

Georgia Nurses Association Continuing Education Review Committee
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Educational Activity Application

DIRECTIONS: The step-by-step explanation for the application process can be found in the “Criteria For Educational Activities” located at www.georgianurses.org/ce_approval.htm. This form may be copied in its entirety.

ALL INFORMATION ON PAGES 1-8 MUST BE COMPLETED IN THIS FORMAT TO BE CONSIDERED FOR REVIEW. Please send 3 complete, typed, collated copies of the entire application and all attachments to the address above.

DEMOGRAPHIC DATA

Title of Activity:

Applicant:

Date of event if presentation:

Date(s) to be offered if not presentation:

Contact Hours Requested:

Fee enclosed:

Type of Activity:

- Seminar/workshop/conference
- Distance Learning via Computer (web-based instruction)
- Distance Learning via Tele/Audio Conference
- Independent Study Other:

A. Human Resources

1. **Activity Administrator.** Provide the following information for the person responsible for administering this activity.

Name & Credentials:

Address (This address will be used for all mailings):

Daytime Phone Number:

Ext:

Fax Number:

E-Mail:

GNA OFFICE USE ONLY

ACTIVITY ID # _____

CHECK NUMBER _____

RECEIVED _____

MC/VISA _____

TO GNA-CERC _____

AMOUNT RECEIVED _____

DUE DATE FROM GNA-CERC _____

APPROVED TO DATE _____

NOT APPROVED _____

AUTHORIZED SIGNATURE _____

2. **Planning Committee.** Must include 1 RN with a minimum of BSN. For each person on the planning committee, please list name, degrees and credentials here and attach a biographical data form with the additional required information.

Nurse Planner (RN with a minimum of BSN):

Others:

BIOGRAPHICAL DATA FORMS for each planning committee member are attached.

B. Target Audience and Needs Assessment

1. Identify the target audience expected to attend:

2. Check best description of type(s) of needs assessment used: (Check all that apply)
 - Annual Needs Assessment
 - Learners/Management Requested Event
 - Quality Studies/Incident Reports Indicated Need
 - Trends In Literature, Law and Health Care Indicated Need
 - Other - Describe:

C. Purpose:

D. Presenters/Content Specialists-in addition to listing names on page 6 of application, list the names, degrees & credentials of each presenter/content specialist below. Attach the completed biographical data forms for each presenter. (Attach a separate sheet listing presenters if more than 5 for the educational activity.)

1. Presenter(s) Name, Degrees and Credentials:

- (1)
- (2)
- (3)
- (4)
- (5)

BIOGRAPHICAL DATA FORMS FOR EACH PRESENTER are attached.

2. Each presenter has declared if they have any vested interests on the bio form.

3. Learners will be informed of presenters' declaration of vested interests by:
 - Not applicable because presenters have no vested interest.
 - Announcement at beginning of event/session.
 - Information provided on advertising.
 - Information provided on handouts.
 - Signs placed inside or outside of presentation room.
 - Other - Describe:

For items **D-G**, use a 5-column format (p. 6) to provide this information for live presentations. For independent learning activities, provide the responses to E, F & G on the three-column format (p. 7). As many additional copies of page 6 (or 7) as necessary may be copied and should be numbered Page 6-1, 6-2, 6-3, etc. and collated appropriately.

E. 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.

F. 1 & 2. 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.

F.3. Time Frame: List number of minutes for each objective or topic for live presentations. See **Section M** for independent studies.

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

G. Teaching Methods, Strategies, Materials and Resources: List the methods, strategies, materials and resources to be used by presenters to cover each objective.

H. Coprovidership. If not coproviding, check #1; if yes, answer #2 and #3.

1. This activity will not be coprovided.

2. Coprovidership of this activity has been arranged with (Name of Coprovider):

(Coprovider's Address):

3. As the approved applicant we will maintain responsibility for determination of objectives and content, selection of presenters, awarding of contact hours, record keeping and evaluation. I have included a written agreement with the coproviders which outlines the above.

I. Commercial Support: If no, check #1. If yes, complete items 2, 3 & 4 below.

1. This activity has no commercial support.

2. Commercial support has been provided by the following: (List name of representative and company.)

3. Commercial support provided by these organizations does not influence the objectives and content of this activity.

4. Learners will be informed about commercial support by:

Information provided on advertising material.

Announcement at beginning of event.

Information on handouts given at start of event.

A sign displayed in the exhibit area.

Other - Describe:

J. Evaluation.

1. Check or describe the methods of evaluation to be used: (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:

2. Submit a copy of the evaluation tool(s) to be used for this event. It must include, at a minimum, (a) achievement of objectives and (b) teaching effectiveness of EACH presenter.

