

## Operational Requirements Attestation Form

### Approved Providers

1. Use Commission educational design criteria as provided by CNE-Net to assess, plan, implement, and evaluate all continuing nursing education activities.
2. The Approved Provider Unit Nurse Planner maintains responsibility for the following when/if activities are co-provided/co sponsored:
  - a. Determination of objectives and content;
  - b. Selection of presenter/content specialist;
  - c. Awarding of contact hours/certificate of successful completion;
  - d. Record keeping;
  - e. Evaluation.
3. Maintain records for each continuing nursing education activity for four (4) years in a secure and confidential manner and include the following essential information:
  - a. Title of education activity
  - b. Number of contact hours awarded
  - c. Names, titles and expertise of persons responsible for planning the education activity and for presenters/content specialists as documented on the Biographical Data Form
  - d. Description of the needs assessment
  - e. Description of the target audience
  - f. Location(s) and date(s) of the activity; dates of additional times presented during the approval period, if provider directed
  - g. Names and addresses of the learners/participants and number of contact hours awarded
  - h. Purpose/goal of education activity
  - i. Objectives, content outline and time frames; (five column format)
  - j. Teaching/learning strategies, including resources, materials, delivery methods, and learner/participant feedback
  - k. Physical facilities, if provider directed
  - l. Process to verify completion of the education activity; requirements for a successful completion and how learners/participants were informed of these requirements
  - m. Sample of the certificate of successful completion awarded to learners/participants
  - n. If applicable, documentation of how co-providership/co-sponsorship responsibilities were maintained
  - o. Copy of the evaluation tool(s), including a summative evaluation
  - p. Marketing materials
  - q. If applicable, documentation of how program integrity was maintained for an education activity receiving commercial support. Signed commercial support agreement and documentation for disclosure.
  - r. If applicable, documentation of conflict of interest and off-label or investigative drug usage discussion for **each** faculty person, presenter, content

specialist, planning committee member, contact person, or others involved, e.g., person administratively responsible, CE Committee member declared on Biographical Data Form.

4. Maintain records and notify CNE-Net of any reportable Approved Provider changes during the approval period
  5. Verify participation and requirements for a successful completion of all continuing nursing education activities, and identify how learners/participants are informed of these expectations prior to the activity
  6. Provide learners/participants who successfully complete a continuing nursing education activity with written verification of completion which includes the following:
    - a. Name of learner/participant
    - b. Number of contact hours awarded
    - c. Name and address of the provider of the education activity
    - d. Title and date of the continuing nursing education activity
    - e. Official approval statement: This statement must stand alone and cannot be abbreviated in any way.
- (Name of Approved Provider) is an approved provider of continuing nursing education 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.**
7. Maintain timely communication with CNE-Net by providing at a minimum:
    - a. Reports of data requested by CNE-Net within the time frame specified
    - b. Within 30 days, information about change in (1) name, ownership, or structure of the organization, or (2) change in the nurse planner(s), or (3) change in the name of the contact person, or (4) change in any demographic information for the contact person
    - c. A new Biographical Data Form must be submitted for each new person involved.
    - d. Information about termination of Approved Provider Unit activities within 30 days of the decision to terminate
    - e. Any new Primary Nurse Planner must also sign and submit to CNE-Net an Operational Requirements Attestation Form agreeing to meet the Commission criteria
  8. Use appropriate language as an Approved Provider on all communications, marketing materials, and certificates of successful completion. (See 6.e.)

