

***South Carolina Nurses Association
Continuing Education Approver Committee
2013 Individual Activity CE Manual***



The South Carolina Nurses Association is accredited as an
approver of continuing nursing education by the
American Nurses Credentialing Center's Commission on Accreditation.

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Dear Applicant:

Thank you for your interest in seeking approval for your planned continuing education activity (CE or CNE). Attached you will find the South Carolina Nurses Association Continuing Education Approver Committee Individual Activity Manual and an Individual Activity application form.

The South Carolina Nurses Association endorses the concept of planned continuing education for all nurses as a means by which nurses can maintain current knowledge, advance the discipline of nursing and meet the standards of practice developed by the nursing profession. One way to assure all key components of quality programming are incorporated in your continuing education activity is with the CEAC-CE process. As the nurse planner and/or person administratively responsible for the continuing education activity, you have the opportunity to assure the continued success of these standards by advocating and promoting quality continuing education learning activities for nurses.

This manual incorporates criteria mandated by the Accreditation Manual of the American Nurses Credentialing Center's Commission on Accreditation published in 2011 and the South Carolina Nurses Association.

The members of the Continuing Education Approver Committee are:

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You will find step-by-step directions provided in this manual and on the accompanying forms. Please contact SCNA CEAC with any questions that you may have. We look forward to working with you.

Sincerely,

Lawrence J. Eberlin, Ph.D., MSN, RN
Chair, SCNA CEAC

Statement of Philosophy on Continuing Nursing Education

The Continuing Education Approver Committee (CEAC) subscribes to the philosophies of the American Nurses Association, The American Nurses Credentialing Center (ANCC) Commission on Accreditation (COA), and the South Carolina Nurses Association (SCNA). The CEAC believes that the:

1. nature of nursing is a unique discipline of the scientifically applied arts of caring and the professional nurse serves as both care giver and advocate for the patient;
2. advancement of the discipline of nursing is fostered by individual professional growth and the resulting efforts of such growth;
3. individual professional nurse is responsible for his/her own professional growth through recognition and identification of his/her own needs as a life-long learner;
4. assurance of quality professional continuing education in nursing is enhanced by use of an accepted and clearly communicated method for assessment, provision, evaluation, and continuous quality improvement of continuing education offerings based on adult educational concepts;
5. determination of acceptable assessment, provision, evaluation, and continuous quality improvement of nursing continuing education is best accomplished through peer review by qualified nurses;
6. results of continuing education should include the increase in individual competence both didactically and practically, the stimulation of the affective domain in the professional nurse, and the overall improvement of health care outcomes for the client;
7. *Scope and Standards of Practice for Nursing Professional Development* (ANA, 2000) guides the continuing education process for learners, educators and the Approver Unit; and
8. CEAC supports the organization's goals for individual growth through approval of continuing education activities and through communication with the Board of Directors through the Commission on Workplace Advocacy. (Rev. 7/08)

The purposes of the South Carolina Nurses Association Continuing Education Approver Committee are to:

1. Approve individual activities and provider applications according to the ANCC Commission on Accreditation criteria and CEAC rules;
2. Set policy within the guidelines of the ANCC Commission on Accreditation, and the South Carolina Nurses Association Board of Directors; and
3. Monitor the quality and consistency of the Approver Unit program.

Chapter 1

INDIVIDUAL ACTIVITY APPROVAL PROCESS

Introduction

This manual includes information about the development and application for getting individual activities approved to award contact hours to registered nurses.

Those organizations or individuals providing multiple different activities over time might wish to consider becoming an approved provider unit. An approved provider unit has the authority to plan, implement, and evaluate its own continuing education activities during the three-year period of provider unit approval. There is a separate manual, the *South Carolina Nurses Association Continuing Education Approver Committee 2013 Provider Manual*, available for applying as an approved provider unit. There are specific criteria that must be met in order to be eligible to apply for approval as a provider unit.

The Criteria of the American Nurses Credentialing Center's (ANCC) Commission on Accreditation (COA) form the basis of this and the *Provider Manual* and the associated forms. The Continuing Education Approver Committee of the South Carolina Nurses Association (SCNA) is responsible for approving provider units and approving individual activities in South Carolina.

Our goal is to help you be successful in completing the applications for individual activities and providing quality continuing education. Please contact SCNA at 803-252-4781 at any time if you have questions or need further information.

Definitions

Continuing education (CE) in nursing consists of planned, organized learning experiences designed to improve the knowledge, skills and attitudes of nurses. It enhances nursing practice, education, and administration. Continuing education promotes professional development to improve health care.

In-service education consists of planned instruction or training to assist the nurse to perform in a particular work setting. It is designed to maintain or increase competency to promote compliance with facility policy and procedures, demonstrate use of facility-specific equipment, or practice previously learned skills. Basic BLS, first aid, and orientation to work settings are considered in-service. In-service activities are NOT eligible for contact hours.

Personal development activities are learning experiences designed to enhance personal knowledge of the learner. Examples may include courses on topics like personal finance or retirement planning. Personal development activities are NOT eligible for contact hours.

Faculty Directed activities are those that involve participant attendance. They are distinguishable by the fact that the pace of the activity is determined by the provider who plans and schedules the activity. It involves synchronous learning - both faculty and learner are available to each other at the same time. The faculty and participants must engage in the activity at the same time. The activity may occur in settings such as, but not limited to, a classroom, on-line, webinar or via teleconference provided that one or more individuals is facilitating the pace of the activity at the time of the activity. Contact hour credit awarded is based on the time

allocated for the activity. See Chapter 2 for the criteria for a Faculty Directed activity and sample completed forms.

Independent Study activities are those designed for completion by learners, independently, at the learner's own pace and at a time of the learner's choice. The provider designs the educational activity and determines the amount of credit to be awarded. See Chapter 3 for the criteria for an Independent Study activity and sample completed forms.

SCNA's Authority as an Approver

The South Carolina Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. The Commission on Accreditation accredits approver units which have demonstrated the capacity to approve and monitor the educational activities of individual activity providers and provider units. The South Carolina Nurses Association's current accreditation expires March 31, 2015. The Continuing Education Approver Committee is arm of SCNA that is empowered to carry out the functions of an approver of continuing nursing education.

Eligibility Criteria

Individuals and/or organizations may apply for approval of individual activities. They must:

1. Have nurse planner(s) who meet(s) qualifications of:
 - a. Minimum of baccalaureate degree in nursing.
 - b. Knowledge of ANCC COA criteria and SCNA rules as conveyed in this manual.
2. Be separate from any commercial entity that produces, markets, re-sells or distributes a product used on or by patients (See Note below for further clarification)

NOTE: Your organization is ineligible for approval if it is a commercial interest as defined in the Standards for Commercial Support. A "commercial interest" is any entity either producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used, on patients or that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. This definition allows a provider to have a "sister company" that is a commercial interest, as long as your organization had and maintained adequate corporate firewalls to prohibit any influence or control by the "sister company" over the continuing education program. In this case SCNA would expect that you would have an adequate corporate firewall in place to prohibit any influence or control by the "sister company" over the continuing education program.

APPLICATION AND RELATED POLICIES AND PROCESSES

A. Application Process

Applicants interested in applying for approval of an individual Continuing Nursing

Education (CNE) activity: Review the eligibility criteria as listed above. If you think that you meet these criteria, submit the application. Applications are accepted at any time of the year. If there are any questions about eligibility, please contact the SCNA CEAC at 803-252-4781.

B. Review Process

- Step 1: A preliminary review will be conducted, and you will be advised that the application is complete or that additional information is needed. If application indicates that the activity was revoked or denied approval by SCNA or another approver/accrediting body the applicant will be contacted to determine if the application can be processed.
- Step 2: Your application is sent to two peer reviewers of the CEAC for review. Reviewers independently assess your application and prepare comments for discussion at the next CEAC meeting. No peer reviewer of the CEAC shall review an application for which there is an identified conflict of interest, actual or perceived. No peer reviewer who has an identified conflict of interest, actual or perceived, may sit as a member of an appeals process committee or board.
- Step 3: The two reviewers who have assessed your application discuss their findings at the CEAC meeting and present a recommendation for action to the full committee. The committee takes action as noted below. You will be notified in writing as to the action of the committee. If further information is needed, a specific due date will be set for return of the information to ensure follow-up discussion and action at the next CEAC meeting.
- Step 4: One copy of your entire application, all correspondence to and from you related to the application, the CEAC review forms, and meeting minutes reflecting discussion and action on your application are kept on file at SCNA CEAC for six years. Only authorized personnel have access to the files. Representatives from the ANCC Accreditation program as well as members of the SCNA CEAC will have access to your files for review purposes.

As you proceed through the approval process, help is available. Phone calls or email to the SCNA CEAC staff are encouraged. Consultation can be arranged. The goal is for you to be successful at providing quality continuing education.

C. Types of action taken by CEAC

There are three types of action possible on an application for approval.

- 1. Approval** for two years occurs when your written application materials indicate that the criteria and rules are met.
- 2. Decision Deferred Pending** receipt of additional information occurs when there is insufficient information provided to complete the review and approval process.
- 3. Denial of Approval** occurs when written application materials do not meet the ANCC Commission on Accreditation criteria or rules as provided by SCNA.

D. Retroactive Approval

Retroactive approval (i.e., approval for contact hour credit of an educational activity **after** the activity has been presented) is not authorized in the ANCC accreditation. Approval **must** be granted **prior** to the presentation of an educational activity.

E. Withdrawal and Resubmission of an Application

An applicant has the right to withdraw an application at any time prior to the completion of the approval process without prejudice to any future applications. The applicant must notify the SCNA in writing of the decision to withdraw the application. One complete application and a copy of all correspondence will be kept on file in the SCNA office for six years. Fees will not be

refunded once the review process has begun. The review process begins four days after the application is sent (US mail or FedEx) to a CEAC peer reviewer. The fees are for the review process and not for approval of the application *per se*.

If the review process has not begun, the application fee, minus an administrative fee of \$10.00 or 10% (whichever is greater), will be returned to the applicant. If an individual or an organization requests to withdraw and then wishes to apply again later, the process can be resumed. It will be treated as a new application.

F. Length of Approval

The approval period for Faculty Directed and Independent Study applications is two years from the date SCNA issues the approval notice. The activity may be repeated as often as wished during this two year period with written notification sent to SCNA each time the activity is presented.

G. Repetition of Activity

Each time the activity is repeated during its approval period, the provider must notify SCNA that the event is being repeated, when, where and if there are any changes. Be sure to include the assigned SCNA number in all correspondence regarding the activity.

H. Reapproval

When the original approval period expires, any approved activity may be submitted for approval again. The cover letter must note that it is an application for renewal of approval and indicate the previously assigned SCNA number. The fee structure and application process is the same as for the original approval. If the reviewers have made recommendations for improvement of the original application, these must be incorporated into the new application. Submit three copies of the new application on the most current application form. Approval will be granted for two years if all criteria are met.

The approval process must be completed prior to awarding contact hours once the original approval time has expired. The application for approval must arrive at SCNA at least four to six weeks prior to the first activity date. The review and approval process for applications received in less time will not be completed in time for the event.

I. Reconsideration and Appeal

If the applicant or organization does not agree with the CEAC action decision, you may request in writing that the CEAC reconsider the decision. If the result of reconsideration is not acceptable, a written appeal may be made. See Appendix F for the reconsideration and appeal procedure.

J. Suspension and Revocation of Approval

Approval may be suspended and/or revoked as a result of **any** one of the following:

1. Failure to remain in compliance with relevant criteria, rules and requirements defined in this manual.
2. Investigation and verification by the CEAC of written complaints or charges by consumers or others.
3. Refusal to comply with an investigation by the CEAC.
4. Misrepresentation.

5. Failure to submit required information such as a survey or follow-up information.

Suspension and revocation are effective on the date the certified letter of notification is received by the organization. In cases of suspension, you may not award contact hours until all conditions relative to the suspension have been met. In cases of revocation, all statements regarding approval status must be removed from publicity material and certificates of attendance printed and/or distributed after that date. If approval is revoked, you may not award contact hours.

K. Reporting of Data and Monitoring

You may be asked to submit survey data and periodic monitoring requests in order to help evaluate and monitor the SCNA approval system and meet ANCC Commission on Accreditation requirements. ***Failure to respond to monitoring requests can result in suspension of approval.***

L. Changes in Personnel

You must maintain communications with SCNA during the period of approval. At a minimum the following must be reported:

1. Reports of data requested by SCNA within the time frame specified when the data is requested.
2. Within 30 days, information about change in
 - (a) name, ownership or structure of the organization, or
 - (b) the nurse planner(s), or
 - (c) the name of the contact person.

M. Awarding Contact Hours to Faculty

In activities with multiple topics and presenters, the faculty may be awarded contact hours for the parts of the program presented by others and in which they participate as learners.

N. Major Changes in Learning Activities

If a learning activity has been approved and there is a significant change in the content, another application must be completed and submitted for approval. For example, significant change could be substituting a new one hour segment for one that previously met criteria, changing objectives and content, etc.

If the speaker changes, but the new speaker will continue to present the same content, and use the same objectives and time frames, submit a memo to SCNA for the activity file regarding this change and include the biographical form including conflict of interest statement for the new speaker.

If you have any questions about whether you should write another application or just submit a memo, please contact SCNA staff.

O. Repetition of Portions of Classes

If, during the planning process, it is identified that certain session(s) out of a larger presentation may potentially be repeated on their own, the provider should:

1. Identify each section of the larger presentation as a potential, separate session (e.g. Session 1: Acute Respiratory Distress; Session 2: Chronic Respiratory Distress, etc.)

2. Identify in Key Element # III, item F-1 of the CE application that learners may attend one or more sessions. (Just as a note: You might also wish to include the information on the advertising material.)
3. On the certificate, identify the sessions the learner attended, the date and the contact hours awarded for those sessions (e.g., "Learner name successfully completed Critical Care Course Sessions 1 Acute Respiratory Disease, 5 Congestive Heart Failure, & 7 MI on date.").

P. Courses Addressing Complementary or Alternative (Therapeutic) Modalities

The following requirements were developed by the American Holistic Nurses Association regarding therapeutic modalities (complementary or alternative modalities) (2005). The SCNA CEAC recommends that providers follow these guidelines.

1. Therapeutic modality is clearly supported by theory or research published in professional literature in the last five years if there is research available. The research must be made available to the nurse planner/planning committee upon request. This would be required if the modality is in question by staff, nurse planners, or CEAC members.
2. The learning activity clearly discriminates between use of the modality for self-care or personal development as opposed to appropriate use of the modality with a client population.
3. The learning activity defines and assures a recognized minimum of training when modalities taught are intended for professional use with a client population.
4. The learning activity is consistent with the standards of the appropriate professional Association related to the topic. For example, the AHNA has the Holistic Nurses Association Standards of Holistic Nursing Practice that address holistic nursing. (These can be found at their website www.ahna.org).
5. Presenter has the appropriate credentials and experience to deliver the learning activity.
6. Note: The provision of contact hours by the provider is based on an assessment of the educational design criteria for the learning activity and does not constitute endorsement of the use of a specific modality in the care of clients. (Some organizations choose to include this statement on advertising or the handouts.)

Q. Refresher or Reactivation Courses

Contact hours may be offered for new information provided in refresher courses.

R. Recertification Courses

According to ANCC Commission on Accreditation, **ACLS, PALS, NRP and other similar types of recertification courses** are not continuing education and therefore do not qualify for contact hours as of June 1, 2011. ANCC Commission on Accreditation will re-consider this if the information taught in these recertification courses change significantly.

S. Other Questions or Concerns

If other issues arise that generate questions, please contact SCNA at (803) 252-4781, SCNA, 1821 Gadsden Street, Columbia, South Carolina 29201, or www.scnurses.org.

Chapter 2: Educational Design Process

(This chapter was adapted from the 2013 ANCC Primary Accreditation Manual.... With permission)

This chapter outlines the process of developing and/or evaluating individual educational activities according to ANCC Accreditation Program criteria.

The educational design expectations described in this chapter and applicable at the individual

contact hour

A unit of measurement that describes 60 minutes of an organized learning activity. One contact hour = 60 minutes.

continuing nursing education (CNE) activities

Those learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public and RN's pursuit of their professional career goals.

in-service educational activities

Activities intended to assist the professional nurse to acquire, maintain, and/or increase competence in fulfilling the assigned responsibilities specific to the expectations of the employer.

activity level are fundamental to high-quality continuing nursing education. Accordingly, applicants must ensure that these expectations are met and the ANCC criteria for accreditation are applied in such a manner that ensures the applicant's individual educational activities meet these criteria.

ANCC's Accreditation Program specifies a comprehensive set of educational design criteria to ensure that individual education activities are effectively planned, implemented, and evaluated according to educational standards and adult learning principles.

CNE involves "systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses, and therefore enrich nurses' contributions to quality health care . . ." (ANA, 2010, p. 43). The knowledge, skills, or attitudes gained from CNE activities can be applied regardless of the activity participant's employer. See Figures 1 ("Awarding Contact Hours") and 2 ("Evaluating Activities for Awarding Continuing Education Credit").

In contrast, staff development activities are typically designed to enhance performance in participants' current job roles and are based on a specific facilities/organization's policies and procedures, equipment, and resources. When staff development learning activities convey new content knowledge that would be transferable to other job settings, the organization may be able to award contact hours. Some in-service programs, based on their content, may include new, transferable knowledge.

Staff development departments may offer both **CNE** activities and **in-service activities**. For instance, orientation programs are typically facility or organization-specific. Contact hours may not be awarded for the employer-specific content.

Contact hours may not be awarded for review or refresher courses that focus on functioning in a particular facility or reinforcing basic knowledge. However, contact hours may be awarded for refresher courses that provide nurses re-entering the job market with advanced knowledge or a new skill set required to function in the role as RN.

Types of Activities:

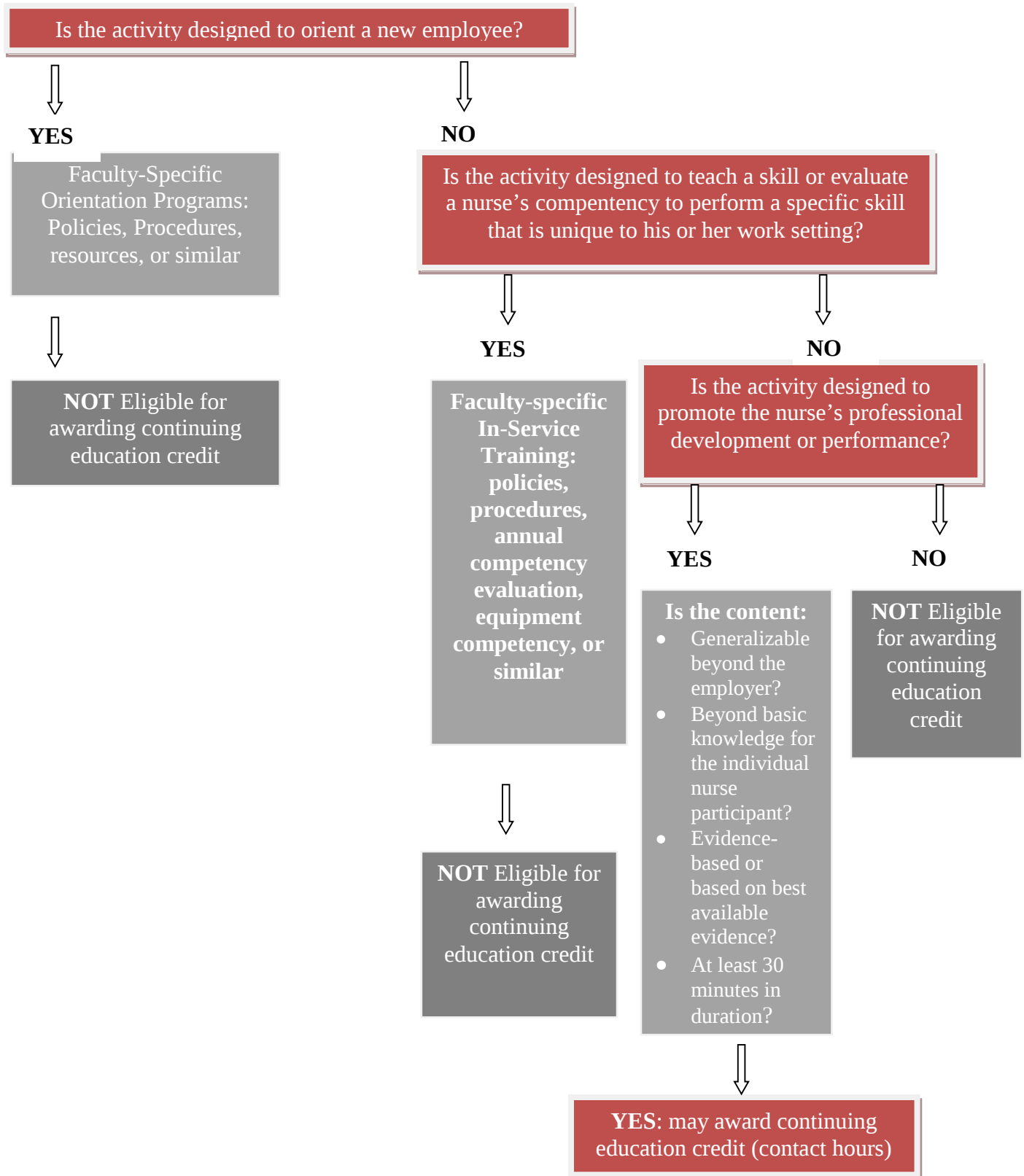
Faculty Directed Activities: The provider controls all aspects of the learning activity. The provider determines the learning objectives based on needs assessments, the content of the

learning activity, the method by which it is presented, and evaluation methods. (Examples include live activities and live webinars.)

Independent Study activities: The provider controls the content of the learning activity, including the learning objectives based on needs assessment, the content of the learning activity, the method by which it is presented, and the evaluation methods. The learner determines the pace at which the learner engages in the learning activity. (Examples include print articles, online courses, e-books, and self-learning modules/independent studies.)

Planning Process: Determining Ability to Award Contact Hours

Figure 1



ANCC GUIDELINES: Evaluating Activities for Awarding Continuing Education Credit
Educational activities must meet the following guidelines in order to be eligible for awarding of continuing education credit (contact hours): • Content must be beyond basic knowledge • Content must be generalizable regardless of employer of the nurse • Content must enhance professional development or performance of the nurse
Determination of whether to award continuing education credit may be dependent on the learner, for example: • If the course is the same course repeated every year for nurses, the nurse has taken the course previously, and no new content is included, it should not be classified as continuing education • If the class is being offered to a new nurse, and the content is new and is generalizable knowledge, it can be classified as continuing education • If the class is being repeated to nurses who have taken the course previously and a portion is new and updated information, the new information can be classified as continuing education
Content must be: • Evidence-based or based on the best-available evidence • Presented without promotion or bias • At least 30 minutes in duration
An educational activity may include content that is eligible for continuing education credit and content that is not eligible for continuing education credit. In that circumstance, continuing education credit may be awarded for the content of the activity that is appropriate, based on the guidelines stated above.

Table 2. Evaluating Guidelines for Awarding Continuing Education Credit

The fundamental basis for all CNE activities is the educational design process. This chapter outlines the required components of an individual education activity in accordance with ANCC accreditation criteria. Whether used by a provider to develop individual activities or by an approved provider unit for their individual activities, the educational design process remains consistent.

Assessment of Learner Needs

CNE activities are developed in response to, and with consideration for, the unique educational needs of the target audience.

needs assessment
The process by which a discrepancy between what is desired and what exists is identified.

