

# 1.1 ASTNA Continuing Nursing Education Application

Activity Code (ASTNA CECH committee use):

The information requested during the application process is essential for compliance with the State of California Board of Nursing (CA BRN.) The California Board of Nursing allows ASTNA's CECH committee to grant continuing nursing education contact hours.

## Application Category ⇨ 'X' appropriate application category

A. ASTNA member

C. Corporate

B. Non-ASTNA member

D. Independent Study

## Continuing Nursing Education Activity

A. Title:

B. Date(s):

C. Has this activity been denied contact hours by any organization in the past two (2) years? Yes  No

If yes, name of organization, year submitted and reason for denial:

D. Has any portion of this activity been reviewed by ASTNA in the past year? Yes  No

If yes, please list activity title & activity code:

## Activity Coordinator ⇨ (Biographical Data & Conflict of Interest Disclosure form required)

A. Name:

B. Address:

City, State Zip:

C. Daytime Phone:

E. Alternate Phone (optional):

D. E-mail:

F. Alternate E-mail (optional):

## Planning Committee ⇨ (Biographical Data & Conflict of Interest Disclosure form required for each member)

B. \*Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Please add additional Planning Committee members on an additional sheet

⇨ *Must have a minimum of one (1) additional member in addition to the Activity Coordinator on the Planning Committee (total of at least two (2) individuals)*

Organization Providing Activity	
Name:	
Address: City, State, Zip:	
Contact Person:	
Daytime Phone:	

*Please answer the questions below pertaining to the organization and the organization co-providing*

**\*\*Was Commercial Support/Sponsorship received for this activity** → ('X' all that apply)

Commercial Support

Sponsorship

Not Applicable

Commercial Support or Sponsorship received in the form of:

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 CECH activity. \*A commercial interest is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by or used on patients. A Sponsor is not a commercial interest

**Target Audience** ⇨('X' all that apply)

Nursing          Physician/PA/NP          EMT/EMT-P          RT:          Aviation:

Comments:

**Needs Assessment** ⇨('X' all that apply)

Expressed Needs          Previous Activity Evaluation Summaries          Recommendations from QA

Regulatory Requirements          Institutional Policy          Other

**Activity Purpose** ⇨(Brief Statement)

**Additional Information**

**A. Estimated number of participants:**

**B. Course location** (Site, City, State):

**C. Teaching Methods** ⇨('X' all that apply):

Lecture	<input type="checkbox"/>	Skill practice sessions	<input type="checkbox"/>
Small group sessions	<input type="checkbox"/>	Clinical applications	<input type="checkbox"/>
Audiovisuals	<input type="checkbox"/>	Q & A sessions	<input type="checkbox"/>
Simulations	<input type="checkbox"/>	Handouts	<input type="checkbox"/>
Role-playing	<input type="checkbox"/>	Games	<input type="checkbox"/>

**D. Evaluation Tool:** Using ASTNA's

Submitting form to be used

**E. Category of Evaluation:**

Learner satisfaction (survey)  Written evaluation tool)  Knowledge enhancement (post-test)

Skills demonstration (hands-On)  Change in practice (follow-up survey)

**F. Certificate:** Using ASTNA's

Submitting copy of certificate to be used

**1.10 Web Posting**

Would you like your activity posted on the ASTNA Web site? Yes          No

Contact information for Web Posting

**Name:**

**Phone:**

**Email:**

**Web Address:**



# Biographical Data Conflict of Interest Disclosure

## INSTRUCTIONS:

**ACTIVITY COORDINATOR AND PLANNING COMMITTEE MEMBERS;** COMPLETE SECTIONS 2.1, 2.2, 2.4, 2.5, AND 2.8.

## SPEAKER;

COMPLETE SECTIONS 2.1, 2.3, 2.4, 2.5, 2.6, 2.7, AND 2.8.

RETURN THIS FORM TO THE ACTIVITY COORDINATOR BY THE DATE SPECIFIED. IF THERE IS A PERCEIVED CONFLICT, THE ACTIVITY COORDINATOR OR NURSE PLANNER WILL DISCUSS WITH YOU HOW THE CONFLICT WILL BE RESOLVED BEFORE YOUR CONTINUED PARTICIPATION IN THIS LEARNING ACTIVITY.

## 2.1 Demographic Data ⇨ (Activity Coordinator, Planning Committee, Speaker(s), and Content Expert(s))

Date:

Activity Title:

Name:

Credentials:

Degrees:

If RN, nursing degree(s) ⇨ please 'x' highest degree AD    Diploma    Bachelors    Masters    Doctorate

Street Address:

⇨ (Home or Business)

City, State Zip:

Daytime Telephone:

E-mail:

Present Position (Title):

Present Employer:

## 2.2 Planner Information ⇨ (Activity Coordinator, Nurse Planner, Planning Committee) Describe your familiarity/expertise with the following

I am knowledgeable about the nursing CE process through (describe):

I represent the target audience (describe):

I have content expertise in this topic by (describe):

Other (describe):

## 2.3 Faculty/Content Expert Information ⇨ (Speaker(s))

Professional education (Name of institution(s), city, state, country, degree(s) awarded & year(s) of completion)

Example: Purdue University, West Lafayette, IN., USA, BSN, 1991  
Example: Rockford Memorial Hospital, Rockford, IL., USA, EMT-P, 1991

Briefly describe your expertise in this topic:

