

**CNE-Net™**

**2008 Continuing Nursing Education Contact Hours Application**

Title of Continuing Nursing Education Activity: \_\_\_\_\_

Type of Activity:  Seminar / Workshop  Conference  Independent Study  
 Distance Learning / computer  Distance Learning tele / audio conference  
 Other: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Location of Activity: \_\_\_\_\_

Applicant (organization): \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

(this address will be used for all mailings)

Has this application been denied from another ANCC approver unit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Applicant must:**

1. File a copy of the application, attendance records, learner/participant evaluations, and evaluation summary for a period of four (4) years. Follow state Board of Nursing guidelines.
2. Agree to quality monitoring of this activity if requested by CNE-Net.

**CNE-Net Use Only**

Application Received: \_\_\_\_\_  
Date

Payment Received:  
Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Approved: \_\_\_\_\_  
Date # OF CONTACT HOURS  
#OF HOURS REVIEWED

This activity expires: \_\_\_\_\_ (2 years from date of approval)

Deferred: \_\_\_\_\_ Not Approved: \_\_\_\_\_  
Date Date

Peer Reviewer Signature: \_\_\_\_\_

Applicant Notified:  Phone  Fax  Email  Cover Sheet Mailed \_\_\_\_\_

Criteria	Reviewer use only Criteria Met: Circle Yes or No	Reviewer Comments
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A. Human Resources	Yes (Y) No (N)	
1. Contact Person: Name, Degree(s),Credential(s):	Bio form included  Y      N	
2. Planning Committee Members Name(s),Degree(s), and Credential(s). (Must include 1 RN with a minimum of baccalaureate degree in nursing). For each person on the planning committee, please list name, degree(s), and credential(s) and attach a Biographical Data Form for each) <u>Minimum of two people on planning committee.</u> a. Nurse Planner: b. c. d. e. f. g. <b>____ Submit Biographical Data Forms with Conflict of Interest and Off-label or Investigative drug usage discussion declared.</b>	Bio form(s) included:  a. Y      N b. Y      N c. Y      N d. Y      N e. Y      N f. Y      N g. Y      N	
B. Needs Assessment: Describe how the need for this activity was assessed.		
Check all that apply: <input type="checkbox"/> Formal Needs Assessment <input type="checkbox"/> Previous Evaluations <input type="checkbox"/> Literature Review <input type="checkbox"/> Patient Care Requirements/Quality Improvement <input type="checkbox"/> Other Describe: _____	a. Y      N	
C. Target Audience: RNs must be included in the target audience		
Check all that apply: <input type="checkbox"/> RN <input type="checkbox"/> APRN <input type="checkbox"/> LPN <input type="checkbox"/> Other Describe: _____	a. Y      N	
D. Purpose / Goal of Activity: Describe how the educational activity will enrich nurses' contributions to quality health care or pursuit of professional goals.		
1. Write purpose / goal statement:    a. Brochure or flyer with purpose or goal submitted	1. Y      N    a. Y      N	

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**E. Presenters / Content Specialists:** list the names, degrees, & credentials of each presenter / content specialist below.

<p>1. 2. 3. 4. 5. 6. 7.</p> <p>a. Biographical Data Form for each presenter/ content specialist attached</p> <p>b. Conflict of interest declared for each presenter</p> <p>c. Learners/participants will be informed of conflict of interest by: (Check all that apply)</p> <p><input type="checkbox"/> Not applicable (no conflict of interest declared)</p> <p><input type="checkbox"/> Announcement at beginning of session / event</p> <p><b>This will be documented in writing that it occurred. Name of person who will do this:</b> _____</p> <p><input type="checkbox"/> Information on marketing material</p> <p><input type="checkbox"/> Information on handouts</p> <p><input type="checkbox"/> Signs placed in or near presentation room</p> <p><input type="checkbox"/> Other Describe: _____</p> <p>d. Learners/participants are informed of off-label use by: (Check all that apply)</p> <p>___ Faculty/presenters will state at their session</p> <p>___ Information on handouts</p> <p>___ No off-label use will be discussed by presenters</p> <p><b>Submit Biographical Data Forms with Conflict of Interest Declared</b></p>	<p>a. Y      N</p> <p>b. Y      N</p> <p>c. Y      N</p> <p>d. Y      N</p>	
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**F. Objectives / Content / Time Frame / Presenter / Teaching Methods, Strategies, Materials, Resources**