Each educational activity is based on a **needs assessment** that may be conducted using a variety of methods that may include but are not limited to:

- Surveying stakeholders, target audience members, subject matter experts, or similar individuals
- Requesting input from stakeholders such as learners, managers, or subject matter experts
- Reviewing quality studies and/or performance improvement activities to identify opportunities for improvement
- Reviewing evaluations of previous educational activities
- Reviewing trends in literature, law, and health care

Sources of supporting evidence for needs assessment data may include but are not limited to:

- Annual employee survey data

- Literature review
- Outcome data
- Survey results from stakeholders
- Quality data
- Requests (via phone, in person, or by e-mail)
- Written evaluation summary requests

Assessment data is evaluated by the Nurse Planner and is used to validate the need for each educational activity. Assessment data is used to identify and validate a gap in knowledge, skills, or practice that the educational activity is designed to improve or meet. Data is then used to formulate the objectives for the educational activity. The purpose and objectives address current needs of the learners in the target audience related to their practice or professional development. The faculty/presenters/authors, if applicable, work with the Nurse Planner and Planning Committee to develop objectives, content, and teaching methods for the target audience of nurses, including advanced practice and specialty nurses.

Planning Committee

At least two individuals responsible for planning each educational activity; one individual must be a Nurse Planner and one individual must have appropriate subject matter expertise.

Content

"Subject matter of education activity that relates to the education objectives."
(Nursing Professional Development: Scope and Standards of Practice, ANA, 2010)

Planning Educational Activities

Planning Committees must have a minimum of one Nurse Planner and one other planner to plan each educational activity. The Nurse Planner is knowledgeable about the CNE process and is responsible for adherence to ANCC criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered.

If additional individuals, such as faculty, presenters, or authors, will be creating or delivering **content** for the educational activity, Planning Committee members must identify the needed qualifications of the individuals chosen. The qualifications identified for faculty/presenters/authors for the educational offering may include but are not limited to:

- Content expertise
- Demonstrated comfort with teaching methodology (e.g., Web-based, etc.)
- Presentation skills
- Familiarity with target audience

The Nurse Planner is responsible for ensuring completion and review of **Biographical/Conflict of Interest** forms by each Planning Committee member and each faculty/presenter/author to ensure appropriate qualifications and evaluation of actual or potential **bias**. Faculty/presenters/authors must have documented qualifications that demonstrate their education and/or experience in the content area they are developing or presenting. Expertise in subject matter may be evaluated based on characteristics such as education, professional achievements and credentials, work experience, honors, awards, professional publications, or similar. The qualifications must address how the individual is knowledgeable about the topic and how the individual gained that expertise.

The Planning Committee, during the planning process, may also identify individual(s) who function as content reviewer(s). The purpose of a **content reviewer** is to evaluate an educational activity during the planning process or after it has been planned but prior to delivery to learners, for quality of content,

potential bias, and any other aspects of the activity that may require evaluation. Content reviewers must also complete biographical and conflict of interest forms that are reviewed by the Nurse Planner. The Nurse Planner is responsible for evaluating actual or potential conflicts of interest and applying the resolution process to an actual or potential conflict of interest, if present.

During the planning phase, the Planning Committee is responsible for determining how participants will successfully complete the learning activity. The committee also evaluates whether the activity has or will have **sponsorship or commercial support** and, if so, how content integrity will be maintained, including what/how precautions should be taken to prevent bias in the educational content, and the methods that will be used to ensure full disclosure to activity participants.

Design Principles

The educational design process incorporates measurable educational objectives, best-available evidence, and appropriate teaching methods.

conflict of interest

An affiliation or relationship with a Commercial Interest Organization of a financial nature that might bias a person's ability to objectively participate in the planning, implementation, or review of a learning activity. All planners, reviewers, and faculty/presenters/authors are required to complete biographical/conflict of interest forms.

bias

The process of causing partiality, favoritism, or influence.

content reviewer

An individual selected to evaluate an educational activity during the planning process or after it has been planned but prior to delivery to learners for quality of content, potential bias, and any other aspects of the activity that may require evaluation.

sponsorship

Financial or in-kind contribution from an organization that does not fit the category of a commercial interest.

commercial support

Financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity. Providers of commercial support may not be providers or joint-providers of an educational activity.

educational objectives

Derived from the overall purpose of the activity, educational objectives are written statements that describe learner oriented outcomes that may be expected as a result of participation in the educational activity. These statements describe knowledge, skills, and/or attitude changes that should occur upon successful completion of the educational activity.

Once a gap in knowledge, skills, and/or practice has been identified through the needs assessment findings, thereby validating the need for the educational activity, the purpose can be developed. The purpose should be written as an outcome statement related to the learner at the conclusion of the activity (i.e., "The purpose of this activity is to enable the learner to . . .").

Next are **educational objectives**, which are derived from the overall purpose OR OUTCOME of the activity.

Educational objectives are written statements that describe learner-oriented outcomes that may be expected as a result of participation in the educational activity. These statements describe knowledge, skills, and/or practice changes that should occur upon successful completion of the educational activity.

Specific objectives for the learning activity are developed collaboratively by the planners and faculty/presenters/authors (if applicable) and must relate to the purpose of the activity. Each objective should have one measurable action verb and specify what the learner will know or do once the objective has been completed (the outcome of attaining the objective).

- For an educational activity lasting eight hours or less, with a single focus and purpose, it is appropriate to have objectives that flow from the purpose and reflect the learner's progression through the activity.
- For an educational activity lasting more than eight hours, or with multiple "tracks" or purposes, objectives should be specific to each session in that

track.

Content for the educational activity must be congruent with each objective. Descriptions of content may not be a restatement of the objectives.

Content should be selected based on the most current available evidence. Documentation should support quality of evidence chosen for content. Examples include but are not limited to evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content experts/expert opinion.

Following development of objectives and selection of content, teaching-learning strategies are determined. The methods, strategies, and materials to be used by faculty/presenters/authors to cover each educational objective are identified. These must be congruent with both objectives and content.

As part of the design process, the Planning Committee must develop ways in which learners will be provided feedback. This can include but is not limited to having question/answer sessions during or at the conclusion of a learning activity, self-check questions, or comments within an activity, returning pre- and/or post-test questions with answers, or engaging learners in dialogue during or after the learning activity.

Successful completion for both live and enduring material/Web-based activities should be defined for each educational activity that is consistent with the purpose, objectives, and teaching/learning strategies. The criteria for successful completion are based on the format of the educational activity and should indicate what constitutes successful completion, the rationale for the method determining successful completion, and whether or not partial credit is awarded for participation. Criteria for successful completion may include attendance at the entire event or session, attendance for a predetermined percentage of the event, attendance at one or more sessions, completion/submission of the evaluation form, achieving a passing score on a post-test, and/or a return demonstration. The Planning Committee may elect to provide partial credit for educational activities. This could be contact hours awarded based on half-day attendance or on a certain number of sessions attended in a multiday conference.

The Planning Committee must determine how participation will be verified. The attendance/participation verification may include but is not limited to sign-in sheets/registration forms, signed attestation statement by participant verifying completion of an entire activity, or a collection of participation verification via computer log. Recordkeeping requires that the Planning Committee determine the method to collect both the participant's name and a unique identifier.

Awarding Contact Hours

Contact hours are determined in a logical and defensible manner. Contact hours are awarded to participants for those portions of the educational activity devoted to the learning experience and time spent evaluating the activity. One contact hour is a 60-minute hour. Activities must be a *minimum of 30 minutes*. No fewer than 0.5 contact hours can be awarded for an educational activity. If rounding is desired in the calculation of contact hours, the provider must round **down** to the nearest 1/10th or 1/100th (e.g., 2.758 should be 2.75 or 2.7, not 2.8). Educational activities

may also be conducted “asynchronously” and contact hours awarded at the conclusion of the activities.

Time frames must match and support the contact hour calculation for live activities. For enduring materials, print, electronic, Web-based, etc., the method for calculating the contact hours must be identified. The method may include but is not limited to a pilot study, historical data, or complexity of content.

Contact hours may not be awarded retroactively except in the case of a pilot study. Participants in a pilot study assist in determining the length of time required for completing an educational activity in order to calculate the number of contact hours to award. Those participants may be awarded contact hours once the number is determined.

Evaluation

A clearly defined method that includes learner input is used to evaluate the effectiveness of each educational activity. The Planning Committee must determine the method(s) of evaluation to be used. The evaluation components and method of evaluation should be relative to the desired outcome of the educational activity. Evaluations may include both short- and long-term methods, as illustrated in Table 4.

Evaluation Methods	
Short-Term	Long-Term
• Evaluation form with questions related to individual activity objectives. For example: Effectiveness of speakers Anticipated change in practice • Active participation in learning activity • Post-test • Return demonstration • Case study analysis • Role play	• Longitudinal study with self-reported change in practice • Data collection related to quality outcome measures • Observation of performance

Table 4. Evaluation Methods

Once the evaluations are complete, a summative evaluation is generated. The Planning Committee and/or Nurse Planner review the summative evaluation to assess the activity’s effectiveness and to identify how results may be used to guide future educational activities.

Approval Statement

The approval statement is the mark of an ANCC-approved organization. All Approved Providers and Individual Activity Applicants are required to include the approval statement provided by South Carolina Nurses Association in all communications, marketing materials, certificates, and other documents that refer to awarding contact hours or CNE credit and when referring to the organization as approved by the South Carolina Nurses Association.

The approval statement must be displayed clearly to the learner and worded correctly according to the most current Accreditation Manual. The accreditation/approval statement must stand alone on its own line(s) of text.

Please see page 30 of the Individual Activity CE Manual for the appropriate statement. When referring to contact hours, the term “accredited contact hours” should **never** be used. An organization is *accredited or approved*; contact hours are *awarded*.

Documentation of Completion

A document or certificate of completion is awarded to a participant who successfully completes the requirements for the individual education activity.

The document or certificate must include:

- Title and date of the educational activity
- Name and address of the provider of the educational activity (web address acceptable)
- Number of contact hours awarded
- Accreditation/approval statement
- Participant name

Commercial Support and Sponsorship

A commercial interest, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Exceptions are made for nonprofit or government organizations, non-healthcare-related companies and healthcare facilities.

Commercial support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.

Sponsorship is financial or in-kind contributions from an organization that does not fit the category of a commercial interest and that are used to pay for all or part of the costs of a CNE activity.

Organizations providing commercial support or sponsorship may not provide or joint-provide an educational activity.

Content integrity of the educational activity must be maintained in the presence of commercial support or sponsorship. The provider developing the educational activity is responsible for ensuring content integrity. Providers developing educational activities must develop written policies and/or procedures for managing commercial support and/or sponsorship if the provider accepts commercial support or sponsorship. Written policies and/or procedures related to managing commercial support and sponsorship must address the following:

Template of an agreement to be used for commercial support (Commercial Support Agreement) or Sponsorship (Sponsorship Agreement). See also Appendix K for sample agreements.

The agreement must include:

- Statement that the provider of commercial support or sponsorship may not participate in any component of the planning process of an educational activity, including:
 - Assessment of learning needs
 - Determination of objectives
 - Selection or development of content
 - Selection of presenters or faculty
 - Selection of teaching/learning strategies
 - Evaluation
- Statement of understanding that the commercial support or sponsorship will be disclosed to the participants of the educational activity.
- Statement of understanding that the provider of commercial support or sponsorship must agree to abide by the provider's policies/procedures.
- Amount of commercial support or sponsorship and description of "in kind" donation.
- Name and signature of the individual who is legally authorized to enter into contracts on behalf of the provider of commercial support or sponsorship.
- Name and signature of the individual who is legally authorized to enter into contracts on behalf of the provider of the educational activity.
- Date the agreement was signed.
- Method of documenting how commercial support or sponsorship was used for the educational activity or activities

Conflicts of Interest Evaluation and Resolution

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 5). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should excuse himself or herself from the role as Nurse Planner for the educational activity.

**Commercial interest*, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

The Nurse Planner is responsible for ensuring that all individuals who have the ability to control or influence the content of an educational activity disclose all relevant relationships** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

See Appendix D for the SCNA Conflict of Resolution decision tree.

Evaluation

The Nurse Planner is responsible for evaluating whether any relationship with a commercial interest is considered relevant to the content of the educational activity. Disclosures may be categorized in the following ways:

- No relevant relationship with a commercial interest exists. No resolution required.
- Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined not to be pertinent to the content of the educational activity. No resolution required.
- Relevant relationship with a commercial interest exists. The relevant relationship is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity. Resolution is required.

Resolution and Activity Assessment

Actions taken to resolve conflicts of interest must demonstrate resolution of the identified conflicts of interest **prior to** presenting/providing the educational activity to learners. Such actions must be documented and the documentation must demonstrate (1) the identified conflict, and (2) how the conflict was resolved. Actions may include but are not limited to the following:

- Removing the individual with conflicts of interest from participating in all parts of the educational activity.
- Revising the role of the individual with conflicts of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding continuing education contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

enduring materials

A non-live CNE activity that “endures” over time. Examples of enduring materials include programmed texts, audio tapes, videotapes, monographs; computer assisted learning materials, or other electronic media that are used alone or with printed or written materials. Enduring materials can also be delivered via the Internet. The learning experience by the nurse can take place at any time and in any place rather than only at one time or in one place.

Disclosures Provided to Participants

Learners must receive disclosure of required items prior to the start of an educational activity. In live activities, disclosures must be made to the learner prior to initiation of the educational content. In **enduring materials** (print, electronic, or Web-based activities), disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may not occur or be located at the end of an educational activity. If a disclosure is provided verbally, an audience member must document both the type of disclosure and the inclusion of all required disclosure elements.

Disclosures **always** required include:

- **Notice of requirements for successful completion of the educational activity:**
- Learners are informed of the **purpose and/or objectives** of the learning activity and the **criteria that will be used to determine successful completion**, which may include but are not limited to:
 - Required attendance time at activity (i.e., 100% of activity, miss no more than 10 minutes of activity)
 - Successful completion of post-test (i.e., attendee must score X% or higher)
 - Completed evaluation form
 - Return demonstration
- **Presence or absence of conflicts of interest for planners, presenters, faculty, authors, and content reviewers:**
Any influencing relationships, *or lack thereof*, of planners, presenters, faculty, authors, or content reviewers in relation to the educational activity.

Individuals must disclose:

- Name of individual
- Name of commercial interest
- Nature of the relationship the individual has with the commercial interest

Disclosures **required, if applicable**, include:

Commercial support:

- Learners must be informed if a commercial interest has provided financial or in-kind support for the educational activity.

Sponsorship:

- Learners must be informed if an entity has provided financial or in-kind support for the educational activity.

Non-endorsement of products:

- Learners must be informed that accredited status does **not** imply endorsement by the provider of the educational activity or ANCC of any commercial products discussed/displayed in conjunction with the educational activity.

Expiration of enduring materials:

- Educational activities provided through an enduring format (e.g., print, electronic, Web based) are required to include an expiration date documenting how long contact hours will be awarded. This date must be visible to the learner **prior to the start** of the educational content. The period of *expiration of enduring material should be based on the content of the material but cannot exceed two years*. ANCC requires review of the content of each enduring material at least once every three years, or more frequently if indicated, for new developments in the field specific to the enduring material. Upon review of enduring material for accuracy and current information, a new expiration date is. (Note: There are two different expiration dates. This expiration date refers to how long the activity will be available to the learner. It is different from the date when approval ends/expires for the activity).

Records

- Activity file records must be maintained in a retrievable file (electronic or hard copy) accessible to authorized personnel for six years.

Required recordkeeping components include:

Note: most of the following list is included on the application form.

- Title and location (if live) of activity
- Type of activity format: live or enduring
- Date live activity presented or, for ongoing enduring activities, date first offered and subsequent review dates
- Description of the target audience
- Method of the needs assessment
- Findings of the needs assessment
- Names, titles, and expertise of activity planners
- Role held by each Planning Committee member (must include identification of the Nurse Planner and content expert(s))
- Names, titles, and expertise of activity presenters, faculty, authors, and/or content reviewers
- Conflict of interest disclosure statements from planners
- Resolution of conflicts of interest for planners, if applicable

- Conflict of interest disclosure statements from presenters, faculty, authors, and/or content reviewers
- Resolution of conflicts of interest for presenters, faculty, authors, and/or content reviewers, if applicable
- Purpose of activity
- Objectives of activity
- Evidence of gap in knowledge, skill, or practice for the target audience
- Content of activity: an Educational Planning Table
- Instructional strategies used
- Evidence of learner feedback mechanisms
- Rationale and criteria for judging successful completion
- Method or process used to verify participation of learners
- Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant)
- Template of evaluation tool(s) used
- Marketing and promotional materials
- Means of ensuring content integrity in the presence of commercial support (if applicable)
- Commercial support agreement with signature and date (if applicable)
- Means of ensuring content integrity in the presence of sponsorship (if applicable)
- Sponsorship agreement with signature and date (if applicable)
- Evidence of disclosing to the learner (in writing):
 - Purpose and/or objectives and criteria for successful completion
 - Presence or absence of conflicts of interest for all members of the Planning Committee, presenters, faculty, authors, and content reviewers
 - Sponsorship or commercial support (if applicable)
 - Non-endorsement of products (if applicable)
 - Expiration date (enduring materials/independent studies only)
- Documentation of completion must include:
 - Title and date of the educational activity
 - Name and address of provider of the educational activity (web address acceptable)
 - Number of contact hours awarded
 - Approval statement
 - Participant name
- Summative evaluation
- List of participant names with unique identifier (Include a representative sample of data collected in the activity file to be reviewed. The provider must maintain all participant data in a safe and secure manner.)
- Division of responsibilities among joint-providers (if applicable)
- Joint-provider agreement with signature and date (if applicable)

Joint-Providing Continuing Nursing Education Activities

Approved Providers and Individual Activity Applicants may joint-provide educational activities with other organizations. The joint-providing organization may **not** be a commercial interest or sponsor. The Approved Provider or Individual Activity Applicant's Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria.

The Approved Provider or Individual Activity Applicant is referred to as the *provider* of the educational activity. The other organization(s) are referred to as the *joint-provider(s)* of the educational activity. In the event that two or more organizations are Approved Providers, one will act as the provider of the educational activity and the other(s) will act as the joint-provider(s).

The Approved Provider or individual activity applicant acting as the provider of the educational activity is responsible for obtaining a written joint-provider agreement, signed by an authorized representative of the joint-provider that addresses the following:

- Name of Approved Provider or individual activity applicant acting as the provider.
- The name(s) of the organization(s) acting as the joint-provider(s).
- Statement of responsibility of the provider, including the provider's responsibility for:
 - Determining educational objectives and content
 - Selecting planners, presenters, faculty, authors, content specialists and content reviewers
 - Awarding of contact hours
 - Recordkeeping procedures
 - Evaluation methods
 - Management of commercial support or sponsorship
- Name and signature of the individual legally authorized to enter into contracts on behalf of the provider.
- Name and signature of the individual legally authorized to enter into contracts on behalf of the joint-provider(s).
- Date the agreement was signed.

Chapter 3 - Faculty Directed Activities

This chapter has been developed to guide you in completing the Faculty Directed application form for your activity. General information to explain what is required in each section of the application.

A **faculty directed** CE activity involves participant attendance. It is distinguishable by the fact that the pace of the activity is determined by the provider who plans and schedules the activity. Contact hour credit awarded is based on the time allocated for the activity. Examples of faculty directed CE activities include but are not limited to conventions, courses, seminars, workshops, lecture series, and distance learning activities such as teleconferences and live audio conferences. The speaker(s) and participants are present at the same time; it is synchronous learning. Knowledge and use of adult learning principles should be reflected in all aspects of the educational design, i.e. objectives, content, teaching methods, etc.

Approval Period. A faculty directed CE activity may be repeated as often as desired during the two year approval period unless substantial changes are made.

Fees: See the Individual Activities webpage for current application fee structure. (www.scnurses.org / Education). Fees are to be submitted with the application and are not refundable once the review process has begun. SCNA reserves the right to change fees at any time without notice. Fees may be paid by check or credit card online (MasterCard, VISA). If requested, SCNA will invoice you for the amount due.

Reprocessing Fees: If repeated requests for information are made of the applicant, there will be an escalating fee for each subsequent request after the second request. This fee structure is included on the web page with the initial application fee structure.

Submission: In order to provide adequate time for review, applications must be submitted at least 6-8 weeks prior to the presentation or release of the study. Retroactive approval is never granted. Applications are to be submitted online using SCNA's Review Room software program. <https://scna.fluidreview.com/>

Eligibility for Approval of Individual CE Activities (adapted from 2013 Primary Accreditation Manual from ANCC)

The individual activity applicant is defined as an individual, organization, or part of an organization submitting an educational activity for approval. The individual activity applicant must have at least one currently licensed registered nurse prepared at the baccalaureate degree level or higher in nursing who functions as the **Nurse Planner** for the activity. The Nurse Planner is responsible for ensuring that the educational activity is developed according to SCNA guidelines, which are based on ANCC accreditation criteria.

Those interested in submitting a CNE activity for approval from SCNA must meet all eligibility requirements. SCNA is responsible for ensuring that the applicant is eligible to apply. To be eligible to apply for activity approval, the applicant must:

- Be administratively and operationally responsible for coordinating the entire process of planning, implementing, and delivering the CE activity
- Have a minimum of one Nurse Planner with a current, valid license as an RN and who has a baccalaureate degree or higher in nursing
- Ensure a qualified Nurse Planner is an active participant in the planning, implementing, and evaluation process of the CE activity
- Have a planning committee led by a Nurse Planner and one other committee member to plan each educational activity. The Nurse Planner is knowledgeable about the CE process and is responsible for adherence to SCNA's guidelines. One planning committee member needs to have appropriate subject matter expertise for the educational activity being offered.
- Ensure the Nurse Planner is responsible for ensuring completion and review of Biographical/Conflict of Interest forms by each planning committee member and each faculty/presenter/author/content reviewer, to ensure appropriate qualifications and evaluation of actual or potential bias. (Note: Someone knowledgeable will need to first ascertain that the Nurse Planner has no conflict of interest.)
- *Not* be a commercial interest as defined in the glossary and the American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities (Appendix F)
- Be in compliance with all applicable federal, state, and local laws and regulations that affect the organization's ability to meet ANCC accreditation criteria
- Disclose previous denials, suspensions, and/or revocations.

Educational Design Process

The individual activity applicant must have a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating CE. CE activities are designed, planned, implemented, and evaluated in accordance with adult learning principles, professional education standards, and ethics.

Note: Review Chapter 2: Educational Design Process.

APPLICATION FORM

The application form has items that are numbered from 1 through 24. The following is a description of these items.

Items 1 through 12 are related to **Demographic Data**.

1. **List the title of the activity.** This title needs to appear the same throughout the application form and all attachments such as the certificate, advertising, etc.
2. **List the date of the event.** The date of the event is the date that you will provide the faculty directed presentation in the future. If you are uncertain about the date, you can state "To be scheduled." **Note:** Contact hours may never be given retroactively. Also, check if this activity will be presented only once or will be repeated in the future.

Nurse Planner

A currently licensed RN with a baccalaureate degree or higher in nursing who is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity. The Nurse Planner is responsible for ensuring that appropriate educational design principles are used and processes are consistent with the requirements of the ANCC Primary Accreditation Program.