3. Check the best description or describe how evaluation data will be used to:
 - Refine future presentations of this course.
 - Create new programs.
 - Discontinue the activity.
 - Decide whether or not to change this presenter(s) or facility.
 - Other - Describe:

4. 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:

K. Verification of Participation and Successful Completion

1. Attendance/participation will be verified at the event through sign in sheets/attendance sheets.
 Internet Registration
 Other - Describe:

2. Criteria for successful completion include: (Check all that apply)
 - Attendance at entire event.
 - Completion/submission of evaluation form.
 - Achieving passing score on post test.
 - Completion of self-study packet.
 - Other - Describe:

3. Learner will be informed of criteria by (check all that apply):
 - Information on brochure/advertising material. (Note: Item 2 info above must be included on advertising if this line checked)
 - Verbal statement at beginning of activity.
 - Written information on handouts/website.
 - Other - Describe:

4. A completed sample of the certificate is included. 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, official approval statement: **This continuing nursing education activity was approved by the Georgia Nurses Association Continuing Education Review Committee, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.**

L. Record Keeping System

- All correspondence, complete copy of application 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 five years.
- Records will be maintained confidentially.
- Records will be filed and stored at (list location here):
- Other -Describe:

M. Contact Hour Calculation

For live presentations: Identify the number of contact hours to be awarded, with supporting documentation.

$$\frac{\text{Minutes of contact/approved learning activities}}{\text{Divided by 50}} = \underline{\hspace{2cm}} \text{ Total number of contact hours}$$

For independent studies:

1. Effectiveness of study: Describe how the effectiveness of the independent study was evaluated, the results of the evaluation, and the changes made based on the evaluation.
2. 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:

N. A copy of the **advertising material** is included.

Type of Advertising:

- Flyer/Brochure
- Memo/Letter
- Meeting Notice
- E-mail (print hard copy to include with your application)
- Web site (print hard copy to include with your application)
- Other - Describe:

If a mock-up is sent with this application, the final copy will be sent as soon as it is printed.

If advertising is via the web site, include the address so that reviewers can find this information.
The URL (web site address) is:

A copy of the relevant pages of the web site are included with each copy of the application.

The correct approval statement is included on the advertising material.

BEFORE SENDING THIS APPLICATION TO THE Georgia Nurses Association Continuing Education Review Committee, HAVE YOU REMEMBERED TO INCLUDE THE FOLLOWING:

- 3 copies of the application (typed, collated). Include one copy of all attachments with each copy of the application.
- Biographical data forms for the planners and presenters
- Evaluation form
- Program Schedule/Agenda if activity time frame includes events not receiving contact hours (e.g. orientation, breaks, meals, etc)
- Coprovider agreement if applicable
- Completed Certificate
- Advertising material
- Fee

Contact Hours	Fee
1.0 - 10.9	\$75.00
11 - 20.9	\$100.00
21.0 +	\$125.00

EDUCATIONAL ACTIVITY

Use this form to provide information on Criteria D, E, F, and G. Copy if additional pages needed, numbering 6-1, 6-2, 6-3, etc.
THE INFORMATION LISTED MUST INCLUDE ALL TOPICS BEING PRESENTED

OBJECTIVES	CONTENT (Topics)	TIME FRAME	PRESENTER	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	List the Presenter for each objective.	Describe the teaching methods, strategies, materials & resources for each objective

INDEPENDENT STUDY

Use this form to provide information on Criteria E, F, and G. Copy if additional pages needed, numbering 7-1, 7-2, 7-3, etc.

THE INFORMATION LISTED MUST INCLUDE ALL TOPICS BEING PRESENTED

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

CHECK ONE OR BOTH

Planner

Presenter

Biographical Data Form

Name:
(Name, Degrees and Credentials)

Home Address **OR** Business Address:
(Number and Street) (City, State, Zip)

Day Telephone: Ext. E-Mail address:

Present Position (Title) & Employer:

Planners: Describe your familiarity with the target audience:

Presenters: Describe your expertise in this topic:

Vested Interests of Presenters

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. (If the applicant already has special forms to identify this, it does not need to be repeated on the bio form. Include the applicant's copy of the completed forms declaring vested interest.)

I recognize that I must follow all guidelines and criteria regarding vested interest. Any real or perceived conflict of interest for a conference participant must be disclosed. For this purpose a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly or indirectly during the presentation; being or having been an employee of a company with such financial interest and/or having had substantial research support by an industry to study the product to be discussed at the presentation.

I have no real or perceived conflicts of interest that relate to this presentation.

I have the following real or perceived conflicts of interest that relate to this presentation:

ACTIVITY PUBLICATION SHEET

On January 1, 2002, the Georgia Nurses Association launched their new website, www.georgianurses.org. If you would like to have your Continuing Education Activity published on the web, please complete this sheet and submit to GNA with your application. Thank you.

DATE OF ACTIVITY:

NAME OF ACTIVITY:

NUMBER OF CONTACT HOURS:

LOCATION:

NAME OF CONTACT PERSON:

CONTACT PHONE NUMBER:

CONTACT E-MAIL ADDRESS:

COST OF ACTIVITY:

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