

CNE-Net™

The Continuing Nursing
Education Network

ACCREDITED APPROVER UNIT

2008

Continuing Nursing Education
Contact Hours Application
Manual

Educational Design Criteria

Criterion: Continuing nursing education activities are assessed for need, planned, implemented, and evaluated in accordance with professional education standards, adult learning principles, regulatory and credentialing requirements, and organizational policy.

Key Elements:

1. Continuing education activities are developed in response to, and with consideration for, the unique educational needs of the organization's target audience.
2. Each education activity has an identified purpose and educational objectives for the learner / participant.
3. The education activity is planned by at least one RN with a baccalaureate degree or higher and others who have content expertise and who represent the target audience.
4. Each educational activity has content that is congruent with its purpose and educational objectives.
5. Teaching / learning strategies are congruent with objectives and content.
6. Contact hours are determined in a logical and defensible manner, consistent with the objectives, content, teaching / learning strategies, and target audience.
7. There is a clearly defined method for evaluating the effectiveness of each education activity, including learner / participant input.
8. Revisions are made to on-going activities based on evaluation data and learner input.
9. The applicant must 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.
10. Applicant must agree to quality monitoring of this continuing nursing education activity if requested by CNE-Net.

Completing the CNE-Net Continuing Education Contact Hours Application (Contact Hours Application)

1. Contact hour application is completed prior to first scheduled date of the activity.
2. Throughout the contact hour application if the choice "other" is selected, there must a written description of the "other".

Complete cover sheet entitled CNE-Net 2008 Continuing Education Contact Hours Application.

Supporting Evidence:

Page one (1) is completed with the following:

- a. The title of the continuing nursing education activity as it appears on marketing/promotional materials on the first line.
- b. The type of activity is designated by checking the appropriate design.
- c. The date of the activity.
- d. The location of the activity.
- e. Name of the applicant organization.
- f. Applicant mailing address.
- g. Declaration of application denial.
- h. The name of the contact person.
- i. The phone number of the contact person.
- j. The fax number of the contact person.
- k. The email address of the contact person.

Page two (2) is completed with the following:

- A1. The name, credentials, and title of the contact person including a Biographical Data Form with conflict of interest and discussion of off-label or investigative drug usages declared.
- A2. The name(s), degree(s), and credentials of all members of the Planning Committee, including Biographical Data Forms with conflict of interest and discussions of off-label and investigative drug usage declared. There must be a minimum of two people on the Planning Committee. The nurse planner must be prepared at the baccalaureate level.
- B. A description of how the need for the activity was assessed, by checking the appropriate box(es).
- C. A description of the target audience, by checking the appropriate box(es). RNs must be included with the target audience.
- D1. A statement of the purpose/goal of the activity, a description of how the activity will enrich nurses' contributions to quality health care or pursuit of professional goals must be included in its entirety on the evaluation form and on marketing/promotional materials.
- D1a. A copy of the flyer/brochure and/or other marketing/promotional materials including the purpose/goal is included in the packet.

Page three (3) is completed with the following:

- E1 The names, degrees, and credentials of each presenter/content specialist must be listed.
- E a Complete a Biographical Data Form for each presenter/content specialist.
- E b Conflict of interest declared.
- E c,d A description or how learners will be informed of declarations of conflict of interest and discussions of off label and investigative drug usage by checking box(es) and naming person responsible, if applicable.
- F The objectives documentation form is completed and attached for each session (5 column format).
- F 1a Objectives must be measurable and indicate what the learner/participant will be able to do at the conclusion of the activity (one to two objectives per hour is realistic).
- F 1b Key points outlining the content to be discussed to meet each objective are itemized and related to the objective.
- F 1c The number of minutes is determined for each topic (not required for independent study activities).
- F 1 d The name(s) of the presenter (not required for independent study activities).
- F 1 e The methods, strategies, materials, resources are listed for each objective.

Page four (4) is completed with the following:

- G1 Description of the method of verification of attendance/participation by checking the appropriate box(es).
- G2 Description of the criteria for successful completion by checking the appropriate box(es).
- G3 Method for informing the learner/participant of the criteria for successful completion by checking the appropriate box(es).
- G4 Included in the packet is a certificate of successful completion which includes the following:

- G4a Name of the learner/participant
- G4b Number of contact hours
- G4c Name and mailing address of agency as it appears on cover sheet
- G4d Title and date of activity as it appears on cover sheet
- G4e Approval statement:

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.

This statement **must** stand alone and cannot be abbreviated in any way.

If marketing materials are printed prior to approval use this statement:

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.

This statement **must** stand alone and cannot be abbreviated in any way.

Page five (5) is completed with the following:

- H1a,b A description of the method of evaluation by checking the appropriate box(es). A copy of the evaluation form, evaluating at a minimum the achievement of the objectives and the teaching effectiveness of the presenter/content specialist. Objectives must be congruent with objectives listed on the 5 column objectives documentation form. The evaluation form must contain a statement evaluating the purpose/goal. Purpose/goal must be written in its entirety. Evaluation form must include a statement as to whether or not the learner/participant perceived the activity to be free of commercial bias.
- H 2 A description of how the evaluation data will be used to improve the quality of the CNE-Net activities, by checking the appropriate box(es).
- H 3 The method of obtaining learner/participant feedback is documented by checking the appropriate box(es).
- I 1 A description of the marketing/promotional materials by checking the appropriate box(es).
- I 1a A copy of all marketing/promotional materials is included. All marketing/promotional materials must include the following approval statement:
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.

This statement **MUST** stand alone and cannot be abbreviated in any way. If marketing materials are printed prior to approval use this statement:

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.

J 1,2a A statement of whether or not the activity will be co-sponsored by checking the appropriate box. When co-sponsored, name(s) and address(es) of co-sponsors must be listed.

Page six (6) is completed with the following:

J b,1-5 A written agreement exist between the applicant and the co-sponsor and states that the applicant is responsible for the following:

1. Determination of objectives/content
2. Selection of presenters/content specialist
3. Awarding of contact hours/Certificate of Successful Completion*
4. Record keeping
5. Evaluation

*Only the applicants name can appear on the Certificate of Successful Completion. Co-sponsor name(s) may appear on brochure/flyer/marketing materials.

Submit signed CNE-Net Continuing Nursing Education Co-Sponsorship Agreement if applicable.

K 1,2 A statement of whether or not the activity received commercial support by checking the appropriate box. If commercial support is received, the name(s) and address(es) of commercial support sources.

K 3 A statement of how the integrity of the program will be maintained with receipt of commercial support. Check all that apply.

K 4 Learner/participant will be informed about commercial support: (Check all that apply.)

- Statement on marketing material.
This continuing 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.
- Announcement at beginning of event
- Information provided in packets/handouts
- Sign in visible area and/or
- Other (please describe)

Submit signed Commercial Support Agreement if applicable.

Page seven (7) is completed with the following:

L Method of calculating contact hours by checking the appropriate box(es). 60 minutes actual presentation time = 1 contact hour; 30 minutes = 0.5 contact hour. Agenda must be submitted with application. For independent study, evidence of how contact hours were determined, must be included. Check appropriate box(es) and/or other: Describe.

M Record Keeping.

M 1 Check box

M 2 Check box and list complete address including location of storage area and complete street address, city, state, and zip code.

Complete CNE-Net Individual Activity Applicant Checklist to assess for compliance with ANCC criteria and ensure completion of the Application in its entirety.

Revised: 2/08 JK