3. **List the name of the organization or applicant who is submitting the application.**
This will be the same name as listed on the advertising and the certificate. It is not necessarily the name of the person completing the form.
4. **List the number of contact hours to be awarded.**
5. **List the name and information of the contact person for this activity.**
6. **List the name and contact information for the Nurse Planner.** Check how this RN is knowledgeable in the CE criteria. Include the state in which this nurse is licensed by the board of nursing and the license number. These will be verified by SCNA.
7. **Identify the type of your organization.** This will contribute to the determination if you are a commercial entity and eligible to apply.
8. **Check whether you have been denied approval or had approval revoked for nursing CE activities or provider unit approval by SCNA.** Describe the circumstances in which this occurred. Note: Previous denial does not automatically mean that you are ineligible to apply for this activity. Each situation will be explored.
9. **Check whether you have been denied approval or had approval revoked for nursing CE activities or provider unit approval by another approver (state or national).**
Describe the circumstances in which this occurred. Note: Previous denial does not automatically mean that you are ineligible to apply for this activity. Each situation will be explored.
10. **Commercial Entities** may not submit applications for approval. A commercial entity is a company that produces, markets, re-sells or distributes a product that used on or by patients or is owned or controlled by a company that does. More information is available in Appendix F. Check if you meet this definition. Contact SCNA if you have questions.
11. **Please be sure that this is indeed a continuing education activity and check the appropriate response.** As noted in chapter 1, CE is defined as planned, organized learning experiences designed to improve the knowledge, skills and attitudes of nurses. It enhances nursing practice, education, theory development, research and administration. The outcome of continuing education should be to improve the health of the public and nurses' pursuit of their professional career goals.

The remaining questions relate to the **Educational Design Process**. You will find Chapter 2 (Educational Design Process) of assistance for the following questions.

12. **This item refers to assessment of the learners and their needs.**
 - A. Identify who the potential target audience is for this activity.
 - B. Identify what method(s) you used to assess the potential learners' needs.
 - C. Provide a narrative description of what evidence came from the needs assessment.
 - D. Provide a narrative description of the gap analysis that you conducted based on this information. (Compare where learners are now vs. where they should be.)

- E. Identify what outcome you want the learner to achieve based on the information in items B through D above.

13. Planning Committee and Faculty/Presenters

- A. For the application form, list the name and credentials of each person on the planning committee in section A. Include their completed bio forms with the application form. DO NOT include resumes or CVs.

There must be a planning committee for the activity. The **planning committee** must, at the minimum, consist of two people. Areas that must be represented on the planning committee include:

1. One Nurse Planner responsible for the activity (currently licensed RN who has at least a baccalaureate or higher degree in nursing, and who is responsible for adherence to criteria, rules and requirements); and
2. One person who has relevant content expertise.

As long as there are at least two people on the planning committee, one person can fill one or more of the required roles listed in items 1 and 2 above.

3. If the activity is designed specifically for an APRN, then one of these individuals must be included on the planning committee.
4. In some instances the planning committee may ask an expert in the content to review the speaker(s) slides and handouts to insure that there is no bias, that there is content integrity, and that the information is the best available evidence at the time of the presentation. This content reviewer will need to provide a bio form and to be evaluated for conflict of interest prior to engaging in the review of the content.

Each person's biographical form and statement about conflict of interest must be updated with each newly planned activity if s/he are involved with multiple activities.

The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest of all persons involved during the planning phase of an educational activity. Before the Nurse Planner can evaluate other planning committee members and faculty's COI, s/he must be evaluated to determine if s/he has a COI. If the Nurse Planner has an actual or potential conflict of interest, he or she should excuse himself or herself from the role as Nurse Planner for the educational activity.

Note: Refer to Chapter 2: Educational Design Process, section titled *Conflicts of Interest*

- B. List the names and credentials of the **faculty/presenters**. Include current bio forms for each person.

Faculty/Presenters must have documented qualifications that demonstrate their education and/or experience in the content area they are presenting. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. The qualifications must address: “How does this person know about the topic, how has expertise been gained?” All presenters do not have to be nurses, but nurses should address nursing care and nursing implications. Be sure the bio form contains information that is **relevant and specific to this presentation**.

Each faculty/presenter must also include references/bibliography for the content being addressed and that shows that s/he is providing the best available evidence for this content.

The Nurse Planner and/or content reviewer will evaluate these references in order to ensure that the best available evidence is being addressed.

14. **Educational Design Process**

A. **Objectives:** List the objectives on the .

Objectives for the CE activity are stated in behavioral terms that define the expected outcomes for the learner.

The objectives are derived from the outcome (CE Application, Item 13-E) of the activity. Educational objectives are written statements that describe the learner-oriented outcomes which may be expected as a result of participation in the educational activity. These statements describe knowledge, skills, and attitude changes that should occur upon successful completion of the activity. Determination of objectives is a collaborative activity between planners and presenters.

Learner-oriented outcomes are expressed in **measurable terms**, identify observable actions, and specify **one action or outcome** per objective. The number of objectives for the program should be sufficient to accomplish the intended purpose of the activity. **It is recommended that objectives be limited to one or two per hour.** Please number each objective consecutively.

See Appendix B for discussion of behavioral objectives and list of verbs.

The objectives and content must be appropriate to the learners in the target audience. Factors that may be considered in relation to appropriateness should include education, experience, and scope of practice. When content relates to practice differences within the target audience (RN, LPN, dialysis tech), the provider must clearly identify which objectives are applicable to the various learners in the audience.

B. **Content and Time Frame:** List the content and time frame for each objective. The content is related to and consistent with the objectives. The content must be reflective of continuing education principles, practice and needs of the target

audience. EACH objective has a corresponding content outline. Content is the information that the learner must learn in order to meet the objective. **THE CONTENT MUST BE MORE THAN A RESTATEMENT OF THE OBJECTIVE.** The objectives and content should be numbered with corresponding numbers. The time frame should be appropriate for the objective, content and teaching methods.

Content should be selected based on the most current available evidence. Documentation should support quality of evidence chosen for content. Examples include but are not limited to evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content expert/expert opinion. (2013 Primary Accreditation Application Manual..., p. 25) Note: Depending on the number of citations, the **references** could be placed on the bottom of the Educational Activity Form or on a separate page.

Pharmacology Hours: If the activity addresses pharmacotherapeutics, the Nurse Planner needs to delineate the exact amount of time on the Educational Activity Form which is devoted to pharmacotherapeutics. This will allow the number of contact hours related to pharmacotherapeutics to be calculated correctly. The certificate would then include the number of contact hours to be awarded AND the number of Pharm hours. (e.g., 6 contact hours including 2 Pharm contact hours)

- C. **Teaching-Learning Strategies:** List all of the teaching strategies in the fifth column of the Educational Activity Form.
- D. **Learner Feedback:** Check the best description or describe how learners will be provided feedback about their progress.
- E. **Criteria for Successful Completion:** Check the criterion or criteria for successful completion that the learner must meet in order to get a certificate. These criteria must be consistent with the outcome, objectives, and teaching/learning strategies. Check the reason or rationale for selecting this (these) criteria.
- F. **Verification of Participation:** Check how you will verify who participates in the activity.

15. **Contact Hours:**

For the application form:

- Include the time frames on the Educational Activity Form including evaluation time if the activity is two hours or less.
- Include the agenda/schedule including evaluation time if the activity is more than two hours long.

Agenda/schedule and contact hours. Contact hours are awarded to participants for those portions of the educational activity devoted to didactic or clinical experience and to evaluating the activity.

An agenda or schedule is needed for an activity. The time spent on welcome, introductions of people vs. introduction to the topic, pre/post tests, breaks, and evaluation need to be clearly and separately stated. Welcomes, introductions to people and space, breaks and exhibits **are not included** in the calculation of contact hours. The topic, pre/post-tests, demonstration/return demonstration, and evaluation **are included** in the calculation of contact hours. Evaluation is considered part of the learning activity and needs to be included in the calculation of contact hours.

Note: The time listed on Educational Activity Form and the schedule must match.

The appropriate measure of credit is the 60 minute contact hour. A contact hour is **60 minutes** of an organized learning activity, which is either a didactic or clinical experience. The **minimum number** of contact hours to be awarded is 0.5 (30 minutes). Contact hours may be calculated to the hundredths (i.e. 1.45, 0.91, etc.). **They may not be rounded up!** (e.g., 4.59 = 4.5 or 4.59, not 4.6)

A sample schedule might look like this:

8:00	Welcome & Introduction	10 min. (not applicable NA)
8:10	Pre-test	20 min.
8:30	Talk #1	30 min.
9:00	Discussion	20 min.
9:20	Talk # 2	50 min.
10:10	Break	15 min. NA
10:25	Supervised Practice	50 min.
11:15	Lunch & Exhibits	60 min. NA
12:15	Panel Discussion	100 min.
1:55	Break	15 min. NA
2:10	Talk #3	50 min.
3:00	Ques. & Ans.	15 min.
3:15	Evaluation & Conclusion	15 min.
		350 min
350 min. divided by 60 = 5.83 contact hours		

16. Evaluation: Check the method(s) of evaluation for this activity.

It is an expectation that learners provide input into evaluation of each activity. The form of evaluation may vary depending upon the outcome expected, the objectives, content and teaching methods. At a minimum, there must be a method of evaluation that addresses achievement of the objectives and the teaching effectiveness of each speaker. The planning committee may also decide to evaluate whether the participant gained knowledge at the conclusion of the activity through testing, a question(s) on the evaluation form, etc. The learner may also need to return demonstrate knowledge or skills such as in Fetal Monitoring or Basic EKG courses.

The planning committee must identify the method(s) of evaluation that will be done with the activity and provide a copy of this method in the application form.

17. Approval Statement as Noted on Advertising Material

Check the type of advertising being done for this activity and include a copy of each type of advertising.

Advertising material includes any method of announcing an educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, e-mail or web site. The advertising material must be included with the application form. Also, include a hard copy of the e-mail or web site advertising. The advertising material may be the completed copy of a mock-up or the final material. If a mock-up of the advertising was used, the final copy of the advertising must be sent to SCNA as soon as it is printed. If your advertising states that contact hours will be awarded for the activity, the following statement must also appear on that advertising. The statement must stand alone - no other wording can be on the same line(s) as any part of the statement. If you want to indicate how many contact hours are to be awarded, that information goes on a separate line.

Sample:

Participants who successfully complete the entire activity receive at least 75 % on the post-test and complete an evaluation form will earn 1 contact hour. **OR**

This activity will provide 1 contact hour.

This continuing nursing education activity was approved by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Approval valid through (insert expiration date). SCNA #

If advertising needs to be released prior to receiving approval AND you have submitted an application for approval, you may state:

This activity has been submitted to the South Carolina Nurses Association for approval to award contact hours. The South Carolina Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Please call xxxx at ### for more information about contact hours. (You would insert the name and contact information in your organization who will answer these questions.)

18. Documentation of Completion/Certificate

A copy of the completed certificate or documentation of completion to be given to the learner must be included with the application form. It must include the following information:

- Name of learner
- Name and address of the provider of the educational activity (web address acceptable)
- Title & date of completion of educational activity
- Number of contact hours awarded
- If the activity is designed for APRNs with prescriptive authority and provides content related to pharmacology and prescribing, then the number of pharmatherapeutic hours needs to be designated. (e.g., 6.0 contact hours including 3.0 Pharm hours.) See also Appendix H.
- Official approval statement and approval valid statement

This continuing nursing education activity was approved by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Approval valid through (insert expiration date).

19. Commercial Support and Sponsorship

Check yes or no to whether you have or are seeking commercial support or sponsorship on the application form. If you are seeking either one, you need to list the entities from which you are seeking support, complete the section on how you will maintain content integrity and provide a copy of the signed written agreement.

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on , patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies.
- Commercial Support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.
- A sponsor is identified as an organization that provides financial or in-kind contributions for a CE activity and does not meet the definition of commercial interest.

- A provider of commercial support or sponsorship may **not** be on an educational planning committee, be a joint-provider of the activity, or the provider of the activity.
- If commercial support is provided for a CE activity, an employee from the organization providing commercial support/sponsorship may **not** be a speaker.
- The individual activity applicant must have a signed, written agreement if commercial support or sponsorship is accepted.
- Note: You are not required to have a commercial support or sponsor agreement for those who are only exhibiting at the event.

The individual activity applicant must adhere to the American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities at all times. These standards are listed in Appendix F.

20. **Prevention of Bias:** Check what steps have been taken to prevent bias. Bias is defined as the process of causing partiality, favoritism or influence. (2013 Primary Accreditation Manual). The Nurse Planner is responsible for ensuring that bias does not occur in the planning of the activity or the actual presentation. Several options to manage prevention of bias have been listed in the application form.

21. **Disclosures:**
- A. Check how disclosures will be made to the learner.
 - B. Include a copy of these written disclosures that are given to the learners.

Disclosures in the Planning Process:

Signed Conflict of Interest Disclosure Form. All planners, presenters, faculty, authors, and content reviewers must disclose any conflicts of interest related to planning of an educational activity. Forms must be signed and dated. Disclosure must be relative to each educational activity. If a potential or actual conflict is identified, the planning process must include a mechanism for resolution.

Disclosures provided to the Learner:

Learners must receive disclosure of required items prior to the start of an educational activity. In faculty directed activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring print materials or web-based activities, disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may **not** occur or be located at the end of an educational activity. Evidence of the disclosures to the learner **must** be retained in the activity file.

Disclosures always required include:

- **Notice of requirements for successful completion of the educational activity:** Prior to the start of an educational activity, learners must be informed of the **purpose and/or objectives** of the educational activity and the **criteria used to determine successful completion**, which may include but are not limited to:

- Required attendance time at activity (e.g., 100% of activity, or miss no more than 10 minutes of activity)
- Successful completion of post-test (i.e., attendee must score X% or higher)
- Completed evaluation form
- Return demonstration
- **Presence or absence of conflict of interest for planners, presenters, faculty, authors, and content reviewers.** Any influencing relationships, *or lack thereof*, of planners, presenters, faculty, authors, or content reviewers in relation to the educational activity. Individuals must disclose:
 - Name of individual
 - Name of commercial interest
 - Nature of the relationship the individual has with the commercial interest

Disclosures required, if applicable, include:

- **Commercial Support.** Learners must be informed if a commercial interest has provided financial or in-kind support for the educational activity.
- **Sponsorship.** Learners must be informed if an entity has provided financial or in-kind support for the educational activity.
- **Non-Endorsement of Products.** Learners must be informed that approval of the activity does not imply endorsement by the provider of the educational activity SCNA or ANCC of any commercial products discussed/displayed in conjunction with the educational activity.

22. **Recordkeeping:** You must keep the records as designated here in the Individual Activities CE Manual. Information should be secure, confidential, and retrievable.

You must keep the following information for six years. (**Note:** most of this information is contained on the faculty directed or independent study application form plus required attachments)

- Title and location (if live) of activity
- Type of activity format: live or enduring
- Date live activity presented or, for ongoing enduring activities/independent studies, date first offered and subsequent review dates
- Description of the target audience
- Method of the needs assessment
- Findings of the needs assessment
- Names, titles, and expertise of activity planners
- Role held by each Planning Committee member (must include identification of the Nurse Planner and content expert(s))
- Names, titles, and expertise of activity presenters, faculty, authors, and/or content reviewers
- Conflict of interest disclosure statements from planners
- Resolution of conflict of interest for planners, if applicable
- Conflict of interest disclosure statements from presenters, faculty, authors, and/or content reviewers

- Resolution of conflict of interest for presenters, faculty, authors, and/or content reviewers, if applicable
- Purpose of activity
- Objectives of activity
- Evidence of gap in knowledge, skill, or practice for the target audience
- Content of activity: an Educational Planning Table
- Instructional strategies used
- Evidence of learner feedback mechanisms
- Rationale and criteria for judging successful completion
- Method or process used to verify participation of learners
- Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant)
- Template of evaluation tool(s) used
- Marketing and promotional materials
- Means of ensuring content integrity in the presence of commercial support (if applicable)
- Commercial support agreement with signature and date (if applicable)
- Means of ensuring content integrity in the presence of sponsorship (if applicable)
- Sponsorship agreement with signature and date (if applicable)
- Evidence of disclosing to the learner:
 - Purpose and/or objectives and criteria for successful completion
 - Presence or absence of conflicts of interest for all members of the Planning Committee, presenters, faculty, authors, and content reviewers
 - Sponsorship or commercial support (if applicable)
 - Non-endorsement of products (if applicable)
 - Expiration date (enduring materials only)
- Documentation of completion must include:
 - Title and date of the educational activity
 - Name and address of provider of the educational activity (web address acceptable)
 - Number of contact hours awarded
 - Individual Activity approval statement
 - Participant name
 - Representative sample of participant names with unique identifier to be collected (Provider must maintain all participant data in a safe and secure manner.)
 - Division of responsibilities among joint-providers (if applicable)
 - Joint-provider agreement with signature and date (if applicable)

23. Joint-providership

- Check if you are or are not joint-providing this activity.
- If you are, list who your joint-provider is and check that you will maintain the overall responsibilities for the items listed in item C. Attach the signed joint-provider agreement.

When an activity is joint-provided, the individual activity applicant is referred to as the provider of the educational activity. The other organization(s) are referred to as the joint-

provider(s) of the educational activity. The joint-providing organization may **not** be a commercial interest or sponsor. The individual activity's Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria and SCNA rules.

When an educational activity is joint-provided, the Nurse Planner is responsible for:

- The signed joint-provider agreement
- Ensuring that the provider's name is prominently displayed in all marketing material and certificate
- The name(s) of the organizations acting as the joint-provider(s)
- Statement of responsibility of the provider, including:
 - Determining educational objectives and content
 - Selecting planners, presenters faculty, authors, and content reviewers
 - Awarding of contact hours
 - Recordkeeping procedures
 - Developing evaluation methods
 - Managing commercial support or sponsorship
- Name and signature of the individual authorized to enter into contracts on behalf of the provider
- Name and signature of the individual authorized to enter into contracts on behalf of the joint-provider(s)
- Date the agreement was signed

Optional Quality Improvement Tool

An *optional* tool is provided as a means to evaluate the quality of the activity. It can serve as a planning tool for future presentations of the offering or as documentation of the success of the activity. In order to document the evaluation, a tool has been added to the end of this documentation form. Topics include whether the objectives were met; effectiveness of the speaker/faculty (if live presentation); presence or absence of any bias; and any changes that need to be made in the future. If used, it is recommended that it be completed after each presentation and kept in the file for six years. This is in addition to creating the summative evaluation and does not take its place. You may choose to add questions to the tool for your specific needs.

Chapter 4 – Independent Study Activities

This chapter has been developed to guide you in completing the Independent Study application form for your activity. General information to explain what is required in each section of the application.

An **independent study** CE activity is designed for completion by learners, independently, at the learner's own pace and at a time of the learner's choice. The provider designs the educational activity and determines the amount of credit to be awarded. Examples of independent study activities include but are not limited to viewing videotapes or listening to audio tapes and completing post test questions; accessing on-line activities; reading selected article(s) and completing post-test questions; and learning and practicing skills independently and seeking an instructor to evaluate a return demonstration. Knowledge and use of adult learning principles should be reflected in all aspects of the educational design, i.e. objectives, content, teaching methods, etc. Periodic review of evaluation feedback from learners is an important aspect of ongoing monitoring of effectiveness of the activity.

Approval Period. An independent study activity may be repeated as often as desired during the two year approval period unless substantial changes are made.

Fees: See the Individual Activities webpage for current application fee structure. Fees are to be submitted with the application and are not refundable once the review process has begun. SCNA reserves the right to change fees at any time without notice. Fees may be paid by check or credit card online (MasterCard, VISA). If requested, SCNA will invoice you for the amount due.

Reprocessing Fees: If repeated requests for information are made of the applicant, there will be an escalating fee for each subsequent request. This fee structure is included on the web page with the initial application fee structure.

Submission: In order to provide adequate time for review, applications must be submitted at least 6 weeks prior to the presentation or release of the study. Applications are to be submitted online using SCNA's Review Room software program.

<https://scna.fluidreview.com/>

Eligibility for Approval of Individual CE Activities (adapted from 2013 Primary Accreditation Manual from ANCC)

The individual activity applicant is defined as an individual, organization, or part of an organization submitting an educational activity for approval. The individual activity applicant must have at least one currently licensed registered nurse prepared at the baccalaureate degree level or higher in nursing who functions as the **Nurse Planner** for the activity. The Nurse Planner is responsible for ensuring that the educational activity is developed according to SCNA guidelines, which are based on ANCC accreditation criteria.

Those interested in submitting a CNE activity for approval from SCNA must meet all eligibility requirements. SCNA is responsible for ensuring that the applicant is eligible to apply. To be eligible to apply for activity approval, the applicant must:

- Be administratively and operationally responsible for coordinating the entire process of planning, implementing, and delivering the CE activity
- Have a minimum of one Nurse Planner with a current, valid license as an RN and who has a baccalaureate degree or higher in nursing
- Ensure a qualified Nurse Planner is an active participant in the planning, implementing, and evaluation process of the CE activity
- Have a planning committee led by a Nurse Planner and one other committee member to plan each educational activity. The Nurse Planner is knowledgeable about the CE process and is responsible for adherence to SCNA's guidelines. One planning committee member needs to have appropriate subject matter expertise for the educational activity being offered.
- Ensure the Nurse Planner is responsible for ensuring completion and review of Biographical/Conflict of Interest forms by each planning committee member and each faculty/presenter/author/content reviewer, to ensure appropriate qualifications and evaluation of actual or potential bias. (Note: Someone knowledgeable will need to first ascertain that the Nurse Planner has no conflict of interest.)
- *Not* be a commercial interest as defined in the glossary and the American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities
- Be in compliance with all applicable federal, state, and local laws and regulations that affect the organization's ability to meet ANCC accreditation criteria
- Disclose previous denials, suspensions, and/or revocations.

Educational Design Process

The individual activity applicant must have a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating CE. CE activities are designed, planned, implemented, and evaluated in accordance with adult learning principles, professional education standards, and ethics.

Note: Review Chapter 2: Educational Design Process.

Application Form

The application form has items that are numbered from 1 through 25. The following is a description of these items.

Items 1 through 13 are related to **Demographic Data**.

1. List the title of the activity. This title needs to appear the same throughout the application form and all attachments such as the certificate, advertising, etc.
2. List the date the application form is completed.
3. List the name of the company/applicant who is applying to provide this activity.

Nurse Planner

A currently licensed RN with a baccalaureate degree or higher in nursing who is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity. The Nurse Planner is responsible for ensuring that appropriate educational design principles are used and processes are consistent with the requirements of the ANCC Primary Accreditation Program.

4. List the number of contact hours you wish to provide for your activity.
5. Identify how long this activity will be available to learners. This may be from 3 months up to 2 years.
6. List the name and information of the contact person for this activity.
7. List the name and contact information for the Nurse Planner. Check how this RN is knowledgeable in the CE criteria. Include the state in which this nurse is licensed by the board of nursing and the license number.
8. Identify the type of your organization. This will contribute to the determination if you are a commercial entity and eligible to apply.
9. Check whether you have been denied approval or had approval revoked for nursing CE activities or provider unit approval by SCNA. Describe the circumstances in which this occurred. Note: Previous denial does not automatically mean that you are ineligible to apply for this activity. Each situation will be explored.
10. Check whether you have been denied approval or had approval revoked for nursing CE activities or provider unit approval by another approver (state or national). Describe the circumstances in which this occurred. Note: Previous denial does not automatically mean that you are ineligible to apply for this activity. Each situation will be explored.
11. Commercial Entities may not submit applications for approval. A commercial entity is a company that produces, markets, re-sells or distributes a product that used on or by patients or is owned or controlled by a company that does. More information is available in Appendix F. Check if you meet this definition. Contact SCNA if you have questions.
12. Please be sure that this is indeed a continuing education activity and check the appropriate response. As noted in chapter 1, CE is defined as planned, organized learning experiences designed to improve the knowledge, skills and attitudes of nurses. It enhances nursing practice, education, theory development, research and administration. The outcome of continuing education should be to improve the health of the public and nurses' pursuit of their professional career goals.