<p>1. Objectives Documentation Form completed and attached for each session <b>(Use the 5 column form)</b></p> <p>a. Measurable objectives indicate what the learner/participant will be able to do at the conclusion of the activity – one to two objectives per hour is realistic</p> <p>b. Key points that outline the content of each objective are itemized and related to the objective</p> <p>c. Number of minutes determined for each topic</p> <p>d. Name(s) of presenter is listed</p> <p>e. Methods, strategies, materials, resources for each objective</p> <p><b>SUBMIT 5 COLUMN OBJECTIVE FORM(S)</b></p>	<p>1. Y      N</p> <p>a. Y      N</p> <p>b. Y      N</p> <p>c. Y      N</p> <p>d. Y      N</p> <p>e. Y      N</p>	<p>C and D Not required for independent study activities</p>
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G. Verification of Participation and Successful Completion	Yes (Y)	No(N)
1. Attendance/participation verified by: (Check all that apply) <input type="checkbox"/> Sign-In Sheet <input type="checkbox"/> Completion of application form <input type="checkbox"/> Other Describe: _____	1. Y	N
2. Criteria for successful completion include: (Check all that apply) <input type="checkbox"/> Attendance at entire event <input type="checkbox"/> Completion / submission of evaluation form <input type="checkbox"/> Successful completion of post test / project to verify attainment of objectives <input type="checkbox"/> Self-reported attainment of objectives <input type="checkbox"/> Completion of independent study requirements <input type="checkbox"/> Other Describe: _____	2. Y	N
3. Learner/participant will be informed of criteria by: (Check all that apply) <input type="checkbox"/> Information on brochure / marketing material <input type="checkbox"/> Verbal statement at beginning of activity <input type="checkbox"/> Written information on participant materials <input type="checkbox"/> Other Describe: _____	3. Y	N
4. Certificate of Successful Completion must include all of the following: (Sample certificate must be submitted with application) a. Name of learner/participant b. Number of contact hours c. Name and mailing address of agency (as on cover sheet) d. Title and date of activity (as on cover sheet) e. *Approval statement(s): <b>This continuing nursing education activity was approved by CNE-Net, the education division of the North Dakota Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.</b> If marketing materials are printed prior to approval use this statement: <b>Application for contact hours has been made to CNE-Net, the education division of the North Dakota Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Please call (name of contact person) at (applicant organization) for more information about contact hours.</b> <b>_____ SUBMIT SAMPLE OF CERTIFICATE</b> *Note: statements must stand alone and cannot be abbreviated in any way.	4. a. Y b. Y c. Y d. Y e. Y	N N N N N

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H. Evaluation	Yes (Y) No (N)		
<p>1. Method of evaluation: (Check all that apply)</p> <p><input type="checkbox"/> Evaluation form (required for all events with a minimum of the following addressed)</p> <p>    a. achievement of objectives</p> <p>    b. teaching effectiveness of presenter/content specialist</p> <p><input type="checkbox"/> Pre / Post test - Passing score % will be: _____</p> <p><input type="checkbox"/> Return demonstration</p> <p><input type="checkbox"/> Other Describe: _____</p> <p>2. Use of evaluation data: (Check all that apply)</p> <p><input type="checkbox"/> Plan / refine current / future activities</p> <p><input type="checkbox"/> Assess competency of learners/participants</p> <p><input type="checkbox"/> Educational needs of learners/participants</p> <p><input type="checkbox"/> Discontinue the activity</p> <p>3. Learner/participant feedback: (Check all that apply)</p> <p><input type="checkbox"/> Questions and answers during the activity</p> <p><input type="checkbox"/> Return results of testing</p> <p><input type="checkbox"/> Certificate of successful completion</p> <p><input type="checkbox"/> Other Describe: _____</p> <p><b>SUBMIT COPY OF EVALUATION TOOL</b></p>	<p>1. Y      N</p> <p>2. Y      N</p> <p>3. Y      N</p>		
I. Marketing / Promotional Materials			
<p>1. Marketing material: (Check all that apply)</p> <p><input type="checkbox"/> Flyer/brochure</p> <p><input type="checkbox"/> Memo/Letter                      <input type="checkbox"/> E-mail</p> <p><input type="checkbox"/> Web-site                              <input type="checkbox"/> Other: _____</p> <p>a. Copy of marketing material included (for e-mail and website material include hard copy and website with application)</p> <p>b. Appropriate approval statement included on all materials</p> <p>DO NOT USE CEU ON ANY MATERIALS THE CORRECT TERM IS CONTACT HOURS</p>	<p>1. Y      N</p> <p>a. Y      N</p> <p>b. Y      N</p>		
J. Co-Sponsorship			
<p>1. <input type="checkbox"/> This activity will not be co-sponsored</p> <p>2. <input type="checkbox"/> This activity will be co-sponsored</p> <p>    a. Co-sponsor(s) name(s) and address(es):</p>	<p>1. Y      N</p> <p>2. a. Y      N</p>		