9. CNE-Net endorses the Commission system of awarding credit:

- a. The appropriate measure of credit is the 60-minute contact hour
- b. A contact hour is 60 minutes of an organized learning activity, which is either a didactic or clinical experience
- c. To calculate the number of contact hours, add the total number of minutes of scheduled time and divide by 60 (See calculation chart example below)
- d. The minimum number of contact hours to be awarded for presentation is 30 minutes or 0.5 contact hours
- e. After the first contact hour, fractions or portions of the 60-minute hour should be calculated. For example, 120 minutes of learning experience equals 2.0 contact hours. Do not round contact hours
- f. Registration, welcome, introductions, orientation, breaks, and viewing of exhibits are not included in the calculation of contact hours
- g. Evaluation, pre and post tests, practice, and discussion are considered part of the learning activity and need to be included in calculation of contact hours; all day activities add 15 minutes for evaluation time

Example of Calculation Chart for Approved Provider Activity

8:00-8:10	Welcome and Introduction	10 minutes
8:10-8:30	Pre-test	20 minutes
8:30-9:00	Talk #1	30 minutes
9:00-9:20	Discussion	20 minutes
9:20-10:10	Talk #2	50 minutes
10:10-10:25	Break	15 minutes
10:25-11:15	Supervised Practice	50 minutes
11:15-12:15	Lunch and Exhibits	60 minutes
12:15-1:55	Panel Discussion	100 minutes
1:55-2:10	Break	15 minutes
2:10-3:00	Talk #3	50 minutes
3:00-3:15	Questions and Answers	15 minutes
3:15-3:30	Evaluation	15 minutes
	Total	350 minutes Divided by 60=5.83 Contact Hours

10. In the case of a learner-directed study, e.g., independent study, it will be the responsibility of the Approved Provider to substantiate the rationale for determining the number of contact hours to be awarded. This may occur by means of a pilot test, peer reviewer, calculation of number of pages/ words, and the like. If the peer reviewer process is used, a minimum of three (3) BSN nurse peer reviewer from the

target audience must review the activity and average the time needed to complete the activity. This is the basis for awarding contact hours.

11. Approved Providers **do not** approve activities for other organizations. Approved Providers can only provide activities in which the Approved Provider Unit's nurse planner is actively involved in the entire process, from assessing needs through evaluation.

12. To ensure that all continuing nursing education activities are free from bias, each faculty person/presenter/content specialist/planning committee members/contact person, and others involved e.g., person administratively responsible/CE Committee member(s), must declare whether or not they have conflict of interest and indicate whether or not discussion of off-label or investigative drug usage will occur.

13. Approved Provider Unit will have a policy regarding handling of commercial support monies.

14. In the event that any form of commercial support is provided for the continuing nursing education activity, the provider will maintain control of the educational content and disclose to learner(s)/participant(s) all financial relationships, or lack there of, between the commercial supporter and Approved Provider Unit and presenter.

15. The Disclosure/Commercial support agreement is signed by primary nurse planner. Refer to ACCME Standards for Disclosure and Commercial Support document.

a. Funds from a commercial source should be in the form of an educational grant to the provider of the education activity and must be acknowledged in printed material via flyer or brochure.

b. Arrangements for exhibits will not influence the planning of or interfere with the presentation of education activities. Exhibits must **not** be located in the same room where the continuing nursing education activities are presented.

16. Education activities are distinguished as separate from endorsement of commercial products. When commercial products are displayed, learners/participants will be advised by the use of the following statement:

**This continuing nursing education activity is supported through unrestricted grants and exhibits. This does not imply ANCC Commission of Accreditation, CNE-Net, or ( Name of Approved Provider ) approval or endorsement of any product.**

19. Education activities that present research conducted by commercial companies will be designed and presented with scientific objectivity.

20. Learners/participants will be informed of any discussion of off-label or investigative drug usage of a commercial product presented in an education activity. Off-label use refers to using a pharmaceutical agent for a purpose (s) other than the purpose(s) approved by the FDA.

### **Supporting Evidence**

1. Each nurse planner must submit a signed Operational Requirements Attestation agreeing to use the operational requirements and adhere to the Commission criteria.
2. All sections of the application must be clearly titled and divided and pages numbered. A table of contents must be provided.
3. Applications must be bound and typed.
4. Submit three examples of continuing nursing education activities implemented by the Approved Provider Unit Applicant.

I agree to comply with these operational requirements for continuing nursing education activities as evidenced by my signature.

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Nurse Planner Signature

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Date

Revised 2/08 JK