The remaining questions relate to the **Educational Design Process**. You will find Chapter 2 (Educational Design Process) of assistance for the following questions.

13. This item refers to assessment of the learners and their needs.
 - A. Identify who the potential target audience is for this activity.
 - B. Identify what method(s) you used to assess the potential learners' needs.
 - C. Provide a narrative description of what evidence came from the needs assessment.

- D. Provide a narrative description of the gap analysis that you conducted based on this information. (Compare where learners are now vs. where they should be.)
- E. Identify what outcome you want the learner to achieve based on the information in items B through D above.

14. Planning Committee and Authors

- A. For the application form, list the name and credentials of each person on the planning committee in section A. Include their completed bio forms with the application form. DO NOT include resumes or CVs.

There must be a planning committee for the activity. The **planning committee** must, at the minimum, consist of two people. Areas that must be represented on the planning committee include:

1. One Nurse Planner responsible for the activity (currently licensed RN who has at least a baccalaureate or higher degree in nursing, and who is responsible for adherence to criteria, rules and requirements); and
2. One person who has relevant content expertise.

As long as there are at least two people on the planning committee, one person can fill one or more of the required roles listed in items 1 and 2 above.

3. If the activity is designed specifically for an APRN, then one of these individuals must be included on the planning committee.
4. In some instances the planning committee may ask an expert in the content to review the speaker(s) slides and handouts to insure that there is no bias, that there is content integrity, and that the information is the best available evidence at the time of the presentation. This content reviewer will need to provide a bio form and to be evaluated for conflict of interest prior to engaging in the review of the content.

The biographical forms and disclosure about conflict of interest must be updated with each newly planned activity for each person involved.

The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should excuse himself or herself from the role as Nurse Planner for the educational activity.

Note: Refer to Chapter 2: Educational Design Process, section titled *Conflicts of Interest*

- B. List the names and credentials of the **content specialists/authors and feedback personnel**. Include current bio forms for each person.

Personnel

Authors responsible for the design and content of the learning activity have knowledge and expertise in the content area.

An author may create an independent study from the ground up. S/he may select video tapes, publications, computer programs, or other teach/learning resources that will meet the specific needs of the target audience.

All authors do not have to be nurses, but nurses should address nursing care and nursing implications. Be sure the bio form contains information that is **relevant and specific to this activity**. Do not attach complete professional biographies (CV's).

Each author must also attest that they will provide the best available evidence for this content. A section on the bio form addresses this component.

Copyright. If using material developed by others, it is the responsibility of the author(s) and Nurse Planner to ensure s/he has copyright permission to use the material.

Feedback Personnel: The person(s) providing feedback to the learner needs to be identified. These individuals will answer questions/issues that may relate to the content or the mechanism of completing the study and getting a certificate.

15. Educational Design Process

A. **Objectives:** List the objectives on the Educational Activity Form.

Objectives for the CE activity are stated in behavioral terms that define the expected outcomes for the learner.

The objectives are derived from the outcome (item 14-E) of the activity. Educational objectives are written statements that describe the learner-oriented outcomes which may be expected as a result of participation in the educational activity. These statements describe knowledge, skills, and attitude changes that should occur upon successful completion of the activity. Determination of objectives is a collaborative activity between planners and presenters.

Learner-oriented outcomes are expressed in **measurable terms**, identify observable actions, and specify **one action or outcome** per objective. The number of objectives for the program should be sufficient to accomplish the intended purpose of the activity. **It is recommended that objectives be limited to one or two per hour.** Please number each objective consecutively.

See Appendix B for discussion of behavioral objectives and list of verbs.

The objectives and content must be appropriate to the learners in the target audience. Factors that may be considered in relation to appropriateness should include education, experience, and scope of practice. When content relates to practice differences within the target audience (RNs, APRNs), the provider must clearly identify which objectives are applicable to the various learners in the audience.

B. **Content:** List the content for each objective.

The content is related to and consistent with the objectives. The content must be reflective of continuing education principles, practice and needs of the target audience. EACH objective has a corresponding content outline. Content is the information that the learner must learn in order to meet the objective. **THE CONTENT MUST BE MORE THAN A RESTATEMENT OF THE OBJECTIVE.** The objectives and content should be numbered with corresponding numbers.

Content should be selected based on the most **current available evidence**. Documentation should support quality of evidence chosen for content. Examples include but are not limited to evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content expert/expert opinion. (2013 Primary Accreditation Application Manual..., p. 25)
) Note: Depending on the number of citations, the references could be placed on the bottom of Educational Activity Form or on a separate page.

Content needs to be reviewed for currency and relevance at least every three years.

Pharmacology Hours: If the activity addresses pharmacotherapeutics, the Nurse Planner should delineate the exact amount of time which is devoted to pharmacotherapeutics. This should be identified in the planning and through the pilot process. This will allow the number of contact hours related to pharmacotherapeutics to be calculated correctly. The certificate would then include the number of contact hours to be awarded AND the number of Pharm hours. (e.g., 6 contact hours including 2 Pharm contact hours). See also Appendix H.

- C. **Teaching-Learning Strategies:** List all of the teaching strategies in the last column of the Educational Activity Form.
- D. **Learner Feedback:** Check the best description or describe how learners will be provided feedback about their progress.
- E. **Criteria for Successful Completion:** Check the criterion or criteria for successful completion that the learner must meet in order to get a certificate. These criteria must be consistent with the outcome, objectives, and teaching/learning strategies. Check the reason or rationale for selecting this(these) criteria.
- F. **Verification of Participation:** Check how you will verify who participates in the activity.
- G. **Learning Activity Plan/Process:** Check and describe the entire independent study package which includes an outline of all activities of the learner, materials needed to complete the study and the method the learner is to use to gain access to resources or interact with the provider of the independent study.

16. Contact Hours

The appropriate measure of credit is the 60 minute contact hour. A contact hour is 60 minutes of an organized learning activity, which is either a didactic or clinical experience. The **minimum number** of contact hours to be awarded is 0.5 (30 minutes). Contact hours may be calculated to the hundredths (i.e. 1.45, 0.91, etc.). **They may not be rounded up!** (e.g., 4.59 = 4.5 or 4.59, not 4.6)

- A. **Effectiveness of the Independent Study.** Prior to its use by learners, there must be a method of documenting the effectiveness of the independent study in meeting objectives. This could be done through various ways such as a pilot study, review by experts, evaluation of degree of difficulty of material, etc. (4723-14, OAC).

Describe how the study's effectiveness was assessed, the results of the assessment, and the changes you made based on this assessment.

- B. **Contact Hour Calculation.** Contact hours are determined in a logical and defensible manner, consistent with the objectives, content, teaching/learning strategies, and target audience. The rationale used to determine the number of contact hours to be awarded needs to be described. For example: Was a pilot study done? Was the determination made based on historical data? (For example, has an independent study of the same length and complexity been included in each monthly newsletter and it consistently takes learners "x" amount of time to complete it?) Is complexity of the content and data determined? If yes, how? Was a recognized formula such as the Mergener Formula used for written materials?

Participants in the pilot study may receive contact hours for their participation once the pilot study is completed and the appropriate number of contact hours to be awarded has been determined.

If this independent study expires and it is being reviewed again for another period, the people who have completed the study during the past period become the pilot group. You need to describe how many took the study during the past period, what comments/suggestions they had, what problems they had with the post-test (if applicable), and how long it took them to complete the study. It is not appropriate to use the initial pilot information for the sections on effectiveness of the study and rationale for contact hours in this application form.

Describe the **method** for calculating the contact hours and show **evidence** of how contact hours were calculated.

Identify **Pharmacotherapeutic** minutes or hours if the activity content relates to pharmacotherapeutics.

17. Evaluation: Check the method(s) of evaluation for this activity.

It is an expectation that learners provide input into evaluation of each activity. The form of evaluation may vary depending upon the outcome expected, the objectives, content and teaching methods. At a minimum, there must be a method of evaluation that addresses achievement of the objectives and the teaching effectiveness of each speaker. The planning committee may also decide to evaluate whether the participant gained knowledge at the conclusion of the activity through testing, a question (s) on the evaluation form, etc. The learner may also need to return demonstrate knowledge or skills such as in Fetal Monitoring or Basic EKG courses.

The planning committee must identify the method(s) of evaluation that will be done with the activity and provide a copy of this method(s).

Optional Quality Improvement Process: An *optional* tool is provided as a means to evaluate the quality of the activity. It can serve as a planning tool for future presentations of the offering or as documentation of the success of the activity. In order to document the evaluation, a tool has been added to the end of this documentation form. Topics include whether the objectives were met; effectiveness of the speaker/faculty (if live presentation); presence or absence of any bias; and any changes that need to be made in the future. If used, it is recommended that it be completed after each presentation and kept in the file for six years. This is in addition to creating the summative evaluation and does not take its place. You may choose to add questions to the tool for your specific needs.

18. Approval Statement as Noted on Advertising Material: Check the type of advertising being done for this activity and include a copy of each type of advertising.

Advertising material includes any method of announcing an educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, e-mail or web site. The advertising material must be included with the application form. Also, include a hard copy of the e-mail or web site advertising. The advertising material may be the completed copy of a mock-up or the final material. If a mock-up of the advertising was used, the final copy of the advertising must be included in the file as soon as it is printed. If your advertising states that contact hours will be awarded for the activity, the following statement must also appear on that advertising. The statement must stand alone - no other wording can be on the same line(s) as any part of the statement. If you want to indicate how many contact hours are to be awarded, that information goes on a separate line.

Sample:

Participants who successfully complete the entire activity, receive at least 75 % on the post-test and complete an evaluation form will earn 1 contact hour. OR

This activity will provide 1 contact hour.

This continuing nursing education activity was approved by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Approval valid through (insert expiration date).

If advertising needs to be released prior to receiving approval AND you have submitted an application for approval, you may state:

This activity has been submitted to the South Carolina Nurses Association for approval to award contact hours. The South Carolina Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Please call xxxx at ### for more information about contact hours. (You would insert the name and contact information in your organization who will answer these questions.)

19. Documentation of Completion/Certificate

A copy of the completed certificate or documentation of completion to be given to the learner must be included with the application form. It must include the following information:

- Name of learner
- Name and address of provider of the educational activity (web address acceptable)
- Title & date of completion of educational activity
- Number of contact hours awarded
- If the activity is designed to provide content related to pharmacology and prescribing, then the number of pharmacology hours should be designated. (e.g., 6.0 contact hours including 3.0 Pharm hours.) See also Appendix H.
- Official approval statement.

This continuing nursing education activity was approved by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Approval valid through (expiration date).

20. Commercial Support and Sponsorship

Check yes or no to whether you have or are seeking commercial support or sponsorship on the application form. If you are seeking either one, you need to list who you are seeking it or received it from and complete the section on how you will maintain content integrity and provide a copy of the signed written agreement.

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies.
- Commercial Support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.
- A sponsor is identified as an organization that provides financial or in-kind contributions for a CE activity and does not meet the definition of commercial interest.
- A provider of commercial support or sponsorship may **not** be on an educational planning committee, be a joint-provider of the activity, or the provider of the activity.
- If commercial support is provided for a CE activity, an employee from the organization providing commercial support/sponsorship may **not** be a speaker.
- The individual activity applicant must have a signed, written agreement if commercial support or sponsorship is accepted.
- **Note:** You are not required to have a commercial support or sponsor agreement for those who are only exhibiting at the event.

The individual activity applicant must adhere to the American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities at all times. These standards are listed in Appendix F.

21. Prevention of Bias: Check what steps have been taken to prevent bias.

Bias is defined as the process of causing partiality, favoritism or influence. (2013 Primary Accreditation Manual...). The Nurse Planner is responsible for ensuring that bias does not occur in the planning of the activity or the actual presentation. Several options to manage prevention of bias have been listed in the application form.

22. Disclosures: Check how disclosures will be made to the learner and include a copy of these written disclosures that are given to the learners.

Disclosures in the *Planning Process*:

Signed Conflict of Interest Disclosure Form. All planners, presenters, faculty, authors, and content reviewers must disclose any conflicts of interest related to planning of an educational activity. Forms must be signed and dated. Disclosure must be relative to each educational activity. If a potential or actual conflict is identified, the planning process must include a mechanism for resolution.

Disclosures provided to the *Learner*:

Learners must receive disclosure of required items prior to the start of an educational activity. In live activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring print materials or Web-based activities, disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may **not** occur or be located at the end of an educational activity. Evidence of the disclosures to the learner **must** be retained in the activity file.

Disclosures always required include:

- **Notice of requirements for successful completion of the educational activity:**
Prior to the start of an educational activity, learners must be informed of the **purpose/outcome and/or objectives** of the educational activity and the **criteria used to determine successful completion**, which may include but are not limited to:
 - Required attendance time at activity (e.g., 100% of activity, or miss no more than 10 minutes of activity)
 - Successful completion of post-test (i.e., attendee must score X% or higher)
 - Completed evaluation form
 - Return demonstration
- **Presence or absence of conflict of interest for planners, presenters, faculty, authors, and content reviewers.** Any influencing relationships, *or lack thereof*, of planners, presenters, faculty, authors, or content reviewers in relation to the educational activity. Individuals must disclose:
 - Name of individual
 - Name of commercial interest
 - Nature of the relationship the individual has with the commercial interest

Disclosures required, if applicable, include:

- **Commercial Support.** Learners must be informed if a commercial interest has provided financial or in-kind support for the educational activity.
- **Sponsorship.** Learners must be informed if an entity has provided financial or in-kind support for the educational activity.
- **Non-Endorsement of Products.** Learners must be informed that approved provider status does not imply endorsement by the provider of the educational activity by SCNA or ANCC of any commercial products discussed/displayed in conjunction with the educational activity.
- **Expiration of Enduring Material (Independent Studies)** Educational activities provided through an enduring format (e.g., print, electronic, web-based) are required to include an expiration date documenting how long contact hours will be awarded. This date must be visible to the learner *prior to the start* of the educational content. The period of expiration of enduring material should be based on the content of the material but cannot exceed two years. ANCC requires review of the content of each enduring material at least once every three years, or more frequently if indicated by new developments in the field specific to the enduring material. Upon review of enduring material for accuracy and current information, the study should be updated. If significant information is changed, a new application must be submitted for approval.

23. Recordkeeping: You must keep the records as designated here in the Individual Activities CE Manual.

You are required to keep the following documentation for six years. Information should be secure, confidential, and retrievable.

Information that you must keep include the following: (note that most of this information is contained on your independent study application form plus required attachments)

- Title and location (if live) of activity
- Type of activity format: live or enduring
- Date live activity presented or, for ongoing enduring activities/independent studies, date first offered and subsequent review dates
- Description of the target audience
- Method of the needs assessment
- Findings of the needs assessment
- Names, titles, and expertise of activity planners
- Role held by each Planning Committee member (must include identification of the Nurse Planner and content expert(s))
- Names, titles, and expertise of activity presenters, faculty, authors, and/or content reviewers
- Conflict of interest disclosure statements from planners
- Resolution of conflict of interest for planners, if applicable
- Conflict of interest disclosure statements from presenters, faculty, authors, and/or content reviewers

- Resolution of conflict of interest for presenters, faculty, authors, and/or content reviewers, if applicable
- Purpose of activity
- Objectives of activity
- Evidence of gap in knowledge, skill, or practice for the target audience
- Content of activity: an Educational Planning Table
- Instructional strategies used
- Evidence of learner feedback mechanisms
- Rationale and criteria for judging successful completion
- Method or process used to verify participation of learners
- Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant)
- Template of evaluation tool(s) used
- Marketing and promotional materials
- Means of ensuring content integrity in the presence of commercial support (if applicable)
- Commercial support agreement with signature and date (if applicable)
- Means of ensuring content integrity in the presence of sponsorship (if applicable)
- Sponsorship agreement with signature and date (if applicable)
- Evidence of disclosing to the learner:
 - Purpose and/or objectives and criteria for successful completion
 - Presence or absence of conflicts of interest for all members of the Planning Committee, presenters, faculty, authors, and content reviewers
 - Sponsorship or commercial support (if applicable)
 - Non-endorsement of products (if applicable)
 - Expiration date (enduring materials only)
- Documentation of completion must include:
 - Title and date of the educational activity
 - Name and address of provider of the educational activity (web address acceptable)
 - Number of contact hours awarded
 - Individual Activity approval statement
 - Approval valid through... statement
 - Participant name
- Representative sample of participant names with unique identifier to be collected (Provider must maintain all participant data in a safe and secure manner.)
- Division of responsibilities among joint-providers (if applicable)
- Joint-provider agreement with signature and date (if applicable)

24. Joint-providership

- Check if you are or are not joint-providing this activity.
- If you are, list who your joint-provider is and check that you will maintain the overall responsibilities for the items listed in item C. Attach the signed joint-provider agreement.

When an activity is joint-provided, the individual activity applicant is referred to as the provider of the educational activity. The other organization(s) are referred to as the joint-provider(s) of the educational activity. The joint-providing organization may **not** be a commercial interest or sponsor. The provider's Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria and SCNA rules.

When an educational activity is joint-provided, the Nurse Planner is responsible for:

- The signed joint-provider agreement
- Ensuring that the provider's name is prominently displayed in all marketing material and certificate
- The name(s) of the organizations acting as the joint-provider(s)
- Statement of responsibility of the provider, including:
 - Determining educational objectives and content
 - Selecting planners, presenters faculty, authors, and content reviewers
 - Awarding of contact hours
 - Recordkeeping procedures
 - Developing evaluation methods
 - Managing commercial support or sponsorship
- Name and signature of the individual authorized to enter into contracts on behalf of the provider
- Name and signature of the legally authorized to enter into contracts on behalf of the joint-provider(s)
- Date the agreement was signed

Optional Quality Improvement Process:

An *optional* tool is provided as a means to evaluate the quality of the activity. It can serve as a planning tool for future presentations of the offering or as documentation of the success of the activity. In order to document the evaluation, a tool has been added to the end of this documentation form. Topics include whether the objectives were met; effectiveness of the speaker/faculty (if live presentation); presence or absence of any bias; and any changes that need to be made in the future. If used, it is recommended that it be completed after each presentation and kept in the file for six years. This is in addition to creating the summative evaluation and does not take its place. You may choose to add questions to the tool for your specific needs.

APPENDICES

The following appendices are included for general information about the continuing education process and to provide assistance in meeting the criteria and rules in Chapters 2, 3 and 4 and on the individual activity documentation forms.

References & Resources:

1. 2013 ANCC Primary Accreditation Application Manual for Providers and Approvers, American Nurses Credentialing Center's Commission on Accreditation, Washington, D.C., 2009.
2. Scope and Standards of Practice for Nursing Professional Development. American Nurses Association #NPD-20, Washington, DC. 2000.

APPENDIX A

DIFFERENTIATION BETWEEN LEVELS OF EDUCATION

BASIC EDUCATION*

- Basic educational information
- Prepares for entry level into practice
- Addresses basic standards of practice
- Target audience: nurses preparing for entry level into the profession

ORIENTATION*

- Educates for work at specific institution
- Teaches and tests for skill competency
- Addresses institution-based standards of practice
- Target audience: nurses preparing for a new employer or a new career role

IN-SERVICE*

- Educates to new procedure or equipment
- Enables or increases skill competency
- Involves practice previously learned skills
- Addresses institution-based standards of practice
- Target audience: nurses preparing to utilize new tools or utilize information specific to the work setting

CONTINUING EDUCATION

- Acquires new knowledge and skills to enable advanced decision making
- Acquires greater depth of knowledge and skills in a particular area of nursing
- Enhances professional attitudes and values
- Advances career goals and promotes professional development
- Supports innovation and creativity in practice
- Implements change within the individual's practice and within healthcare in general
- Addresses new standards of practice, laws and rules
- Target audience: nurses seeking enhanced professionalism and utilization of advanced nursing decisions and actions

Developed by Deborah Hague, MS, RN, BC and Karen Groves, BSN, RN, Ohio Nurses Association's Continuing Education Approver Committee, 2001. Reviewed 2009.

*Activities in these categories, while necessary and important activities, do not qualify for continuing education (or continuing nursing education) hours.

APPENDIX B

Joint-providership

(1st three paragraphs excerpted from 2013 Primary Accreditation Application Manual)

Approved Provideres and Individual Activity Applicants may joint-provide educational activities with other organizations. The joint-providing organization may not be a commercial interest or sponsor. The Approved Provider or Individual Activity Applicant's nurse planner must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria and SCNA rules.

The Approved Provider or Individual Activity Applicant is referred to as the *provider* of the educational activity. The other organization(s) is referred to as the *joint-provider(s)* of the educational activity. In the event that two or more organizations are Approved Providers, one will act as the provider of the educational activity and the other(s) will act as the joint-provider(s).

The Approved Provider or Individual Activity Applicant acting as the provider of the educational activity is responsible for obtaining a written joint-provider agreement, signed by an authorized representative of the joint-provider that addresses the following:

- Name of Approved Provider or Individual Activity Applicant acting as the provider.
- The name(s) of the organizations acting as the joint-provider(s)
- Statement of responsibility of the provider, including:
 - a. Determining educational objectives and content.
 - b. Selecting planners, presenters/faculty, authors and content reviewers;
 - c. Awarding of contact hours;
 - d. Record keeping procedures;
 - e. Developing evaluation methods; and
 - f. Managing commercial support or sponsorship.
- Name and signature of the individual legally authorized to enter into contracts on behalf of the Approved Provider
- Name and signature of the individual legally authorized to enter into contracts on behalf of the joint-provider(s)
- Date the agreement was signed.

Definition: To joint-provide is the process for planning, developing and implementing an educational activity by two or more organizations or agencies. (ANCC 2013 Primary Accreditation Application Manual, 2011) These organizations may be:

- Two or more Approved Provider Units;
- One Approved Provider Unit and one or more other organizations or individuals; or
- Two or more organizations or individuals who are not Approved Provider Units.

Nurse Planner: The collaborating organizations or individuals must determine which organization will be designated as the primary provider and which organization(s) will be the joint-provider(s) for the event. If the primary provider for the event is also an Approved Provider Unit, this unit must have one of their Nurse Planners actively involved in the planning from the beginning. This Nurse Planner will be the person responsible for assuring that ANCC accreditation/SCNA CEAC educational design criteria/rules as provided by SCNA are used to plan and implement the activity. When joint-providing an educational activity, tasks involved in planning, implementing, and evaluating the activity may be shared; however, the final responsibility and accountability to insure that the criteria are met remain with the designated Approved Provider Unit. For example, the organizations together could meet to discuss desired objectives, but the final decision about which objectives to include and how they are written rests with the Nurse Planner. A written joint-provider agreement confirms these arrangements.

Approval vs. Joint-providing: Joint-providing continuing education is not to be confused with approval of continuing education which is only allowed by a recognized approver unit. If your provider unit Nurse Planner was not actively involved in the planning of the event, you may not provide or joint-provide it.

Advertising: Any advertising should include all names of the provider and joint-provider(s). Your provider unit must be prominently mentioned in the advertising. For example, "Name of Approved Provider Unit and Chapter x of the Medical/Surgical Nurses Association..."