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<p>b. A written agreement exists between the applicant and the co-sponsor and states that the applicant is responsible for the following:</p> <ol style="list-style-type: none"> <li>1. Determination of objectives / content</li> <li>2. Selection of presenters / content specialists</li> <li>3. Awarding of contact hours/certificate of successful completion</li> <li>4. Record keeping</li> <li>5. Evaluation</li> </ol> <p>___ <b>SUBMIT SIGNED AGREEMENT IF APPLICABLE</b></p>	<ol style="list-style-type: none"> <li>1. Y      N</li> <li>2. Y      N</li> <li>3. Y      N</li> <li>4. Y      N</li> <li>5. Y      N</li> </ol>	
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K. Commercial Support		
<p>1. <input type="checkbox"/> This activity has no commercial support</p> <p>2. <input type="checkbox"/> This activity received commercial support from: (List name(s) and address(es) of supporters)</p> <p>3. Integrity of the program will be maintained by: (Check all that apply)</p> <p>___ Our commercial support policy has been discussed with those providing commercial support.</p> <p>___ Planning committee has been informed of our commercial support policy (Review ACCME standards for disclosure and commercial support)</p> <p>___ Faculty/presenters informed of our commercial support policy</p> <p>___ The session will be monitored and violators of policy will not be asked to present again</p> <p>___ Other Describe: _____</p>	<ol style="list-style-type: none"> <li>1. Y      N</li> <li>2. Y      N</li>   <li>3. Y      N</li> </ol>	
<p>4. Learner/participant will be informed about commercial support by: (Check all that apply)</p> <p><input type="checkbox"/> statement on marketing material:  <u><b>This continuing nursing education activity is supported through unrestricted educational grants and exhibits. This does not imply ANCC Commission on Accreditation or CNE-Net approval or endorsement of any product.</b></u></p> <p><input type="checkbox"/> announcement at beginning of event</p> <p><input type="checkbox"/> information provided in packet / handouts</p> <p><input type="checkbox"/> sign in visible area</p> <p><input type="checkbox"/> other Describe: _____</p> <p>___ <b>SUBMIT SIGNED COMMERCIAL SUPPORT AGREEMENT (If applicable)</b></p>	<ol style="list-style-type: none"> <li>4. Y      N</li> </ol>	



# CNE-Net™ INDIVIDUAL ACTIVITY APPLICANT CHECKLIST

\_\_\_\_\_ Completed application

\_\_\_\_\_ \*Biographical Data Forms:

Planning Committee Members

Presenter(s)/Content specialist(s)

*\*Declarations of Conflict of Interest and Off-label or Investigative drug usage discussion for each faculty person/presenter/content specialist/planning committee member/contact person, and others involved e.g. person administratively responsible/CE committee member(s).*

\_\_\_\_\_ Objectives Documentation Form(s)

\_\_\_\_\_ Agenda or schedule of activities for calculating contact hours

\_\_\_\_\_ Certificate of Successful Completion

\_\_\_\_\_ Evaluation Form

\_\_\_\_\_ Copies of all marketing / promotional materials

\_\_\_\_\_ Co-sponsor Agreement(s) if applicable

\_\_\_\_\_ Co-provider Agreement(s) if applicable

\_\_\_\_\_ Commercial support Agreement(s) if applicable

\_\_\_\_\_ Copy of pre-test and/or post-test if applicable

\_\_\_\_\_ Appropriate fee

## 2008 Fee Schedule:

### **If submitted a minimum of 4 weeks prior to first activity date:**

0.5 – 2.0 contact hours reviewed-----	\$ 55.00
2.1 – 4.0 contact hours reviewed -----	75.00
4.1 – 8.0 contact hours reviewed -----	100.00
8.1 – 15.0 contact hours reviewed -----	125.00
Over 15.1 contact hours reviewed -----	\$125 plus \$10 per additional hour
Maximum of \$300	

### **If submitted less than 4 weeks but more than two weeks prior to first activity date:**

The appropriate fee above times two, i.e. for 0.5 to 2.0 contact hours, fee would be \$110

### **If submitted less than 2 weeks prior to first activity date:**

Applications will not be accepted with less than two weeks notice, as we are not able to assure compliance with ANCC criteria in that short time frame.

2/08

**Mail completed application and all supporting materials to:**

**CNE-Net**

**531 Airport Road, Suite D**

**Bismarck, North Dakota 58504**