List name of representative and company.)
 Representative: [] Company: []
- C. Content integrity has been/will be maintained by: (Check all that apply)
 Our commercial support/sponsorship policy/procedure discussed with those providing commercial support.
 Our commercial support/sponsorship policy/procedure shared in writing with those providing commercial support.
 Faculty/Presenter/Author informed of our policy/procedure re: commercial support/sponsorship and agree not to promote products or entity providing financial or in-kind services.
 The session will be monitored & violators of policy will not be asked to present again (live presentation).
 Nurse Planner reviews to ensure content integrity is maintained.
 Other: Describe:
- D. The following precautions taken to prevent bias in the educational content.
 Our position on commercial support/sponsorship and bias discussed with each presenter.
 Each faculty/presenter/author has signed statement that says information will be presented fairly and without bias.
 The session will be monitored & violators of policy will not be asked to present again (live presentation).
 Other: Describe:
- E. Attached is a signed support agreement if commercial support has been provided for this activity []

Key Element 9: Conflict of Interest Guidelines. Must be obtained from all activity planners and presenters to identify presence or absence of any potentially biasing relationship of a financial, professional, or personal nature on the part of those who have an impact on the content of an educational activity.

- A. Biographical forms for all planners and faculty, presenters, authors are included with documentation of conflict of interest disclosures (or disclosure of absence of conflict of interest).
- B. Is there any conflict of interest present with this activity: No Yes If yes, section on biographical data form completed which documents the description of procedures followed to resolve any real or potential bias or conflict of interest [].
- C. Additional concerns with conflict of interest and/or bias for this activity-list here and reflect the resolution:

Key Element 10: Disclosures Provided to Activity Participants. Participants receive information regarding each activity in advance of, or at the time of, the event.

- A. **Notice of requirements for successful completion**-Must be informed in ADVANCE of the learning goals (purposes) and objectives of the educational activity and criteria used to determine successful completion of activity. Learners will be informed of criteria for successful completion by:
 Information on advertising material (**MUST attach sample of advertising material**).
 Verbal statement at beginning of activity.
This option must be documented in writing that it occurred by a representative of the provider who attended the event. Name of the person who will do this:
 Written information on handouts.
 Other: Describe:

B. Conflicts of Interest and Disclosure of relevant financial relationships and mechanisms to identify and resolve conflicts of interest. Conflicts of interest or lack thereof for planners and presenters, including financial relationships AND resolution by: (**NOTE:** Not applicable is not an acceptable response)

Announcement at beginning of session (live presentation).

This option must be documented in writing that it occurred by a representative of the provider who attended the event. Name of the person who will do this:

Information provided on advertising (attach copy).

Information provided on handouts (attach copy).

Signs placed inside or outside of presentation room (attach copy).

Other: Describe:

C. Sponsorship or Commercial Support. Learners are informed of commercial support/sponsorship by:

No commercial support being received for this event.

Announcement at beginning of session (live presentation).

This option must be documented in writing that it occurred by a representative of the provider who attended the event. Name of the person who will do this:

Information provided on advertising.

Information provided in handouts (attach copy).

Signs placed inside or outside of presentation room.

Other: Describe:

D. Non-endorsement of Products. Learners are informed of non-endorsement of products if commercial support received.

No commercial support being received for this event.

Information provided on advertising—Use “Approved provider status does not imply endorsement by the provider, ANCC, GNA of any products displayed in conjunction with this activity.”

Information provided in handouts (attach copy).

Verbal statement made at the beginning of the session

This option must be documented in writing that it occurred by a representative of the provider who attended the event. Name of the person who will do this:

Other: Describe:

E. Off-Label Use. Learners are informed of discussion of off-label use by faculty by:

Faculty/Presenters/Authors have attested that they will not discuss off-label usage of products. (No statement needs to be made.)

Faculty will state at the beginning of their session that there will be discussion of off-label use of products.

This option must be documented in writing that it occurred by a representative of the provider who attended the event. Name of the person who will do this:

Information will be provided in the handouts or slides (attach copy).

Other: Describe:

F. Expiration Date for Awarding Contact Hours. Statement explaining how long contact hours will be awarded for an activity if it is a self-study, independent study, or packaged program. Provided on:

n/a

Advertising materials (required) (attach copy)

Provided on handout materials or learning module front pages (Required) (attach copy)

Other:

Key Element 11: Recordkeeping. Refer to criteria for all items that must be kept.

Recordkeeping System (first three items MUST be checked)

- All correspondence, complete copy of planning form and all attachments and corrections, records of attendance, summative evaluation(s) & contact hours will be maintained in a retrievable file which is accessible to only authorized personnel for six years.
- Records will be maintained confidentially.
- Records will be filed and stored at **(fill in exact location here):**
- Other –Describe:

Key Element 12: Co-providerships. If not co-providing, check #1; if yes, answer #2 and #3.

- A. This activity will not be co-provided.
- B. Co-providership of this activity (Name of Co-provider):

(Co-provider's Address):
- C. As the applicant for this activity, we will maintain responsibility for determination of **objectives and content, selection of presenters, awarding of contact hours, record keeping and evaluation.** Included is a written agreement with the co-providers which outlines the above (see Appendix B in criteria manual—sample written agreement).