Frequent Situations:

- A. There are several instances when an Approved Provider Unit is asked to joint-provide an activity and it is not appropriate to do so. For example, when an employee is also involved in an outside organization and wants the Approved Provider Unit to give the contact hours; when an outside organization asks for contact hours for an event they planned, etc.

Questions to be considered are:

1. Who is included in the provider unit? Is the group asking for joint-providership part of the provider unit or outside of the provider unit?
2. Has one of your Nurse Planners been actively involved in planning since the beginning?
3. Who is putting on the event – your organization or another organization?

If your answer is no to one or more of the above questions, this is not joint-providership.

As an Approved Provider Unit, one of your Nurse Planners must be involved in planning each educational event. Your provider unit may provide continuing education and award contact hours for this activity.

- B. If an employee of your organization is working with a group outside of the work setting, the employee must involve a Nurse Planner to see if it would be beneficial or appropriate for your Approved Provider Unit to joint-provide with this outside group. If the answer is yes, then the Nurse Planner will develop the joint-provider agreement with the group, facilitate the planning process and proceed with the development of the joint-provided event. The approved provider unit's name must be included as one of the event providers on the advertising material, not just in the provider statement. If the joint-provider relationship is not desired or appropriate, the Nurse Planner may refer the employee and group to an approver.
- C. If one of your employees participates in a local chapter of a professional nursing organization and that organization wants to offer contact hours, the employee should contact the Nurse Planner to see if it would be beneficial and feasible to develop a joint-provider arrangement with said professional nursing organization. The Nurse Planner would be in contact with the other agency/organization to plan and implement the joint-provided activity. The Approved Provider Unit's name must be prominently included on the advertising material. If the joint-provider relationship is not desired or appropriate, the Nurse Planner may refer the employee and group to an approver.
- D. If the Nurse Planner is approached by an entity that has planned and developed a CE activity and is seeking a contact hour approval process, the Nurse Planner must refer this entity to an approver. In this instance, the Nurse Planner has not been involved in the planning process and, therefore, cannot joint-provide.
- E. If the Approved Provider Unit has a joint-provider agreement with an organization to put on an event and the joint-provider now wants to offer the joint-provided activity in another venue without the provider entity, the Approved Provider Unit must refer the organization to an approver. That organization will then need to submit an application to get approval to offer contact hours for the activity from an approver.

In any or all situations, an Approved Provider Unit has the right to say no, we do not want to joint-provide.

See the algorithm for a diagrammed copy of the above content on the next page.

Commercial Support/Sponsorship: Commercial interests (entities) may not joint-provide. Commercial support and/or sponsorship, however, may be obtained for an event. This might include financial or in-kind contributions. Commercial supports/sponsors are not part of the assessment, planning, implementation, and evaluation process for the activity, so

they are not joint-providers. However, be sure you follow the appropriate requirements regarding use of commercial support/sponsorship and how learners are informed.

Fees for Joint-providing: There are no ANCC accreditation criteria or SCNA CEAC rules that prevent you from charging a fee for your time, expertise and resources to participate in planning an event, issuing certificates, keeping records, etc. However, be very careful that it is clear to all parties that the fee covers your involvement, not your “approval” of someone else’s activity.

Joint-provider vs. Co-sponsor: ANCC accreditation criteria do not use the terms or “co-sponsor” interchangeably with joint-provider. Joint-providing is the term used when two or more groups work together to assess, plan, implement and evaluate continuing education activities. A sponsor is a non-commercial interest who provides money or in-kind services to help support the activity. For example, a foundation might provide a grant or a university might provide a free room for your event. These groups are not commercial interests but are still providing assistance so that you can provide your activity.

Repetition of a Learning Activity by a Joint-provider

If an approved provider unit and an outside entity (individual, company, etc.) plan a CE activity together (joint-provide), the Approved Provider Unit should plan and complete the planning documentation form with one of its Nurse Planners as part of the planning process. If the joint-provider then wishes to repeat the CE activity separately from the Approved Provider Unit, the joint-provider must submit an application through an approver such as SCNA. The Approved Provider Unit may not approve the activity for the organization that was previously a joint-provider for that activity, nor may the approved provider allow the outside entity to use the provider unit’s contact hours for repetition of the activity.

Example, Hospital X is an Approved Provider Unit. An outside company or a specialty nursing organization wants to plan a CE activity with this hospital. Hospital X, if it is in the interests of its provider unit, can plan and implement the activity with active involvement of the Nurse Planner and a representative of the outside group. However, if the joint-provider wishes to repeat this activity in various locations, having no direct relationship with Hospital X, it must submit an application to an approver such as SCNA.

A sample joint-provider agreement is found in Appendix K—Forms.

APPENDIX C

SAMPLE DISCLOSURE STATEMENTS

The following are brief examples of how disclosures might be made prior to the start of the event. These disclosures can be made on the advertising, the confirmation letter, the agenda on top of the handouts received on the day of the event, etc. They could also be in multiple ways – e.g., purpose or objectives and criteria for successful completion on advertising, and then the remainder on the agenda received on the day of the event.

Conflict of Interest

- The planners and faculty have declared no conflict of interest.
- The planners and all but one faculty have declared no conflict of interest. Janet Smith has a conflict of interest as an author of the book “Everything You Ever Wanted to Know About Continuing Education.”

-

Commercial Support/Sponsorship

- ABC Health Products Company provided an unrestricted grant for this activity.

Sponsorship

- Lunch is being sponsored by The XYZ Hospital of the Midlands.

Non-endorsement

If products are being displayed during exhibits or in a session, the statement below must be included. CE activities may not promote any products or services. Some providers choose to include this statement also when they receive sponsorship and/or commercial support regardless if products are being displayed.

- Approved provider status does not imply endorsement by [insert provider's name], ANCC, or SCNA of any products displayed in conjunction with an activity.

Criteria for Successful Completion

- Criteria for successful completion include attendance at the entire event and submission of a completed evaluation form.
- Criteria for successful completion include attendance of at least 80% of the event and submission of a completed evaluation form.
- Criteria for successful completion include attendance at one or more sessions.

Outcome

[Simply state the outcome as you listed it in the documentation form, **Item 8.E**]

Objectives

[Simply list the objectives as you listed them on the Educational Activity form of the Faculty Directed Documentation Form or on the Independent Study Documentation Form].

APPENDIX D CONFLICT OF INTEREST AND RESOLUTION

(Excerpt from the 2013 Primary Accreditation Application Manual)

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a **commercial interest**,* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should excuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

The Nurse Planner is responsible for ensuring that all individuals who have the ability to control or influence the content of an educational activity disclose all relationships with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. **Relevant relationships**** must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Evaluation

The Nurse Planner is responsible for evaluating whether any relationship with a commercial interest is considered relevant to the content of the educational activity. Disclosures may be categorized in the following ways:

- No relationship with a commercial interest exists. No resolution required.
- Relationship with a commercial interest exists. The relationship with the commercial interest is evaluated by the Nurse Planner and determined not to be relevant to the content of the educational activity. No resolution required.
- Relevant relationship with a commercial interest exists. The relevant relationship is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity. **Resolution is required.**

Resolution and Activity Assessment

Actions taken to resolve conflicts of interest must demonstrate resolution of the identified conflicts of interest **prior to** presenting/providing the educational activity to learners. Such actions must be documented and the

documentation must demonstrate (1) the identified conflict, and (2) how the conflict was resolved. Actions may include but are not limited to the following:

- Removing the individual with conflicts of interest from participating in all parts of the educational activity.
- Revising the role of the individual with conflicts of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding continuing education contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

Disclosure

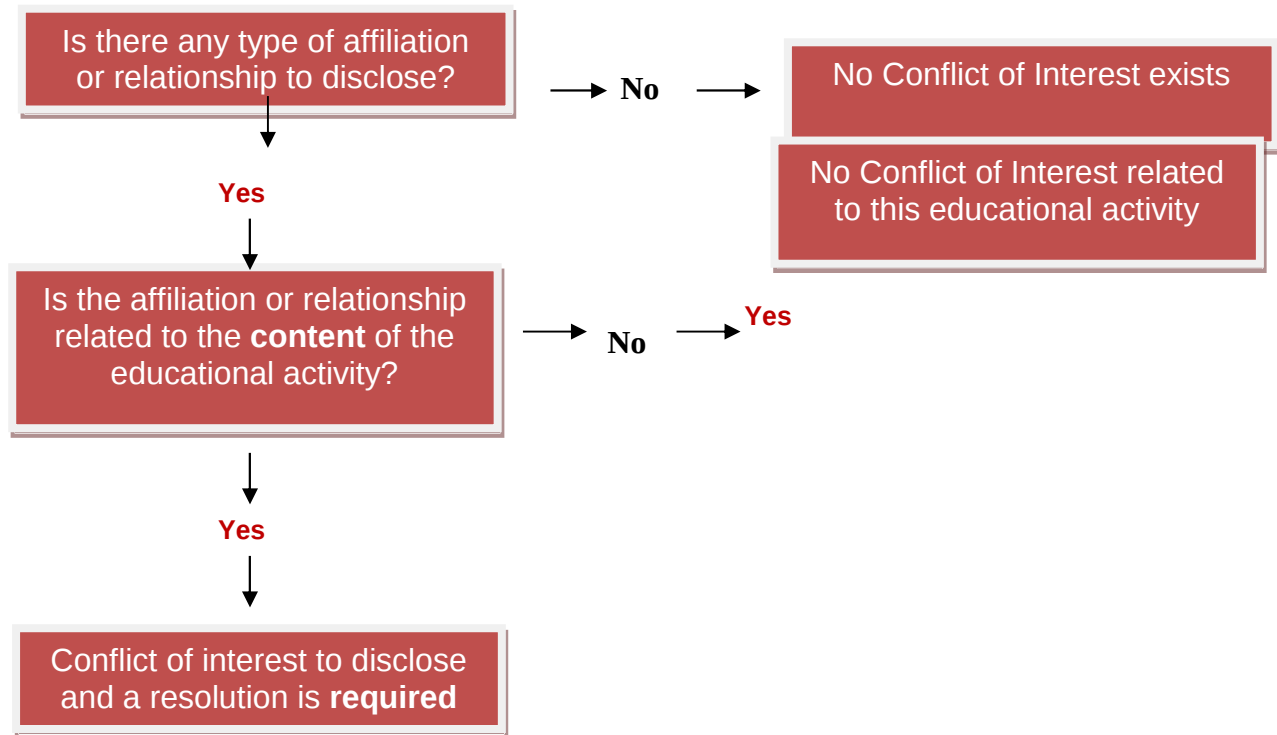
Prior to the educational activity, regardless of format or venue, any funding or in-kind support provided by a Commercial Interest Organization for the educational activity is disclosed to the learners/participants. Individuals refusing to disclose relationships with Commercial Interest Organizations may not participate in any part of the educational activity.

A sample Terms and Conditions for Speakers/Authors for is in Appendix K—Forms.

South Carolina Nurses Association Continuing Education Approver Committee

Conflict of Interest Decision Tree

Conflict of Interest is considered an affiliation or relationship with a Commercial Interest Organization of a financial nature that might bias a person's ability to objectively participate in the planning, implementation, or a review of a learning activity. All planners, reviewers, faculty, presenters, authors, and content reviewers are required to complete biographical/conflict of interest forms.



Resolutions may include, but are not limited to the following:

- Removing individual with conflict of interest from participating in all parts of the educational activity.
- Revising the role of the individual with conflict of interest so the financial relationship is no longer relevant.
- Not awarding contact hours for a portion or all of the educational activity.
- Content of the educational activity evaluated for bias and activity monitored to evaluate for commercial bias.
- Content of educational activity evaluated for bias and participant feedback reviewed for commercial bias. No Conflict of Interest exists.

APPENDIX E

American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities

Table of Contents for this appendix:

- A. Introduction
- B. Definition of a Commercial Interest Organization
- C. Related Organizations
 - 1. Separate federal tax ID number
 - 2. Separate legal entity
 - 3. Operational structure separation
 - a. Phone, fax line, email
 - b. Web sites/links to web sites;
 - c. Electronic databases and hard copy documents;
 - d. Written policies and procedures
 - e. Governance structure and personnel;
 - f. Independent decision making
 - 4. Control of educational content
- D. Types of Commercial Support for Continuing Nursing Education
 - 1. Financial Support
 - 2. "In-Kind" Support
- E. Ensuring Content Integrity of an Educational Activity in the Presence of Commercial Support
 - 1. Written agreement between Commercial Interest and Organization
 - 2. Payments
 - 3. Unused Funds
 - 4. Joint-Providing
 - 5. Accounting of Expenses
- F. Conflict of Interest Evaluation and Resolution
- G. Additional Criteria for Ensuring Content Integrity
 - 1. Promotion
 - 2. Advertisements
 - 3. Recruitment

4. Confidentiality
 5. Advertising an Educational Activity
 6. Distribution of the Educational Activity
 7. Content of the Educational Activity
 - a. Slides, handouts or other materials
 - b. Live (in-person) activities – Logos and trademarks
 - c. Enduring materials - Logos and trademarks
 - d. Web-based materials – Logos and trademarks
 - e. Evaluations
 - f. Learner recruitment
 - H. Exhibits, Promotions and Sales
 - I. Giveaways
 - J. Failure to Comply
 - K. Complaints
-

A. Introduction

The American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities serves as a resource for accredited and approved organizations to provide quality continuing nursing education with integrity and free from undue influence from commercial interest organizations. Federal law, core values for the Accreditation Program (2009 and 2013 Application Manuals, Accreditation Program) and the *Code of Ethics for Nurses* (ANA, 2001) provide the foundation for these standards, which are designed to help accredited and approved organizations and those seeking ANCC accreditation comply with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities.

***Provider** refers to an ANCC Accredited Provider or an organization or individual approved by [South Carolina Nurses Association] (Approved Provider or Individual Activity Applicant).*

B. Definition of a Commercial Interest Organization

The American Nurses Credentialing Center (ANCC) defines an organization as having a commercial interest ("Commercial Interest Organization")* if it:

- Produces, markets, sells or distributes health care goods or services consumed by or used on patients;
- Is owned or operated, in whole or in part, by an organization that produces, markets, sells or distributes health care goods or services consumed by or used on patients; or
- Advocates for use of the products or services of commercial interest organizations.

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems; or
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

C. Related Organizations

- Parent Organization – An organization that owns one or more subsidiary organizations. A parent organization that is a Commercial Interest Organization is **not eligible** for accreditation [or approval].
- Subsidiary Organization – An organization that is owned by a parent company. A subsidiary of a Commercial Interest Organization is **not eligible** for accreditation [approval].
- Sister Organizations – Two organizations that share a common parent owner are “sister organizations.” An organization **may be eligible for accreditation [approval]** if it establishes and maintains an adequate corporate firewall to shield it from the influence of a sister organization that is a Commercial Interest Organization.

Adequacy of a corporate firewall will be evaluated by examining evidence demonstrating independence, based on the following factors:

1. The commercial interest organization and its non-commercial interest sister organization (the “educational organization”) have separate federal tax ID numbers;
2. The commercial interest organization and the educational organization are separate legal entities;
3. The operational structure of the commercial interest organization and the educational organization are separate and distinct, including but not limited to:
 - Phone, fax and email communication;
 - Web sites/links to web sites;
 - Electronic and hard copy documents;
 - Written policies and procedures that may impact the delivery of continuing education;
 - Separate governance structures and personnel; and
 - Independence in decision making;
4. Educational content for activities is planned, developed, implemented and controlled exclusively by the educational organization. The commercial interest organization may have no influence over content of the educational activity.

D. Types of Commercial Support for Continuing Nursing Education

Commercial Interest Organizations may provide monetary funding or other support ("Commercial Support") for continuing nursing education activities in accordance with the following fundamental principles:

- 1 Commercial Support must not influence the planning, development, content, implementation or evaluation of an educational activity; AND
- 2 Receipt of Commercial Support must be disclosed to learners.

Commercial Support may be used to pay for all or part of an educational activity and for expenses directly related to the educational activity, including but not limited to: travel, honoraria, food, support for learner attendance and location expenses. Commercial Support may be used to support more than one educational activity at the same time or multiple activities over a period of time.

Commercial Support is:

1. **Financial Support** - money supplied by a Commercial Interest Organization to be used by a provider for expenses related to the educational activity. Financial support may be provided as an unrestricted grant, educational grant, donation or scholarship.
2. **"In-Kind" Support** – materials, space or other non-monetary resources or services used by a provider to conduct an educational activity; which may include and is not limited to human resources, marketing services, physical space, equipment such as audio-visual materials and teaching tools (for example, anatomic models). In-kind donations may not bear the trade names, logos or other identifying insignia of the Commercial Interest Organization. In-kind support may not include promotion of goods or services of the Commercial Interest Organization. In the event that the trade name, logo or other identifying insignia cannot be removed (i.e. embedded in the piece of equipment), the provider must ensure that learners are aware of similar products produced by other companies. In addition, disclosure of the in-kind donation and a disclaimer that neither the provider the ANCC nor the South Carolina Nurses Association are endorsing the product must be provided to learners.

E. Ensuring Content Integrity of an Educational Activity in the Presence of Commercial Support

Commercial Interest Organizations providing Commercial Support for continuing education may not influence the planning, implementation or evaluation of an educational activity. The following requirements to ensure content integrity must be satisfied by the provider when Commercial Support is accepted:

1. Written Agreement. There must be a written agreement between a Commercial Interest Organization providing Commercial Support and the provider utilizing Commercial Support. The written agreement must include the following:
 - a. Name of the Commercial Interest Organization;
 - b. Name of provider;
 - c. Complete description of all Commercial Support provided, including both financial and in-kind support;
 - d. Statement that the Commercial Interest Organization will not participate in planning, developing, implementing or evaluating the educational activity;
 - e. Statement that the Commercial Interest Organization will not recruit learners from the educational activity for any purpose;
 - f. Description of how Commercial Support must be used by the provider
 - i. Unrestricted Use: Commercial Support given freely and without constraint by the Commercial Interest Organization and the provider has sole discretion to administer Commercial Support as appropriate for planning, developing, implementing or evaluating the educational activity;
 - ii. Restricted Use: Commercial Support given to support a specific aspect of an educational activity such as meals, breakout sessions or speaker honoraria.

- g. Signature of a duly authorized representative of **the** Commercial Interest Organization with authority to enter into binding contracts on behalf of the Commercial Interest Organization;
 - h. Signature of a duly authorized representative of the provider with authority to enter into binding contracts on behalf of the provider; and
 - j. Date on which the written agreement was signed.
2. Payments. All payments for expenses related to the educational activity must be made by the provider. The provider must keep a record of all payments made using Commercial Support funding. Commercial Support funds may only be used to support expenses directly related to the educational activity.
 3. Unused Funds. The Commercial Interest Organization may request the return of unused Commercial Support funds.
 4. Accounting of Expenses. The Commercial Interest Organization may request that the Provider submit a record of how commercial support funding was spent.
 5. Joint-Providing. In the event that more than two organizations will be providing an educational activity receiving commercial support (joint-providing), the organization identified as the "Provider" of the activity is responsible for managing commercial support funds in adherence with the ANCC Accreditation criteria. A Commercial Interest Organization **may not** joint-provide educational activities.

F. Conflicts of Interest Evaluation and Resolution

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a **commercial interest**,* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should excuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

The Nurse Planner is responsible for ensuring that all individuals who have the ability to control or influence the content of an educational activity disclose all relationships with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. **Relevant relationships**** must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.

- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Evaluation

The Nurse Planner is responsible for evaluating whether any relationship with a commercial interest is considered relevant to the content of the educational activity. Disclosures may be categorized in the following ways:

- No relationship with a commercial interest exists. No resolution required.
- Relationship with a commercial interest exists. The relationship with the commercial interest is evaluated by the Nurse Planner and determined not to be relevant to the content of the educational activity. No resolution required.
- Relevant relationship with a commercial interest exists. The relevant relationship is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity.

Resolution is required.

Resolution and Activity Assessment

Actions taken to resolve conflicts of interest must demonstrate resolution of the identified conflicts of interest **prior to** presenting/providing the educational activity to learners. Such actions must be documented and the documentation must demonstrate (1) the identified conflict, and (2) how the conflict was resolved. Actions may include but are not limited to the following:

- Removing the individual with conflicts of interest from participating in all parts of the educational activity.
- Revising the role of the individual with conflicts of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding continuing education contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

Disclosure

Individuals refusing to disclose relationships with Commercial Interest Organizations may not participate in any part of the educational activity.

G. Additional Criteria for Ensuring Content Integrity

1. **Promotion.** A Commercial Interest Organization may not promote its goods or services in relation to the content of an educational activity at any time during which the educational activity takes place including the introduction and conclusion of the activity, regardless of the format of the educational activity.
2. **Advertisements for the Commercial Interest Organization.** Advertisements promoting the products or services of a Commercial Interest Organization in relation to the content of an educational activity must be physically separated from the educational activity, regardless of the format of the educational activity.
3. **Recruitment.** Commercial Interest Organizations may not recruit learners from an audience for any reason.

4. **Confidentiality.** Providers may not share confidential information related to learners without written permission from the learner.
5. **Advertising an Educational Activity.** A Commercial Interest Organization may advertise an educational activity for which it has given commercial support. Examples of advertising may include but are not limited to: Save the Date cards, flyers and emails.
6. **Acknowledgement of Commercial Support.** Providers may acknowledge Commercial Support provided by a Commercial Interest Organization on marketing materials for the educational activity.
7. **Distribution of the Educational Activity.** A Commercial Interest Organizations may not distribute educational activities directly to learners.
8. **Content of the Educational Activity.** Content is the responsibility of the provider of the educational activity. All materials used for the educational activity must be free from bias. To guard against the presence of bias, the provider is responsible for ensuring the following:
 - a. Slides, handouts or other materials presented to the learner related to the educational activity do not display any logos or other trademarks of a Commercial Interest Organization;
 - b. Live (in-person) educational activities are presented without reference to a Commercial Interest Organization; acknowledgement of commercial support is limited to the name of the entity providing support
 - c. Enduring materials do not include logos, trademarks or other insignia of, or references to, a Commercial Interest Organization; acknowledgement of commercial support is limited to the name of the entity providing support
 - d. Web-based materials do not include logos, other trademarks or other insignia of, or reference to, a Commercial Interest Organization; acknowledgement of commercial support is limited to the name of the entity providing support
 - e. Evaluations of the educational activity make no reference to a Commercial Interest Organization or its products or services; and
 - f. Learners are not recruited for any purpose during the activity or evaluation.

H. Exhibits, Promotions and Sales

Commercial Interest Organizations may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity. Exhibits, promotion and sales must be separated from the educational activity. The following standards apply to exhibiting, promoting and selling products or services:

- Exhibiting, promoting and selling products may not take place during an educational activity;
- Marketing or advertisement for exhibits, promotions or sales may not be included within educational activity content (e.g., slides, handouts, enduring materials);
- Marketing or advertisement for exhibits, promotions or sales must take place in a location that is physically separated from the area where educational content is delivered.

I. Giveaways

Commercial Interest Organizations may provide giveaways for learners, as long as there is physical separation between accessing the giveaway and learner engagement in the educational activity. Educational materials for an activity may not be packaged in items bearing logos or trademarks of a Commercial Interest Organization.

J. Failure to Comply

Failure to comply with the American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities may result in suspension or revocation of approval.

K. Complaints

All complaints related to a Provider's compliance with the American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities will be investigated by the SCNA Continuing Education Approver Committee.

See Appendix K—Forms for sample Commercial Support and Sponsorship Agreement forms.

APPENDIX F

RECONSIDERATION AND APPEAL PROCEDURE

Policy: Applicants may ask for reconsideration of a decision by the original decision making body.