## **Conflict of Interest Statement**

*If you are in a position to control the content of this educational activity (activity coordinator, planner, faculty presenter, content specialist), you must disclose whether or not you have a conflict of interest. Conflict of interest disclosure identifies the presence or absence of any potentially biasing relationship of a financial, professional or personal nature. A perceived conflict of interest would occur, for example, if you have or a member of your family has, within the past 12 months, received a salary, royalty, speaking honorarium, research appointment, board of directors remuneration, or consulting fee from an organization whose product or service is being discussed in the learning activity or if you or a family member own stock in such a company. Conflict of interest would also occur if you have any potential to benefit personally or professionally from the presentation (work for a proprietary company presenting the learning activity, have written a book about the topic, provide consulting services related to the topic, etc.)*

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

### **2.4 Conflict of Interest** ⇨ (Activity Coordinator, Nurse Planner, Planning Committee, Speaker(s), and Content Expert(s))

Is there a perceived financial, professional or personal conflict of interest (self or family)?

Yes     No

If yes, describe the perceived conflict:

### **2.5 Resolution of Conflict** ⇨ (Activity Coordinator, Nurse Planner, Planning Committee, Speaker(s), and Content Expert(s))

Procedures used to resolve conflict of interest or potential bias if applicable for this activity: ⇨ ('X' all that apply)

1. I have signed a statement that says I will present information fairly & without bias.
2. *In conjunction with 1, I understand that the nurse planner or designee will monitor session to ensure conflict does not arise.*
3. Not applicable since no conflict of interest.
4. Other (describe):

### **2.6 Off –Label Use** ⇨ (Speaker(s))

Speaker/Content Expert discussion of off-label uses:

Yes                      No

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

⇨ ('X' all that apply)

Verbal Statement during the presentation

Information provided in audiovisuals (slides, overhead, PowerPoint, etc.)

Information provided on Handouts

Other (describe):

**2.7 In regard to the above requirements, please check one of the following ⇨ (Speaker(s))**

*My presentation(s) will not refer to products, drugs, or devices of a commercial company with which I have a significant relationship. I have not accepted a fee from a commercial company for this presentation.*

*I have a significant relationship with the following commercial company(s) whose product(s) I will refer to in my presentation. I will disclose my relationship with the commercial company to the participants during the introduction of my session. I will refer to other products equally in my presentation. I have not accepted any fees from a commercial company for this presentation.*

List company(s):

**2.8 ⇨ (Activity Coordinator, Planning Committee, Speaker(s), and Content Expert(s))**

**A. Signature:**

⇨ (Electronic signature acceptable)

**Date:**

**B. Note to activity coordinator/ nurse planner: If actual signature is not obtained, describe how this data was collected: ⇨ (example 'via e-mail')**

**USE THIS FORM ONLY: DO NOT SEND CV OR RESUME. THANK YOU.**

## OFFERING / PROGRAM EXPLANATION

### Contact Hours

Contact hours are determined by adding the total number of minutes the participant is in contact with the content material. Exclude breaks, lunch, study time, and any time not directly addressed by the objectives. Divide the total number of minutes by 60 to determine the number of contact hours. Contact hours cannot be awarded for continuing education events where the total time is less than 60 minutes. Partial contact hours can be awarded for time that exceeds 60-minute increments.

Example	
9:00-10:00	Lecture
10:00-11:00	Lecture
11:00-11:15	Break
11:15-12:00	Clinical
165 min	Total divided by 60 = 2.7 contact hours

**Fee for Provision of Contact Hours**  
Number of contact hours requested: 2.7 Contact Hours

CONTACT HOURS	ASTNA MEMBER	NON-ASTNA MEMBER
1 - 3	\$40.00	\$100.00
4 - 7	\$80.00	\$160.00
8 - 12	\$140.00	\$280.00
13 - 20	\$200.00	\$400.00
21 - 30	\$250.00	\$500.00
31 +	\$300.00	\$600.00

**A late fee of \$100.00 needs to be added if approval for late submission is received from the CECH coordinator. Please verify that the submission can be managed by the CECH committee ([astna@astna.org](mailto:astna@astna.org)) prior to sending a late entry to the National Office.**

### Fee for Provision of Contact Hours

Number of contact hours requested:



# Content Outline

## 3.1 Activity Information ⇒ If there are multiple activities in the program, a content outline must be completed for each activity.

Activity Title:

Date of Activity:

Speaker:

## 3.2 Content Outline ⇒ Need help writing objectives? Please go to <https://www.ena.org/coursesandeducation/education/CNE/Documents/BloomsTaxonomy.doc>. Need further assistance? Please e-mail [astna@astna.org](mailto:astna@astna.org)

<b>A. Objectives</b> (Describe learner outcomes. State measurable objectives. Describe action or behavior which will occur. Objectives must be realistic and achievable. ⇒ There must be a minimum of three (3) objectives per contact hour applied for.	<b>B. Outline</b> Each objective must have a corresponding content outline (⇒ in outline format). Each item must be specific enough to describe the content.	<b>C. Time</b> State total number of minutes for each objective.	<b>D. Speaker</b> List speaker's name. ⇒ Required for each objective.	<b>E. Method</b> List teaching method (e.g., lecture, work group, etc.) ⇒ Required for each objective.
Upon completion of program, participant will be able to :				
	<b>Evaluation</b>	<b>5 min</b>		
		<b>Total time:</b> ⇒ Must correspond with time listed in brochure		