BEFORE SENDING THIS APPLICATION TO THE GNA CERC, HAVE YOU INCLUDED:

- 3 application copies (typed, collated). One copy of all attachments with EACH copy of the application.
- Biographical data forms for the planners/presenters/authors including conflict of interest/conflict of resolution.
- Program schedule/Agenda if activity time frame includes events NOT receiving contact hours (e.g. orientation, welcome, breaks, meals, etc.)
- Co-provider agreement, if applicable
- Advertising material
- Evaluation form
- Fee (see criteria manual for correct fee/contact hours)
- Completed Certificate

EDUCATIONAL ACTIVITY PLANNING FORM—5 COLUMN

Use this form to provide information for Key Element 3 (C-G). Copy if additional pages needed
THE INFORMATION LISTED MUST INCLUDE ALL TOPICS BEING PRESENTED

Title of Activity: _____

Title of Individual Session (if applicable): _____

OBJECTIVES	CONTENT (Topics)	TIME FRAME	PRESENTER	TEACHING METHODS
List learner’s objectives in behavioral terms (See Appendix A, “Criteria for Educational Activities” for information)	Provide an outline of the content for each objective. It must be more than a restatement of the objective.	State the time frame for each objective (e.g. 8:00-8:30am, 30 minutes)	List the Presenter/Faculty for each objective.	Describe the teaching methods, strategies, materials & resources for each objective/ Also describe the category of evaluation: a: Learner satisfaction; b: Knowledge enhancement; Skill and attitude change
				Teaching method: Evaluation Category:
				Teaching method: Evaluation Category:
				Teaching method: Evaluation Category:

**EDUCATIONAL ACTIVITY PLANNING FORM—3 COLUMN
INDEPENDENT STUDY**

Use this form to provide information on Criteria C, D, and G.

THE INFORMATION LISTED MUST INCLUDE ALL TOPICS BEING PRESENTED

Title of Activity:

Title of Individual Session (if applicable):

OBJECTIVES	CONTENT (Topics)	METHODS
List learner's objectives in behavioral terms (See Appendix A, "Criteria for Educational Activities" for information)	Provide an outline of the content for each objective. It must be more than a restatement of the objective.	Describe the teaching methods, strategies, materials & resources for each objective/ Also describe the category of evaluation: a: Learner satisfaction; b: Knowledge enhancement; Skill and attitude change
		Teaching method: Evaluation Category:
		Teaching method: Evaluation Category:
		Teaching method: Evaluation Category:

- Planners
 Faculty/Presenters/Authors

Biographical Data Form

Name, Degrees & Credentials:

If RN, nursing degree(s): AD Diploma BSN Masters PhD

Home Address **OR** Business Address:

(Number & Street, City, State, Zip)

Day Telephone: Email Address:

Present Position (Title) & Employer:

Planners: Describe your familiarity with the target audience:

Faculty/Presenters/Authors: Describe your expertise in this topic:

Planner, Faculty and Author Conflict of Interest Statement

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. In order to ensure balance, independence, objectivity and scientific rigor at all programs, the planners, faculty and authors must make full disclosure indicating whether the planner, faculty or author and/or his/her spouse family has any relationships with pharmaceutical companies, biomedical device manufacturers and/or corporations whose products or services are related to pertinent therapeutic areas. All planners, faculty, authors and feedback specialists participating in CE activities must disclose to the audience information listed below.

A. Is there a potential conflict of interest? Yes No

If yes, list company(ies) with relationship:

Self	Spouse/ Partner	Type of Financial Relationship	Indicate Applicable Manufacturer(s)
		Salary	
		Royalty	
		Receipt of Intellectual Property Rights	
		Consulting Fee	
		Honoraria Directly from Commercial Interest of Their Agents ¹	
		Contracted Research ²	
		Ownership Interest (stocks, stock options, or other ownership Interest excluding diversified mutual funds)	
		Speakers Bureau	

B. If YES to item A above, use this space to describe how any conflict of interest will be resolved (e.g. signed policy statement, nurse planner/planning committee member to monitor session, other):

C. Discussion of unlabeled uses: Yes No

If yes, you must disclose this information during your presentation. How will you do this?

1. Verbal statement during the presentation
 2. Information provided on handouts
 3. Information provided in audiovisuals (slides, overhead, powerpoint, etc.)
 4. Other: Describe:

All information disclosed must be shared with the audience either on the program handouts, advertising and/or audiovisual presentation.

Signature: _____ Date: _____

By checking this box, I am providing my electronic signature approving all the information entered above. (Please enter name and date on signature and date lines above).

¹An accredited/approved CNE provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.

²Only include research funds received directly from industry, grants to your institution are NOT reportable.

ACTIVITY PUBLICATION SHEET

The Georgia Nurses Association's website, www.georgianurses.org is used to publish continuing education programs for our approved providers and individual activity applicants. If you would like to have your Continuing Education Activity published on the web, please complete this sheet and submit to GNA. Thank you.

DATE OF ACTIVITY:

NAME OF ACTIVITY:

NUMBER OF CONTACT HOURS:

LOCATION:

CE PROVIDER NAME:

NAME OF CONTACT PERSON:

CONTACT PHONE NUMBER:

CONTACT E-MAIL ADDRESS:

COST OF ACTIVITY:

*If publication time permits, it may also be published in GNA's newsletter, *Georgia Nursing*.

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