An applicant may appeal a decision of the CEAC; there are three (3) stages of an appeal:

RECONSIDERATION (APPEAL)

The reconsideration process allows the sponsor to obtain reconsideration by the Continuing Education Approver Committee of an adverse decision on an application for approval of a CE activity.

PROCEDURE

The sponsor must file a request for reconsideration by the CEAC with the Committee within fourteen (14) days of the date on the letter notifying the applicant of the original adverse decision on the application. A request for reconsideration is considered filed by the sponsor when the CEAC receives the following:

- At the option of the sponsor, clarifying materials that address the deficiencies found in the application. Clarifying materials are an expansion of existing information but do not include new or revised information.
- A statement by the sponsor as to why the decision on the application was incorrect and remedial action desired by the sponsor.

The CEAC will consider a properly filed request for reconsideration at its next regularly scheduled meeting. The applicant and/or representative of the applicant maybe present, at the applicant's option and expense, at the meeting at which the request is considered. If the applicant and/or representative attend this meeting, opportunity will be given to speak and to answer any questions posed by members of the CEAC.

Within fourteen (14) days following the meeting at which the request for consideration is reviewed, the CEAC will render a decision on approval status. Upon direction of the CEAC, the support staff will notify the sponsor of the decision and the reasons therefore in writing.

FIRST APPEAL

The appeal process allows the applicant to obtain a re-determination by the Appeal Panel with regard to an adverse decision made by the CE Approver Committee. An Appeal Panel will consist of two of the regular members of the CEAC who *were not original reviewers of the CE application in question*.

PROCEDURE

An applicant can invoke the appeal process only after the applicant has requested the reconsideration and received a decision with regard to that request. The applicant must file an appeal within fourteen (14) days of the date on the letter notifying the applicant of the decision on the reconsideration by the CEAC. An appeal is considered filed by an applicant when the Appeal Panel has received the following:

- a copy of all documentation submitted to the CE Approver Committee and a copy of the reconsidered decision rendered by that body, and
- a statement by the applicant as to why the reconsidered decision on the application was incorrect and the remedial action desired by the applicant.

The Appeal Panel shall consider a properly filed appeal at its next regularly scheduled meeting. The Appeal Panel may require that a representative of the CE Approver Committee be present at the meeting that the appeal is heard to answer questions. The applicant and/or a representative of the applicant may be present, at the applicant's option and expense, at the meeting at which the appeal is heard. If the applicant

and/or representative attends such meeting, opportunity will be given to the applicant and/or representative to speak and to answer any questions posed by members of the Appeal Panel.

Within seven (7) days following the meeting at which the appeal is heard, the Appeal Panel will render a decision and notify the applicant of the decision and rationale in writing. The decision of the Appeal Panel is not limited to granting or denying the remedial action requested by the applicant. All aspects of the application and the decision of the CEAC are within the jurisdiction of the Appeal Panel that may take such action with regard to the application and any decisions thereon, as it deems appropriate.

FINAL APPEAL

The appeal process allows the applicant to obtain a final re-determination by the SCNA Board of Directors with regard to an adverse decision by the Appeal Panel. The appellate decision of the SCNA Board is final.

PROCEDURE

An applicant can invoke this phase of the appeal process only after the applicant has requested the first appeal and received a decision with regard to that request. The applicant must file this appeal within fourteen (14) days of the date of the written notification of the decision on the appeal by the Appeal Panel. A Final appeal is considered filed by a applicant when the SCNA Board of Directors received the following:

- a copy of all documentation submitted to the Appeal Committee and a copy of the appellate decision rendered by that body, and
- a statement as to why the appellate decision of the Appeal Panel was incorrect and the remedial action desired by the applicant.

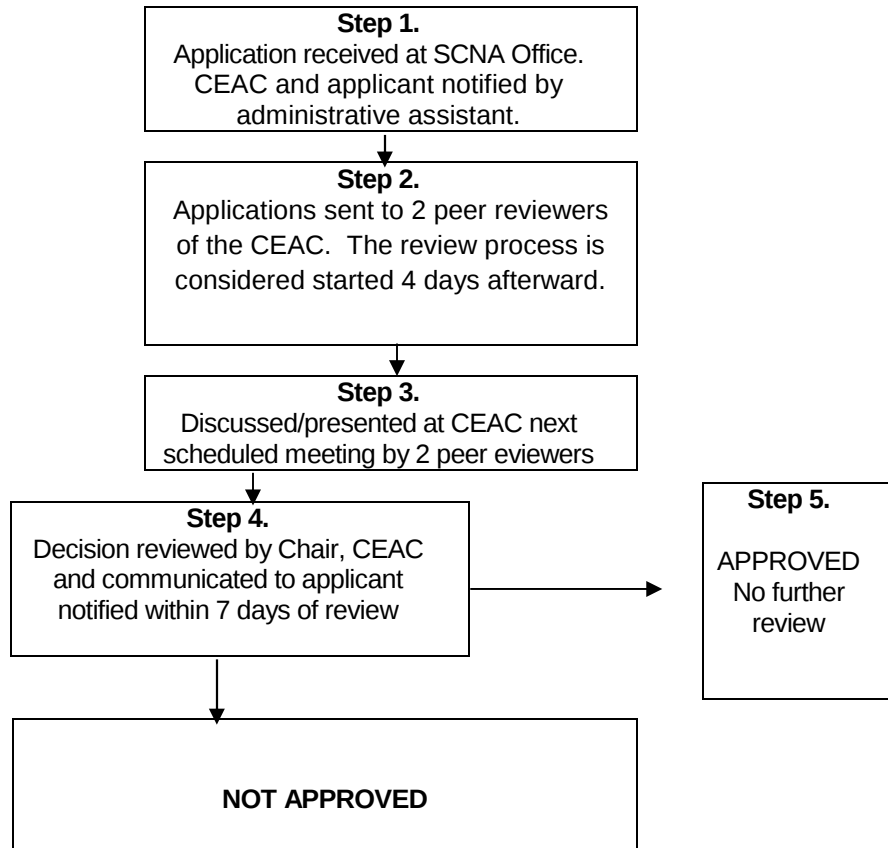
The SCNA Board of Directors shall consider properly filed final appeal at its next regularly scheduled meeting. The applicant and/or representative of the applicant may be present, at the applicant's option and expense, at the meeting at which the final appeal is heard. If the applicant and/or representative attends such a meeting, opportunity will be given to the applicant and/or representative to speak and to answer any questions posed by members of the SCNA Board. Within seven (7) days following the meeting at which the final appeal is heard, the SCNA Board will render a decision and notify the applicant of the decision and rationale in writing.

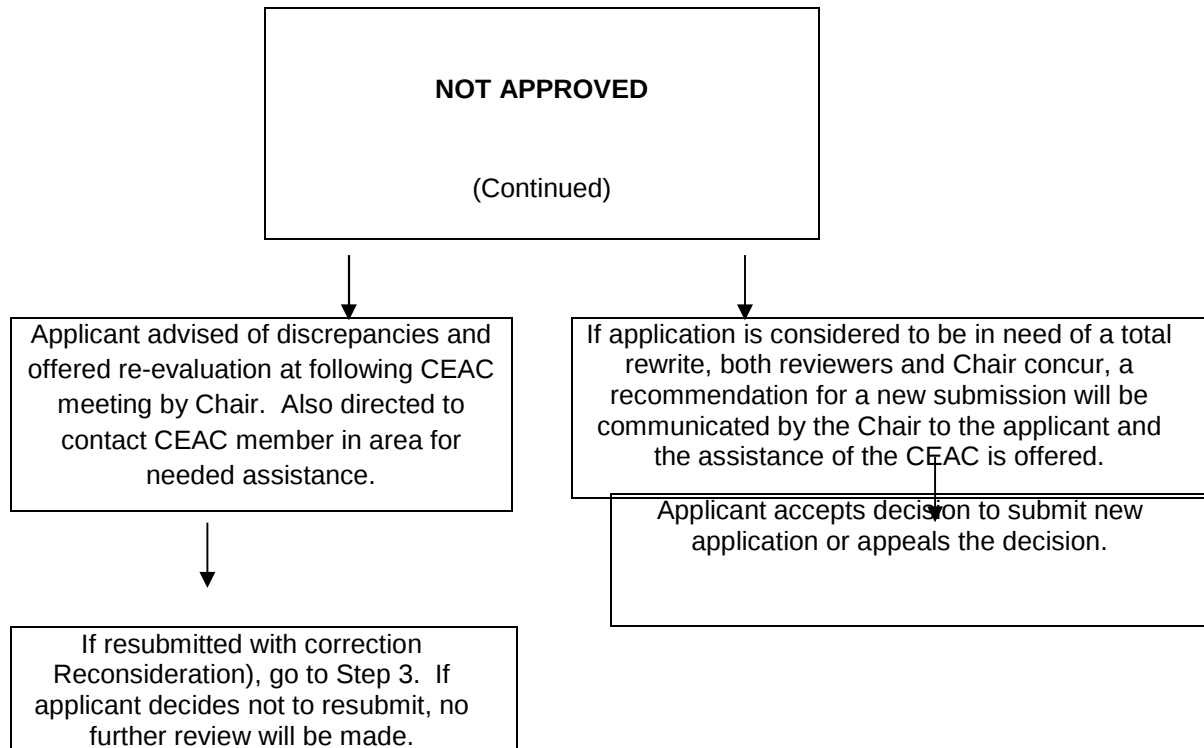
The decision of the SCNA Board is not limited to granting or denying the remedial action requested by the applicant. All aspects of the application and decisions by the CE Approver Committee and the Appeal Panel are within the jurisdiction of the SCNA Board, and the Board may take such action with regard to the application and any decisions thereon, as it deems appropriate.

All meetings for consideration, review and action are considered confidential. Aside from CEAC members, only those invited or, in the case of requested attendance, those permitted shall be in attendance. Then, these guests shall only be present for that portion of the discussion that pertains to them or their application. No materials from review packages may be removed from the review nor provided to others except by the applicant or with express written permission of the applicant.

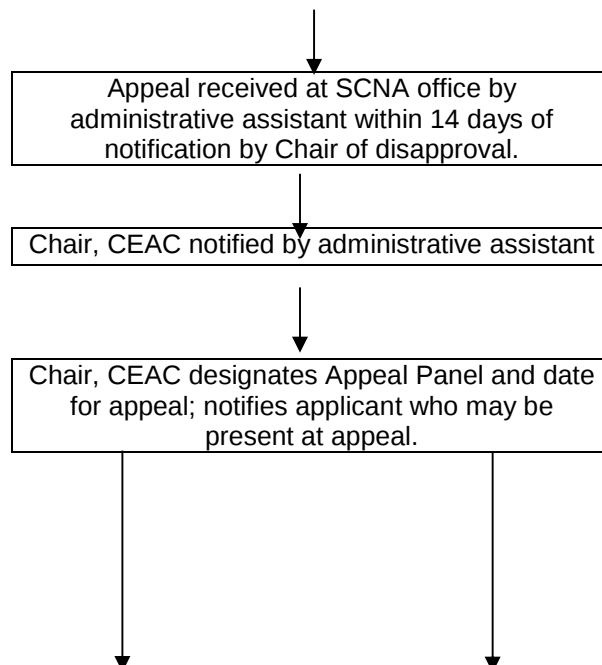
No member of CEAC shall review CE Activities for which there is an identified conflict of interest, either actual or perceived. Neither shall any person with a conflict of interest sit as a member of an appeals process committee or board.

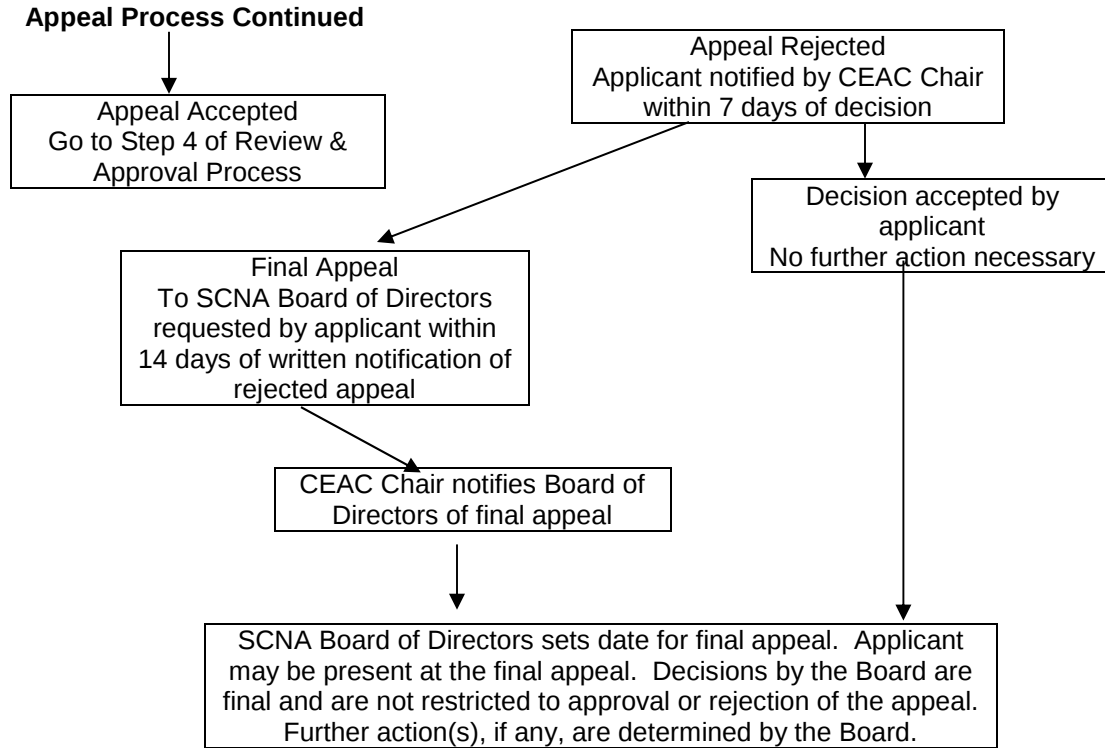
Review and Approval Process Flow Diagram





APPEAL PROCESS





APPENDIX G GLOSSARY of TERMS

This glossary is drawn from the glossary in the American Nurses Association's Nursing Professional Development: Scope and Standards of Practice, (2010), ANCC Commission on Accreditation's 2013 Primary Accreditation Application Manual (2011). The selected definitions are frequently used in the context of accreditation and approval and may in some cases require further elaboration in order to carry out the accreditation and approval processes.

Accountability: Responsibility for adherence to the ANCC accreditation criteria and SCNA CEAC rules as they apply to providing quality CNE.

Accreditation: A voluntary process in which an institution, organization, or agency submits to an in-depth analysis to determine its capacity to provide or approve quality continuing education over an extended period of time.

Adult Learning Principles: The basis for, or the beliefs underlying, the teaching and learning approaches to adults as learners based on recognition of the adult individual's autonomy and self-direction, life experiences, readiness to learn, and problem orientation to learning. Approaches include mutual, respectful collaboration of educators and learners in the assessment, planning, implementation, and evaluation of education activities.

Approval: A decision made by SCNA's Continuing Education Approver Committee that the criteria and rules for approval of continuing education have been met. The Council approves organizations to be Approved Provider Units and approves individual activities.

Approved Provider: Recognition by (SCNA) of a provider's capacity to award contact hours for continuing education activities, planned, implemented, and evaluated by the provider.

Autonomy of the Provider Unit: The provider unit (not the larger organization) must be solely administratively and operationally responsible for coordinating all aspects of the continuing nursing education activities.

Bias: Tendency or inclination to cause partiality, favoritism or influence.

Biographical Data: Information required of persons involved in the peer review process or planning and delivery of continuing education activities. The data provided should document their qualifications relevant to the continuing education process or a specific activity with respect to their education, professional achievements and credentials, work experience, honors, awards, and/or professional publications.

Commercial Interest: Any entity either producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used on, patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies. The definition allows an accredited [approved] provider to be owned by a firm that is not a commercial interest. It also allows a provider to have a "sister company" that is a commercial interest, as long as the accredited [approved] provider has and maintains adequate corporate firewalls to prohibit any influence or control by the "sister company" over the continuing education program of the accredited [approved] provider. In this case, ANCC would expect that the accredited [approved] provider would have an adequate corporate firewall in place to prohibit any influence or control by the "sister company" over the continuing education program.

Commercial Support: Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CNE activity. Providers of commercial support may not be providers or joint-providers of an educational activity.

Commission on Accreditation (COA): Appointed by and accountable to the ANCC Board of Directors, this body is responsible for development and implementation of the ANCC program for accreditation of continuing

nursing education. The Commission is composed of at least 9 members selected from CNE stakeholder communities such as accredited organizations, consumers, nursing evaluation, and adult education.

Commitment: Duty or responsibility of those providing or approving continuing education to meet learner needs, provide quality CNE, and support Provider Unit goals and improvements.

Conflict of Interest: An affiliation or relationship of a financial nature with a Commercial Interest Organization that might bias a person's ability to objectively participate in the planning, implementation or review of a learning activity. All planners, content reviewers and faculty/presenters/authors are required to complete Biographical/Conflict of Interest forms.

Contact Hour: A unit of measurement that describes 60 minutes of an organized learning experience. One contact hour = 60 minutes.

Content: "Subject matter of an educational activity that relates to the educational objectives." (Nursing Professional Development: Scope and Standards of Practice, ANA, 2010)

Content Expert: An individual with documented qualifications demonstrating education and/or experience in a particular subject matter. This person is included on the planning committee of individual activities.

Content Reviewer: An individual selected to evaluate an educational activity during the planning process or after it has been planned but prior to delivery to learners for quality of content, potential bias, and any other aspects of the activity that may require evaluation.

Continuing Education Activities: Those learning activities intended to build upon the educational and experiential bases of an individual for the enhancement of practice, education, administration, research or theory development, to the end of improving the health of the public.

Continuing Education Unit: (CEU) A specific, standard measure (10 clock hours) of educational achievement used by many universities and professional organizations under the criteria of the International Association for Continuing Education and Training (IACET) to attest to clock hour completion of continuing education activities. This terminology is not authorized by the ANCC Commission on Accreditation or the South Carolina Nurses Association.

Continuing Nursing Education (CNE) activities: Those learning activities intended to build upon the educational and experiential bases of professional RN for the enhancement of practice, education, administration, research or theory development, to the end of improving the health of the public and RN's pursuit of their professional career goals.

Joint-providership: Planning, developing, and implementing an educational activity by two or more organizations or agencies. When educational activities are joint-provided and one of the providing entities is ANCC-accredited [SCNA approved], the ANCC-accredited [SCNA approved] provider unit retains responsibility for particular aspects of the process to assure adherence to all the ANCC [SCNA] criteria. If collaborating providers are all ANCC-accredited [SCNA approved], one is designated to retain the provider responsibilities by mutual, written agreement. The unit designated to retain these responsibilities is referred to as the provider, and the other collaborating providers are referred to as joint-providers. If neither entity is approved as a provider, one takes the lead and is referred to as the provider of the activity; the other is the joint-provider.

Distance Learning: A formal educational activity in which most of the instruction occurs when the learner and the educator are not in the same place. The instruction may take place either synchronously (at the same time) (e.g., interactive video) or asynchronously (at different times) (e.g., online/Internet or correspondence courses).

Educational Design: A plan for instruction documenting a needs assessment, description of the target audience, educational objectives, content outline, teaching methods, evaluation strategies, and designation of appropriate physical facilities and resources.

Educational Objective: Derived from the overall purpose of the activity, educational objectives are written statements that describe learner-oriented outcomes that may be expected as a result of participation in the educational activity. These statements describe knowledge, skills, and/or attitude changes that should occur upon successful completion of the educational activity.

Eligibility: An applicant's ability to meet certain criteria in order to be considered qualified to apply for approval.

Enduring Materials: A non-live continuing nursing education activity that "endures" over time. Examples of enduring materials include programmed texts, audio tapes, videotapes, monograph or computer assisted learning materials, or other electronic media that are used alone or with printed or written materials. Enduring materials can also be delivered via the Internet. The learning experience by the nurse can take place at any time in any place, rather than only at one time or one place.

Evaluation: A systematic process by which a judgment is made about consequences, results, effects, or merit of a continuing education provider unit or continuing education program in order to make subsequent decisions. The process of determining significance or quality by systematic appraisal and study.

Gift "in-kind": Non-monetary support (e.g. marketing assistance, meeting room, event registration assistance, etc.) provided by the giver to the taker. (In the Accreditation community, the "taker" is the provider of the continuing education.)

In-service Education Activities: Activities intended to assist the professional nurse to acquire, maintain and/or increase competence in fulfilling the assigned responsibilities specific to the expectations of the employer.

Key Personnel: Individuals who contribute to the overall functioning of the Provider Unit in a substantive, measurable way, without regard to pay or employment status.

Leadership: The provision of direction and guidance to individuals involved in the process of assessing, planning, implementing and evaluating CNE activities in adherence to the ANCC criteria and SCNA CEAC rules.

Learner Directed, Learner Paced Activity: A learning activity in which the learner takes the initiative in identifying his or her learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. The learner also determines the pace at which the learning activity is engaged. Learner –directed activities may be developed with or without the help of others, but they are engaged in by only one individual.

Learning package: Materials and description of resources and requirements of the process for completing an independent study.

Marketing Materials: Method of announcing an educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, email, Intranet posting, electronic message or web site.

Monitor: To periodically assess and evaluate continuing compliance with the criteria and operational requirements.

Multi-Focused Organization: An organization that exists for more than the purpose of providing education.

Need: Discrepancy between what is desired and what exists.

Needs Assessment: The process by which a discrepancy between what is desired and what exists is identified.

Nurse Peer Review Leader: A currently licensed RN with a master's degree or higher, and with either the baccalaureate or graduate degree in nursing, who has the authority within the organization to evaluate adherence to the ANCC Accreditation Program criteria in the provision of CNE. (In South Carolina this person is the Chair of the Continuing Education Approver Committee.)

Nurse Planner: The Nurse Planner is actively involved in all aspects of planning, implementation and evaluation of the continuing nursing education activity. The Nurse Planner is responsible for ensuring appropriate educational design principles are used and processes are consistent with the requirements of the ANCC Accreditation Program and SCNA CEAC rules as defined by SCNA. The Nurse Planner of an Approved Provider Unit must be a licensed registered nurse and hold a baccalaureate or higher degree in nursing and be knowledgeable about the CE process and adult learning principles.

Nursing Professional Development: "The lifelong process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhancing their professional practice, and support achievement of their career goals. (Nursing Professional Development: Scope and Standards of Practice, ANA, 2010)

Objective: see Educational Objective.

Organizational chart: A diagram or other schematic used to depict informal and formal lines of communication and relationships within the overall organization as well as the approver and/or provider unit.

Orientation: The process of introducing new staff to the philosophy, goals, policies, procedures, role expectations and other factors needed to function in a specific work setting. Orientation takes place both for new employees and when changes in nurses' roles, responsibilities and practice settings occur.

Outcome: The impact of structure and process on the organization as a provider and the value/benefit to nursing professional development.

Outcome Measurement: "The process of observing, describing and quantifying predefined indicators of outcomes of performance." (Nursing Professional Development: Scope and Standards of Practice, ANA, 2010)

Pilot Study/Testing: The process of assessing the capability of an activity or product to achieve the intended purpose(s). Pilot testing of an educational activity guides the determination of the effectiveness of the teaching/learning materials and contact hour credit to be awarded.

Planning Committee: At least 2 individuals responsible for planning each educational activity; one individual must be a Nurse Planner and one individual must have appropriate subject matter expertise.

Position Description: Description of the functions specific to the role of the Primary Nurse Planner, Nurse Planner and key personnel that relate to the Provider Unit.

Primary Nurse Planner: The Primary Nurse Planner is responsible for ensuring that all Nurse Planners are performing in a manner consistent with the policies, procedures, position descriptions, and expectations of the Approved Provider Unit and with the ANCC criteria and SCNA CEAC rules as identified by SCNA. All nurse planners contribute oversight and must be actively involved in both the planning and the analysis of evaluation data for the educational activity. The Primary Nurse Planner serves as the liaison between SCNA's Approver Unit and the Approved Provider Unit. The Primary Nurse Planner of an Approved Provider Unit must be a registered nurse and hold a baccalaureate or higher degree in nursing; have education or experience in the field of education or adult learning, and have experience or knowledge of the CNE criteria and rules.

Process: Process is the development, delivery and evaluation of CNE activities.

Provider: An individual, institution, organization, or agency responsible for the development, implementation, evaluation, financing, record keeping, and quality of CE activities.

Provider-Directed, Learner Paced Activity: The provider controls all aspects of the learning. The provider determines the learning objectives based on needs assessment, content of the learning activity, the presentation method, number of contact hours, evaluation and evaluation methods. Provider directed activities may be presented in a number of different vehicles - electronic, journal, lecture, etc.

Provider Unit: Comprises the members of an organization who support the delivery of continuing education activities.

Purpose: Written outcome statement related to what the learner will be able to do at the conclusion of the activity (i.e., "The purpose of this activity is to enable the learner to...")

Relevant Relationship: A relationship with a commercial interest is considered relevant if the products or services of the commercial interest are related to the content of the educational activity. Financial relationships with any commercial interest of the individual's spouse/partner are considered to be relevant relationships.

Resources: Available human, material and financial assets used to support and promote an environment focused on quality CNE and outcome measures.

Retroactive Approval: Peer review and approval of an activity that has already taken place; not authorized in the ANCC Commission on Accreditation.

Single-focused Organization (SFO): The single-focused organization exists for the single purpose of providing education.

Sponsor: An organization providing financial or in-kind contributions that does not meet the definition of a commercial interest.

Sponsorship: Financial or in-kind contribution from an organization that does not fit the category of a commercial interest.

Structure: Characteristics of an organization, including commitment, accountability, leadership, and resources that are required to support the delivery of quality CNE.

Target Audience: Group for which an educational activity has been designed.

Teaching Strategies: Instructional methods and techniques that are in accord with principles of adult learning.

APPENDIX H

PHARMACOLOGY HOURS vs. CONTACT HOURS

Pharmacotherapeutics content is any content pertaining to the diagnosing of a condition when medication/treatment is prescribed by the healthcare provider.

There is not a different process for "Pharm Hours". "Pharm Hours" simply indicate that Pharmacotherapeutics is the content of the contact hours awarded to a program. Determining the number of "hours" for pharmacology is determined by the provider unit. In reviewing the content for a program you find that 45 minutes of a 90 minute program has content that is Pharmacotherapeutics specific you can state on the certificate the following:
Contact Hours Awarded: 2 contact hours of which .75 hours is pharmacology content. A shortcut version could be: 2 CH/.75Pharm. (This does not mean that the program now has 2.75 hours awarded to it.)

Spelling the hours out on the certificate and in your marketing materials makes it clear to the attendees and more importantly the South Carolina Board of Nursing.

APPENDIX I BEHAVIORAL OBJECTIVES

A. General Policies Related to Behavioral Objectives

1. Behavioral objectives are defined for each continuing education offering and used as a basis for determining content and learning activities, and evaluating effectiveness.
2. The objectives indicate the relationship to nursing and/or the bodies of knowledge which contribute to nursing practice.
3. Objectives are clearly stated, appropriate for the audience, relevant and attainable for the allotted time, observable and measurable.
4. Behavioral objectives describe what the learner will should be able to do after participating in the offering. They will complete the sentence: "At the completion of this offering, the learners should be able to..."
5. The CEAC does not accept "understand" as a measurable action verb.
6. The evaluation tool must be appropriate for the domain that the objective comes from.

B. Definitions Related to Behavioral Objectives

1. Behavior--any relevant, visible activity displayed by the learner (action verb).
2. Objective--communication of intent.
3. Learning--a relatively permanent change in behavior.
4. Exit behavior--behavior shown at the end of the learning experience.
5. Conditions--situations, equipment, weather, etc.
6. Criterion--standard or test by which exit behavior will be evaluated.

C. Characteristics of a Behavioral Objective

1. Contains one action verb.
2. Tells about the behavior or performance of learners.
3. Concerns the ends rather than the means--the exit behavior rather than the learning process.
4. Describes the conditions under which the learner will be performing exit behavior.
5. Includes information about the level of performance that will be considered acceptable.
6. Measurable in terms of observable behavior.

D. Suggested verbs in the cognitive domain*

Knowledge	Define, repeat, record, list, recall, name, underline, identify, recognize
Comprehension	Translate, restate, discuss, describe, explain, express, identify, locate, report, review, tell, conclude, detect, differentiate, select, interpret, estimate, cite examples of, demonstrate use of
Application	Interpret, apply, employ, use, demonstrate, dramatize, practice, illustrate, operate, schedule, shop, sketch, develop, predict, generalize, relate
Analysis	Distinguish, analyze, differentiate, calculate, experiment, test, compare, contrast, solve, diagram, inspect, debate, inventory, question, examine, categorize, criticize
Synthesis	Compose, plan, propose, design, formulate, arrange, assemble, collect, construct, create, set up, organize, prepare, classify, organize,
Evaluation	Judge, evaluate, rate, compare, value, revise, score, select, choose, assess, estimate, measure, appraise, critique, validate

[*Objectives from the cognitive domain are the ones most frequently used in developing continuing education activities. The evaluation tool is usually one that lists the objectives and asks the learner to rate their ability to fulfill the objective using a Liker-type scale. A pre-test/post-test type evaluation might also be used for evaluating these objectives. Evaluation of objectives from the higher levels of this domain (e.g., analysis or evaluation) do not lend themselves to Liker-type scales and probably not to pre-test/post-test evaluation. If objectives from the higher levels are to be properly evaluated, then the learner should be presented with the opportunity to "interpret," "calculate," "criticize," "assess," etc.]

E. Suggested verbs in the affective domain**

Receiving	Acknowledge, shares, shows awareness of
Responding	Acts, willingly, listens to, practices
Valuing	Accepts, acclaims, agrees, cooperates,
Organization	Argues, debates, declares, defends with, responds, selects, shows interest
Characterization of values by value	Acts consistently, is accountable, stands for, takes a stand, helps, respects, supports

[**Objectives in this domain are not likely to be measured with any degree of success at the end of an activity. Making an impact or a change in the affective domain takes a period of time. It usually requires the learner to effect a change in behavior, something that is not likely to happen after one learning activity of a few hours. Evaluation of objectives in the affective domain will usually require an evaluation after the learner has had time to make the change in her/his behavior. Evaluation of objectives in the affective domain may best be evaluated by an observer (such as a nurse manager) who was familiar with the learner's behavior before she/he took part in the activity.]

F. Suggested verbs in the psychomotor domain***

Imitation	Follows example of, follows lead of
Manipulation	Carries out, according to procedure
Precision	Demonstrates skill in using, follows procedure, practices
Articulation	Carries out, is skillful in using
Naturalization	Is competent, is skilled, carries out, uses

[***Objectives in this domain cannot be measured accurately by a paper and pencil, Liker-type evaluation tool. These objectives are skill oriented and can best be evaluated by observing the learner's ability to carry out the skill (e.g., by a return demonstration). An evaluation tool for objectives from this domain should include a check list of steps that the learner must complete to be considered having successfully completed the objective. Objectives from this domain are probably best suited for orientation or in-service type learning activities.]

Adopted from:

Johnson & Johnson. Assuring Learning with Self-Instructional Packages. Self-Instructional Packages, Inc., 1973.

Reilly, Dorothy E. Behavioral Objectives. Evaluation in Nursing. 2nd edition. New York: Appleton-Century-Crofts, 1980.

[The comments in the brackets are those of Lawrence J. Eberlin, Ph.D., MSN, RN, and not those of the above cited authors.]

VERBS USED TO DESCRIBE BEHAVIORS OF THE COGNITIVE DOMAIN (Bloom's Taxonomy)

KNOWLEDGE (Recalling facts and information)

Accept	Count	Draw	Enumerate
Identify	Indicate	Label	List
Listen	Memorize	Name	Notice
Point	Quote	Read	Recall
Recite	Recognize	Record	Reiterate
Repeat	Reproduce	State	Test
Trace	Underline	Write	

COMPREHENSION (Simple understanding of information and ability to draw simple conclusions)

Answer	Associate	Classify	Compare
Compile	Compute	Consult	Contrast
Define	Discuss	Estimate	Differentiate
Explain	Express	Inquire	Distinguish
Interpret	Locate	Predict	Participate
Recognize	Report	Restate	Review
Select	Tell	Translate	

APPLICATION (Applying general rules and generalizations to specific problems)

Adopt	Apply	Calculate	Choose Write
Classify	Complete	Decide	Demonstrate
Dramatize	Employ	Examine	Illustrate
Operate	Practice	Present	Schedule
Sketch	Solve	Use	Utilize

ANALYSIS (breaking down concepts into separate elements and identifying the relationships among them)

Analyze	Appraise	Arrange	Calculate
Categorize	Combine	Compare	Construct
Contrast	Create	Criticize	Debate
Detect	Discover	Examine	Distinguish
Explain	Generalize	Infer	Experiment
Inspect	Interpret	Organize	Question
Realize	Reason	Relate	Solve
Summarize	Support	Test	

SYNTHESIS (Reassembling elements to create a new idea)

Arrange	Assemble	Collect	Challenge
Construct	Create	Design	Determine
Formulate	Group	Integrate	Manage
Order	Organize	Originate	Plan
Relate	Set-up	Weigh	Transform

EVALUATION (Assessing the value of materials/ideas)

Appraise	Assess	Choose	Assimilate	Value
Conclude	Critique	Establish	Determine	
Estimate	Evaluate	Grade	Judge	
Measure	Rank	Rate	Recommend	
Resolve	Revise	Core	Select	

Appendix J

CEAC Policy for Consideration of Previously Denied Applications

When an applicant indicates they have been revoked or denied approval by SCNA or another approver/accrediter the Chair of the CEAC will follow up:

1. Contact will be made with the applicant
2. Applicant will be requested to describe circumstances of the denial.
3. The Chairperson will determine if the circumstances of the denial have any current relevance to the applicant's application to SCNA; if yes, application will be denied; if no, the application will continue as usual.
4. If an application is found to be ineligible for further review the applicant may request the application to be withdrawn and the application fee, minus an administrative fee of \$10.00 or %10 (whichever is greater), will be returned to the applicant.

CEAC proposed May 2010
SCNA BOD approved May 2010

Appendix K

FORMS

- Application Form for Individual Faculty Directed Activity—2013 Criteria
- Application Form for Individual Activity Applicants—2013 Criteria
- Addendum for Individual Independent Activity - 2013 Criteria
- Biographical and Conflict of Interest Form – 2013 Criteria
- Terms and Conditions for Speakers/Authors
- Joint-provider Agreement – 2013 Criteria
- Sponsorship Agreement – 2013 Criteria
- Commercial Support Agreement – 2013 Criteria
- Sample Educational Activity Evaluation Summary

South Carolina Nurses Association
Application Form for Individual Faculty Directed Activity (Live Activity)—2013 Criteria

This is a sample form. You will complete the Application Form on-line using SCNA's Review Room software program. <https://scna.fluidreview.com/>

Demographic Data:

1. Title of learning activity: _____
2. Date of event: _____
Will this event be repeated _____
Or is it planned as a one-time event? _____
3. Name of organization/applicant: _____
4. Contact hours: _____
5. Contact person for this activity. **Note:** If this person is also on the planning committee, be sure to include his/her name in the Planning Committee list.
Name & Credentials: _____
Address: _____
Daytime Phone including extension: _____
Email Address: _____ Organization's website: _____
6. Nurse Planner (**must have minimum of BSN**) who actively planned this activity with the planning committee:
 - A. Name & Credentials: _____
Address: _____
Daytime Phone including extension: _____ Email Address: _____
State(s) in which licensed as an RN _____ Nursing license number: _____
 - B. This nurse is current on CE criteria through:
_____ Reviewed the most current SCNA Individual Activities CE Manual
_____ Other: Describe: _____
7. My organization is a:

_____ Hospital	_____ Long term care facility
_____ School/college of nursing	_____ Government agency
_____ Professional association	_____ Continuing education company
_____ Home health agency	_____ Health care office or practice
_____ Business providing services to the healthcare industry	
_____ Other (describe) _____	
8. Have you ever been denied approval by or had approval revoked for an individual activity or a provider application by SCNA? _____ Yes _____ No
If yes, please explain what happened. _____
9. Have you ever been denied approval by or had approval revoked for an individual activity or a provider application by another approver (state or national)? _____ Yes _____ No
If yes, please explain what happened. _____
10. Commercial Entities are not eligible to submit applications for continuing education activity approval. A commercial entity is a company that produces, markets, re-sells or distributes a product that is used on or by patients or is owned or controlled by a company that produces, markets, re-sells or distributes a product that is used on or by patients. Do you meet this definition?
_____ Yes _____ No

OFFICE USE ONLY:

Date Received _____
Check Number _____
Amt. Rec'd: _____
Charge to: _____ Credit Card _____ Send Invoice

Nurse Planner – Licensed RN? _____
Approval Denied by SCNA (Item 8)? _____
Approval Denied by Other (Item 9)? _____

If yes, Stop. Contact the Director of Continuing Education.

11. Is this continuing education? Does it enable the learner to acquire or improve knowledge or skills that promote professional or technical development to enhance the learner's contribution to quality health care and pursuit of professional career goals?

_____ Yes
_____ No

If No,  Stop. An activity for nursing contact hours must be CE.

12. Assessment of Learner Needs:

- A. Identify the target audience for which this content is being designed:

_____ RNs
_____ RNs in Specialty Areas (Identify): _____

_____ APRNs
_____ Other: Describe: _____

- B. What method was used to identify the need for this activity? (Check all that apply)

_____ Written Needs Assessment
_____ Learners/Management Requested Activity
_____ Quality Studies/Performance Improvement Activities
_____ Trends in Literature, Law & Health Care
_____ Other: Describe: _____

Note: Evidence of the needs assessment data must be retained in the activity file and be available to SCNA upon request.

- C. Describe the evidence from the needs assessment that led you to plan this activity: _____
D. Describe the gap that indicates where learners are now compared to where they need to/should be in relation to the knowledge or skill being addressed in this learning activity. _____
E. Based on the needs assessment evidence and gap analysis described above, state what outcome you wish the learner to achieve: _____

13. Qualified Planners and faculty:

- For each person listed on the planning committee, please list name, educational degrees and credentials.
- Planning committees must have a minimum of one nurse planner and one other planner to plan each educational activity. The nurse planner is knowledgeable about the CE process and is responsible for adherence to ANCC and SCNA CEAC criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered.
- If this activity is specifically designed for APRNs, then an APRN must be on the planning committee.
- A content reviewer may also be included on the planning committee. The purpose of a content reviewer is to evaluate an educational activity during the planning process or after it has been planned but prior to delivery to learners, for quality of content, potential bias, and any other aspects of the activity that may require evaluation.

- A. Planning Committee:

1. Nurse Planner responsible for activity (*this person is the same as listed on p. 1, item 6 of this form*)
2. Content Expert (name, degrees, and credentials): _____
3. APRN (name, degrees, and credentials) if applicable: _____
4. Other planning committee members (name, degrees, credentials): _____
5. Content reviewer (if applicable) (name, degrees, and credentials): _____

_____ Bio form including conflict of interest/conflict resolution for each planning committee member is attached.

- B. Faculty/presenters: 1) List names below and 2) on Page 7 per each objective /content area, and 3) attach the completed bio form for each presenter/faculty.

Presenter Name(s), degrees and credentials:

1. _____
2. _____
3. _____

_____ *Bio form* with conflict of interest and conflict resolution for each presenter is attached.

14. Effective Design Principles

- A. Explicit, measurable educational **Objectives** – document in column 1. (Page 7 of application form)
- B. **Content and time frames:** List the content for each objective in column 2 (Page 7 of application form). Content must be congruent with goal/purpose and objectives. List the time frame for each objective in column 3. For Category A, list the ORC/OAC 4723 numeric citation with the applicable content.
- C. **Teaching-Learning Strategies:** List the methods, strategies, materials and resources to be used by faculty to cover each objective in the last column of page 7 of the application. They must be congruent with objectives and content.
- D. **Learner Feedback:** Check the best description or describe how you will provide feedback to the learners.
 - _____ Question and answers during learning process.
 - _____ Return results of testing.
 - _____ Return demonstration.
 - _____ Debriefing.
 - _____ Follow-up communication.
 - _____ Other: Describe: _____
- E. **Successful Completion:** (Consistent with the outcome, objectives, and teaching and learning strategies)
 1. Criteria for successful completion include: (Check all that apply)
 - _____ Attendance at entire event or session.
 - _____ Attendance for at least 80% of event (**Note:** If event is only 30 minutes long, this option is not applicable.)
 - _____ Attendance at 1 or more sessions of a conference.
 - _____ Completion/submission of evaluation form.
 - _____ Achieving passing score on post-test. (____%)
 - _____ Return demonstration
 - _____ Other: Describe: _____
 2. Rationale for method selected to determine the criteria for successful completion: (Check all that apply)
 - ☐ Goal or purpose of event indicated what was needed to successfully complete the activity
 - ☐ Category of evaluation selected
 - ☐ Importance of content knowledge
 - ☐ Importance of content application
 - ☐ Required by employer or organization
 - ☐ Other: Describe: _____
- F. **Verify Participation**
 - _____ Attendance/participation will be verified through sign in sheets/registration form/log in.
 - _____ Signed attestation statement by participant verifying completion.
 - _____ Other: Describe: _____

15. Awarding contact hours

Include an *agenda or schedule* for the entire event if it is more than 2 hours. Clearly state time spent on pre/post tests, presentation, clinical experience and evaluation as these all count in the calculation of contact hours. Welcome, introductions, breaks, and tours, as well as any other non-education components (e.g. viewing of exhibits) do not.

If the activity is two hours or less, a schedule is not needed. Be sure to include evaluation time on Page 7 (objective/content outline page).

A contact hour is a 60 minute hour. Activities must be a minimum of 30 minutes (0.5 contact hour). The contact hour may be taken to the hundredths; but may not be rounded up. (e.g. 2.75 or 2.7, not 2.8)

Identify **Pharmacotherapeutic** minutes or hours if the activity relates to pharmacotherapeutics.

16. Evaluation

- A. Check or describe the methods of evaluation to be used: (Check all that apply)
- _____ Evaluation Form (At a minimum, evaluate the achievement of each objective and the teaching effectiveness of each faculty). (*Attach copy*)
 - _____ Pre and/or Post-test (Optional) – (*Attach a copy if testing is to be used*)
 - _____ Return Demonstration (*Attach a copy of the tool if applicable*)
 - _____ Other: Describe: _____ (*Attach copy if applicable*)
- B. Note: A copy of the summative evaluation must be kept in the activity file for six years. (A summative evaluation is the compilation of the results of the learners' comments in a statistical format and a listing of all comments made by the learners. A sample is included in Appendix G.
- C. **Quality Improvement Process:** It is an expectation that the nurse planner and planning committee will evaluate the activity after it is presented. In order to document this evaluation, a tool has been added to the end of this application. Topics include whether the objectives were met; effectiveness of the speaker/faculty (if live presentation); presence or absence of any bias; and any changes that need to be made if you plan to repeat the activity in the future. Please complete it and keep it in the file for six years. This is in addition to creating the summative evaluation. You may choose to add questions to the tool for your specific needs.

17. Activity Approval Statement as noted on advertising.

- A. Include a copy of the **advertising material** including relevant pages of the web site (if applicable). Ensure that the activity approval statement stands alone (on separate lines from any other text) and is worded as noted here.

This continuing nursing education activity was approved by the South Carolina Nurses Association an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Note: If marketing is being distributed prior to the receipt of approval, use the following statements:

***This activity has been submitted to the South Carolina Nurses Association for approval to award contact hours. The South Carolina Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
Contact (person) at (contact information) for more information.***

- B. Type of advertising: (*attach copy*)
- _____ Flyer/brochure
 - _____ Memo/Letter
 - _____ Meeting Notice
 - _____ E-mail
 - _____ Web site
 - _____ Other: Describe _____

18. Documentation of completion. Include a copy of the *completed certificate* to be awarded to learners.

Document/certificate to include:

- Name of learner
- Name and address of your organization as the provider of the activity (web address acceptable)
- Title & date of completion of educational activity
- Number of contact hours awarded
- Assigned SCNA number
- Include pharmacotherapeutic hours if applicable
- Official activity approval statement and approval valid statement:
-

This continuing nursing education activity was approved by the South Carolina Nurses Association an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Approval valid through (expiration date).

19. Commercial Support and Sponsorship

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies.
- Commercial Support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.
- A sponsor is identified as an organization that provides financial or in-kind contributions for a CE activity and does not meet the definition of commercial interest.
- A provider of commercial support or sponsorship may **not** be on an educational planning committee, be a joint-provider of the activity, or the provider of the activity.
- If commercial support is provided for a CE activity, an employee from the organization providing commercial support / sponsorship may **not** be a speaker.

Note: You are not required to have a commercial support or sponsor agreement for those who are only exhibiting at the event.

If no commercial support or sponsorship received, check #A, then go to item 21.

If commercial support or sponsorship is received, complete items B, C, and D and attach the signed agreement(s).

- A. ☐ This activity has no commercial support or sponsorship.
- B. Commercial support/sponsorship has been provided by the following: (List name of organization(s) providing commercial support or sponsorship.)
- C. Content integrity has been/will be maintained by: (Check all that apply)
- ☐ 1. Our commercial support/sponsorship policy/procedure has been discussed with those providing commercial support or sponsorship.
- ☐ 2. Faculty have been informed of our policy/procedure re: commercial support and sponsorship and agree to not promote the products or entity providing the financial or in-kind services. There will be no logos from the commercial entity in the CE materials.
- ☐ 3. In conjunction with a-c, the session will be monitored & violators of policy will not be asked to present again.
- ☐ 4. Other: Describe:
- D. ☐ Signed commercial support or sponsorship agreement attached.

20. Prevention of Bias: Bias is defined as the process of causing partiality, favoritism or influence. (2013 Primary Accreditation Manual). The following precautions have been taken to prevent bias in the educational content:

- ☐ a. Our position on bias has been discussed with each presenter/author.
- ☐ b. Each presenter has signed a statement that says s/he will present information fairly and without bias.
- ☐ c. Each presenter has agreed to not promote his/her books, services or products.
- ☐ d. The speaker(s)'s slides and handouts have been reviewed by a content expert to ensure lack of bias.
- ☐ e. In conjunction with a-b-c, the session will be monitored & violators of policy will not be asked to present again.
- ☐ f. Other: Describe:

21. Written disclosures provided to activity participants: Learners must receive written disclosure of required items prior to beginning the learning activity. Disclosures are required to be provided for items A and B for all learning activities. Disclosures for items C and D apply only in relevant situations. Describe methods used to inform activity participants of:

- A. **Outcome or objectives and criteria for successful completion** (**Note:** Not applicable is not an acceptable response)
- ☐ Information on advertising material. (Attach copy)
- ☐ Written information on handouts. (Attach copy)
- ☐ Other: Describe: (Attach copy if applicable)

- B. *Presence or absence of conflict of interest for planners, presenters, faculty, authors and content reviewers. Must disclose name of individual, name of commercial interest, and nature of the relationship the individual has with the commercial interest. (Note: Not Applicable is not an acceptable response)*
- ____ Information provided on advertising. (Should be present on advertising provided in Item 18.)
- ____ Information provided on handouts. *(Attach copy)*
- ____ Signs placed inside or outside of presentation room. *(Attach copy)*
- ____ Other: Describe: ____ *(Attach copy)*
- C. *Commercial support/sponsorship:*
- ____ No commercial support or sponsorship received. (No statement needed)
- ____ Information provided on advertising. *(Attach copy)*
- ____ Information provided in handouts. *(Attach copy)*
- ____ Signs placed inside or outside of presentation room. *(Attach copy)*
- ____ Other: Describe: ____ *(Attach copy)*
- D. *Non-endorsement of products displayed in conjunction with this activity.*
- ____ No products are being displayed. (No statement needed.)
- ____ Information provided on advertising. (Statement to be used: "Approval status does not imply endorsement by the provider, ANCC or SCNA of any products displayed in conjunction with an activity.")
- ____ Information provided in handouts. *(Attach copy)*
- ____ Other: Describe: ____ *(Attach copy)*

22. Recordkeeping: 1) Check to acknowledge that you will maintain records as stated and then 2) state where records will be kept.

- ____ All correspondence, complete copy of application, all attachments and corrections, records of attendance, summative evaluation(s) and contact hours will be maintained in a retrievable file which is accessible to only authorized personnel for six years.
- ____ Records will be filed and stored at **(list location)** ____

23. Joint-providership

If not joint-providing, check #A; if yes, answer #B, C and attach signed agreement.

- A. ____ This activity will not be joint-provided.
- B. Joint-providership of this activity has been arranged with: (List organization name): ____
- C. ____ As the activity provider, we will maintain responsibility for determining educational objectives and content, selecting planners, presenters, faculty, authors and content reviewers, awarding of contact hours, record keeping procedures, developing evaluation methods, and managing commercial support or sponsorship. Our name as the activity provider will be prominently listed in advertising.
- D. ____ *The signed, dated, written joint-provider agreement is attached.*

Summary: Attach the following to the application:

- Bio forms for planning committee members and faculty
- Agenda/schedule if event is more than 2 hours long
- Evaluation form and any other evaluation tools used (e.g., post-test)
- Advertising material/flyer/email announcement
- Certificate/documentation of completion
- Signed commercial support or sponsorship agreements if applicable
- Disclosures if not included on advertising; internet or intranet posting and included as bullet 4 above
- Signed joint-provider agreement(s) if applicable.

Educational Activity Form

OBJECTIVES	CONTENT (Topics)	TIME FRAME	PRESENTER	TEACHING METHODS
List learner's objectives in behavioral terms. Each objective should be numbered. Each objective should complete the statement, At the completion of this activity, the learner should be able to:	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 Faculty for each objective.	Describe the instructional strategies & delivery methods for each objective.

REMEMBER TO INCLUDE EVALUATION TIME IN THE EDUCATIONAL GRID ABOVE.

Total Minutes For Activity Including Evaluation Time ____

References from speaker(s) to show sources of best available evidence that will be discussed:

OPTIONAL INDIVIDUAL ACTIVITY QUALITY IMPROVEMENT TOOL-2013 Criteria

This *optional* tool is provided as a means to evaluate the quality of the activity. It can serve as a planning tool for future presentations of the offering or as documentation of the success of the activity. If used, it is recommended that it be completed after each presentation of the activity and kept in the activity file with the summative evaluation for six years.

Activity Title: ____

Date(s) Given if faculty directed: ____

Source of Information: Personal Observation ____ Review of Evaluations ____

1. Were the objectives met? ____ Yes ____ No

If no, please describe.

2. Was/were the faculty effective? ____ Yes ____ No

If no, please describe.

3. Was there evidence of bias in the activity based on your observation or the learner evaluations?
____ Yes ____ No

If yes, please describe what happened and how this will be prevented in the future.

4. Were any changes needed? ____ Yes ____ No

If yes, please describe.

5. Did this activity help fill the gap you identified in planning? ____ Yes ____ No

If no, please describe why not and how this will be prevented in the future.

6. What difference did this activity make in patient outcomes or nursing professional development?

7. Final Decision: Continue activity ____ End activity ____ Revise activity ____

Signature of nurse planner: ____

Date: ____

**South Carolina Nurses Association
Independent Study Application Form for Individual Activity Applicants (based on 2012-2013
Criteria)**

**This is a sample form. You will complete the Application Form on-line using
SCNA's Review Room software program. <https://scna.fluidreview.com/>**

Demographic Data:

1. Title of learning activity: _____
2. Date of form completion: _____
3. Name of organization/applicant: _____
4. Contact hours: _____
5. How long will this study be available to learners? _____
6. Contact person for this activity. **Note:** If this person is also on the planning committee, be sure to include his/her name in the Planning Committee list.

Name & Credentials: _____

Address: _____

Daytime Phone including extension: _____

Email Address: _____

Organization's website: _____

7. **Nurse Planner (must have minimum of BSN)** who actively planned this activity with the planning committee

C. Name & Credentials: _____

Address: _____

Daytime Phone including extension: _____ Email Address: _____

State(s) in which licensed as an RN _____ Nursing license number: _____

B. This nurse is current on CE criteria through:

_____ Reviewed the most current SCNA Individual Activities CE Manual

_____ Other: Describe: _____

8. My organization is a:

_____ Hospital	_____ Long term care facility
_____ School/college of nursing	_____ Government agency
_____ Professional association	_____ Continuing education company
_____ Home health agency	_____ Health care office or practice
_____ Business providing services to the healthcare industry	
_____ Other (describe) _____	

9. Have you ever been denied approval by or had approval revoked for an individual activity or a provider application by SCNA?

_____ Yes _____ No

If yes, please explain what happened. _____

10. Have you ever been denied approval by or had approval revoked for an individual activity or a provider application by another approver (state or national)? _____ Yes _____ No

If yes, please explain what happened. _____

11. **Commercial Entities** are not eligible to submit applications for continuing education activity approval. A commercial entity is a company that produces, markets, re-sells or distributes a product that is used on or by patients or is owned or controlled by a company that produces, markets, re-sells or distributes a product that is used on or by patients. Do you meet this definition?

_____ Yes _____ No

If _____ yes, Stop. Contact the Director of Continuing Education.



OFFICE USE ONLY:

Date Received _____

Check Number _____

Amt. Rec'd: _____

Charge to: _____ Credit Card _____ Send Invoice

Nurse Planner – Licensed RN? **Yes** **No**

Approval Denied by ONA (Item 8)? _____

Approval Denied by Other (Item 9)? _____

- 12. Is this continuing education?** Does it enable the learner to acquire or improve knowledge or skills that promote professional or technical development to enhance the learner's contribution to quality health care and pursuit of professional career goals?

____ Yes ____ No
If No,  Stop. An activity for nursing contact hours must be CE..

13. Assessment

- A. Identify the target audience for which this content is being designed:
____ All RNs
____ RNs in Specialty Areas (Identify): ____
____ SC APRNs with prescriptive authority
____ APRNs
____ Other: Describe: ____
- D. What method was used to identify the need for this activity? (Check all that apply)
____ Written Needs Assessment
____ Learners/Management Requested Activity
____ Quality Studies/Performance Improvement Activities
____ Trends in Literature, Law & Health Care
____ Other: Describe: ____

Note: Evidence of the needs assessment data must be retained in the activity file and be available to SCNA upon request.

- C. Describe the evidence from the needs assessment that led you to plan this activity: ____
- D. Describe the gap that indicates where learners are now compared to where they need to/should be in relation to the knowledge or skill being addressed in this learning activity. ____
- E. Based on the needs assessment evidence and gap analysis described above, state what outcome you wish the learner to achieve: ____

14. Qualified Planners, authors, content specialists and feedback personnel:

- For each person listed on the planning committee, please list name, educational degrees and credentials.
- Planning committees must have a minimum of one nurse planner and one other planner to plan each educational activity. The nurse planner is knowledgeable about the CE process and is responsible for adherence to ANCC criteria and SCNA rules. One planner needs to have appropriate subject matter expertise for the educational activity being offered.
- If this activity is specifically designed for APRNs, then an APRN must be on the planning committee.
- A content reviewer may also be included on the planning committee. The purpose of a content reviewer is to evaluate an educational activity during the planning process or after it has been planned but prior to delivery to learners, for quality of content, potential bias, and any other aspects of the activity that may require evaluation.

A. Planning Committee:

1. Nurse Planner responsible for activity (*this person was listed on p. 1, item 7 of this form*) ____
2. Content Expert (name, degrees, and credentials): ____
3. APRN (name, degrees, and credentials) if applicable: ____
4. Other planning committee members (name, degrees, credentials): ____
5. Content reviewer (if applicable) (name, degrees, and credentials): ____

____ *Bio form* including conflict of interest/conflict resolution for each planning committee member is attached.

B. 1. Authors: 1) List names below and 2) attach the completed bio form for author.

- a. ____
- b. ____

____ *Bio form* with conflict of interest and conflict resolution for each author is attached.

2. Feedback personnel are those individuals who will provide feedback to the learner or assist them if having difficulties. 1) List names below and 2) attach the completed bio form for each feedback person. (Names and credentials):

- a. _____
b. _____

_____ Bio form with conflict of interest and conflict resolution for each feedback person is attached.

15. Educational Design Process

- C. Explicit, measurable educational **Objectives** – document in column 1. (**Page 7** of application)
- B. **Content:** List the content for each objective in column 2 (**Page 7** of application). Content must be congruent with goal/purpose and objectives.
- C. **Teaching-Learning Strategies:** List the methods, strategies, materials and resources to be used to cover each objective in the last column of page 7 of the application. They must be congruent with objectives and content.
- D. **Learner Feedback:** Check the best description or describe how you will provide feedback to the learners.
_____ Question and answers during learning process.
_____ Return results of testing.
_____ Return demonstration.
_____ Debriefing.
_____ Follow-up communication.
_____ Other: Describe: _____
- E. **Successful Completion:** (Consistent with the outcome, objectives, and teaching and learning strategies)
3. Criteria for successful completion include: (Check all that apply)
_____ Completion/submission of the study and the evaluation form.
_____ Achieving passing score on post-test. (____%)
_____ Return demonstration
_____ Other: Describe: _____
4. Rationale for method selected to determine the criteria for successful completion: (Check all that apply)
☐ Goal or purpose of event indicated what was needed to successfully complete the activity
☐ Category of evaluation selected
☐ Importance of content knowledge
☐ Importance of content application
☐ Required by employer or organization
☐ Other: Describe: _____
- F. **Verify Participation**
_____ Participation will be verified through sign in sheets/registration form/log in.
_____ Signed attestation statement by participant verifying completion.
_____ Other: Describe: _____
- G. **Learning Activity Plan/Process**
1. Describe the entire independent study package which includes an outline of all activities of the learner:
_____ Article(s): Title(s): _____
_____ Audiotape: Title(s): _____
_____ Videotape/DVD: Title(s): _____
_____ On-line Program: Title(s): _____
_____ Registration Form
_____ Post-test
_____ Evaluation Form
List other if applicable: _____
2. Describe the method the learner will use to get assistance with resources or interact with the provider of the independent study: _____

16. Awarding contact hours

A. Effectiveness of Study:

1. Describe how the effectiveness of the independent study was assessed: _____
2. Describe the results of the assessment: _____
3. Describe the changes made based on the assessment prior to making the study available to learners: _____

B. Contact Hour Calculation:

1. What was the method for calculating the contact hours: (Check the best description that applies)
____ Pilot Study
____ Historical Data
____ Complexity of content and data
____ Other: Describe: _____
2. Show evidence of how contact hours were calculated ("show" the math). _____

Note: If this study was previously given contact hours and you wish to continue it, please include information in this section from those learners who have completed the study during the past two years rather than from the original pilot study.

Identify **Pharmacotherapeutic** minutes or hours if the activity relates to pharmacotherapeutics.

17. Evaluation

A. Check or describe the methods of evaluation to be used: (Check all that apply)

- ____ Evaluation Form (Evaluate the achievement of each objective and how long it took the learner to complete the study). (*Attach copy*)
____ Pre and/or Post-test (Optional) – (*Attach a copy if testing is to be used*)
____ Return Demonstration (*Attach a copy of the tool if applicable*)
____ Other: Describe: _____ (*Attach copy if applicable*)

D. Note: A copy of the summative evaluation must be kept in the activity file for six years. (A summative evaluation is the compilation of the results of the learners' comments in a statistical format and a listing of all comments made by the learners. For example, if 10 participants stated they met objective 1, then you would insert the number 10 into that portion of the blank evaluation form.)

C. Optional Quality Improvement Process: Evaluation is a part of every continuing education program. It is an expectation that the nurse planner and planning committee will evaluate the activity after it is presented. In order to document this evaluation, a tool has been added to the end of this documentation form. Topics include whether the objectives were met; effectiveness of the speaker/faculty (if live presentation); presence or absence of any bias; and any changes that need to be made in the future. Please complete it and keep it in the file for six years. This would be in addition to creating the summative evaluation. You may choose to add questions to the tool for your specific needs.

18. Approved Provider Statement as noted on advertising.

- A. Include a copy of the advertising material** including relevant pages of the web site (if applicable). Ensure that the approval statement stands alone and is worded as noted here.

This continuing nursing education activity was approved by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Approval valid through (expiration date).

Note: If marketing is being distributed prior to the receipt of approval and an application has been submitted, use the following statements:

This activity has been submitted to the South Carolina Nurses Association for approval to award contact hours. The South Carolina Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more information, contact (person) at (contact information).

- B. Type of advertising: (attach copy)**

____ Flyer/brochure

____ Memo/Letter
____ Meeting Notice
____ E-mail
____ Web site
____ Other: Describe ____

19. Documentation of completion. Include a copy of the *completed certificate* to be awarded to learners.

Document/certificate to include:

- Name of learner
- Name and address of Provider (web address acceptable)
- Title & date of completion of educational activity
- Number of contact hours awarded
- Include pharmacotherapeutic hours if applicable
- Official approval statement and length of approval statement

This continuing nursing education activity was approved by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Approval valid through (expiration date).

20. Commercial Support and Sponsorship

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies.
- Commercial Support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.
- A sponsor is identified as an organization that provides financial or in-kind contributions for a CE activity and does not meet the definition of commercial interest.
- A provider of commercial support or sponsorship may **not** be on an educational planning committee, be a jointprovider of the activity, or the provider of the activity.
- If commercial support is provided for a CE activity, an employee from the organization providing commercial support / sponsorship may **not** be a speaker.
- **Note:** You are not required to have a commercial support or sponsor agreement for those who are only exhibiting at the event.

If no commercial support or sponsorship received, check #A, then go to item 22.

If commercial support or sponsorship is received, complete items B, C, and D and attach the signed agreement(s).

- C. ____ This activity has no commercial support or sponsorship.
- D. Commercial support/sponsorship has been provided by the following: (List name of organization(s) providing commercial support or sponsorship.) ____
- C. Content integrity has been/will be maintained by: (Check all that apply)
- ____ 1. Our commercial support/sponsorship policy/procedure has been discussed with those providing commercial support or sponsorship.
 - ____ 2. Faculty have been informed of our policy/procedure re: commercial support and sponsorship and agree to not promote the products or entity providing the financial or in-kind services. There will be no logos from the commercial entity in the CE materials.
 - ____ 3. In conjunction with a-c, the session will be monitored & violators of policy will not be asked to present again.
 - ____ 4. Other: Describe: ____
- E. ____ *Signed commercial support or sponsorship agreement attached.*

21. Prevention of Bias: Bias is defined as the process of causing partiality, favoritism or influence. (2013 Primary Accreditation Manual).The following precautions have been taken to prevent bias in the educational content:

- ____ a. Our position on bias has been discussed with each presenter/author.

- _____ b. Each presenter has signed a statement that says s/he will present information fairly and without bias.
- _____ c. Each presenter has agreed to not promote his/her books, services or products.
- _____ d. The speaker(s)'s slides and handouts have been reviewed by a content expert to ensure lack of bias.
- _____ e. In conjunction with a-b-c, the session will be monitored & violators of policy will not be asked to present again.
- _____ f. Other: Describe: _____

22. Written disclosures provided to activity participants: Learners must receive written disclosure of required items prior to beginning the learning activity. Disclosures are required to be provided for items A and B for all learning activities. Disclosures for items C and D apply only in relevant situations. Describe methods used to inform activity participants of:

- A. *Outcome or objectives and criteria for successful completion* (**Note:** Not applicable is not an acceptable response)
 - _____ Information on advertising material. (*Attach copy*)
 - _____ Written information on handouts. (*Attach copy*)
 - _____ Other: Describe: _____ (*Attach copy if applicable*)
- B. *Presence or absence of conflict of interest for planners, presenters, faculty, authors and content reviewers. Must disclose name of individual, name of commercial interest, and nature of the relationship the individual has with the commercial interest.* (**Note:** Not Applicable is not an acceptable response)
 - _____ Information provided on advertising. (Should be present on advertising provided in Item 19).
 - _____ Information provided on handouts. (*Attach copy*)
 - _____ Other: Describe: _____ (*Attach copy*)
- C. *Commercial support/sponsorship:*
 - _____ No commercial support or sponsorship received. (No statement needed)
 - _____ Information provided on advertising. (*Attach copy*)
 - _____ Information provided in handouts. (*Attach copy*)
 - _____ Other: Describe: _____ (*Attach copy*)
- D. *Non-endorsement of products displayed in conjunction with this activity.*
 - _____ No products are being displayed. (No statement needed.)
 - _____ Information provided on advertising. (Statement to be used: "Approval status does not imply endorsement by the provider, ANCC, OBN or ONA of any products displayed in conjunction with an activity.")
 - _____ Information provided in handouts. (*Attach copy*)
 - _____ Other: Describe: _____ (*Attach copy*)
- E. *Expiration date for awarding contact hours for enduring materials/independent studies:*
 - _____ Information provided on advertising prior to the learner purchasing or starting the activity. (Required) (*attach copy*)
 - _____ Other: Describe: _____

23. Recordkeeping: 1) Check to acknowledge that you will maintain records as stated and then 2) state where records will be kept.

- _____ All correspondence, complete copy of application, all attachments and corrections, records of attendance, summative evaluation(s) and contact hours will be maintained in a retrievable file which is accessible to only authorized personnel for six years.
- _____ Records will be filed and stored at (**list location**)_____

24. Joint-providership

If not joint-providing, check #A; if yes, answer #B, C and attach signed agreement.

- A. _____ This activity will not be joint provided.
- B. Joint providership of this activity has been arranged with: (List organization name): _____
- C. _____ As the provider of this activity, we will maintain responsibility for determining of educational objectives and content, selection of planners, and presenters, faculty, authors, and content reviewer, awarding

of contact hours, record keeping procedures, developing evaluation methods, and managing commercial support or sponsorship. Our name as the provider will be prominently listed in advertising.

D. ____ The *signed, dated, written joint-provider agreement* is attached.

Summary: Attach the following to the documentation form:

- Bio forms for planning committee members and faculty
- Evaluation form and any other evaluation tools used (e.g., post-test)
- Advertising material/flyer/email announcement
- Certificate/documentation of completion
- Signed commercial support or sponsorship agreements if applicable
- Disclosures if not included on advertising; internet or intranet posting and included as bullet 4 above
- Signed joint provider agreement(s) if applicable.
- Actual slides and/or handouts if Category A

Educational Activity Form

OBJECTIVES	CONTENT (Topics)	TEACHING METHODS
List learner's objectives in behavioral terms. Each objective should be numbered. Each objective should complete the statement: At the completion of this activity, the learner should be able to:	Provide an outline of the content for each objective. It must be more than a restatement of the objective.	Describe the instructional strategies & delivery methods for each objective

References from speaker(s)/author(s) to show sources of best available evidence that will be discussed:

OPTIONAL INDIVIDUAL ACTIVITY QUALITY IMPROVEMENT TOOL—2013 Criteria

Please complete after each presentation of the activity done and keep in activity file with the summative evaluation for six years. If this was an independent study, complete this QI tool at the conclusion of its availability to the learner.

Activity Title: ____

Date(s) Given if faculty directed: ____

Period of time available if independent study: ____

Source of Information: Personal Observation ____ Review of Evaluations ____

1. Were the objectives met? ____ Yes ____ No

If no, please describe.

2. For faculty directed (live) activities, was/were the faculty effective? ____ Yes ____ No

If no, please describe.

3. Was there evidence of bias in the activity based on your observation or the learner evaluations?
____ Yes ____ No

If yes, please describe what happened and how this will be prevented in the future.

4. Were any changes needed? ____ Yes ____ No

If yes, please describe.

5. Did this activity help fill the gap you identified in planning? ____ Yes ____ No

If no, please describe why not and how this will be prevented in the future.

6. What difference did this activity make in patient outcomes or nursing professional development?

7. Final Decision: Continue activity ____ End activity ____ Revise activity ____

Signature of nurse planner: ____

Date: ____

South Carolina Nurses Association Addendum for Individual Independent Activity - 2013 Criteria

NOTE: Documentation is to be completed as part of the planning process, not retrospectively.

This addendum is designed for Individual Activity educational activities through the South Carolina Nurses Association. If you have a faculty directed activity taped and wish to present it as an independent study, you can complete this form to meet the additional criteria for an independent study. The faculty directed activity has to have been completed and met all criteria before using this form to turn the activity into an independent study. This addendum replaces the full independent study form that you have been using only when you transfer a faculty directed activity to an independent study format. (If you develop the independent study as only a study and not as a faculty directed activity first, then you must use the full independent study documentation form.) This addendum is to be used when there are no changes/differences in the objectives and content of the activity as identified on the Faculty Directed Documentation Form. For example, you could use this form if you tape the live program without any changes, if you tape the live program but do not include the Q&A time at the end of the session or if you tape the program and add a post-test. If there are any significant changes, then a regular Independent Study Documentation Form must be used.

Date this Form Completed: _____

Title of learning activity: _____

Date Faculty Directed Activity documentation form completed: _____

This activity will be accepted as an independent study for:
_____ 3 months _____ 6 months _____ 12 months _____ 24 months

_____ Other (describe) _____

(Remember to place the expiration date on the advertising and on the directions for the activity)

Contact hours to be awarded: _____

Item 10: If there were **additional planners** or content specialists involved in transferring this activity from faculty directed to independent study, provide their names and credentials and bio forms.

1. _____
2. _____

Item 11-E: Successful Completion:

(Consistent with the goal/purpose, objectives and teaching and learning strategies)

1. Criteria for successful completion include: (Check all that apply)

_____ Completion/submission of evaluation form.
_____ Achieving passing score on post-test. (Passing score is _____%) *(Attach copy if applicable)*
_____ Other: Describe: _____ *(Attach copy if applicable)*

2. Rationale for method selected: (Check all that apply)

_____ Goal or purpose of activity indicated what was needed to successfully complete this activity.
_____ Category of evaluation selected
_____ Importance of content knowledge
_____ Importance of content application
_____ Required by employer or organization
_____ Other: Describe: _____

Item 11-F: Verify Participation

_____ Participation will be verified through registration form.
_____ Signed attestation statement by participant verifying completion of entire activity.
_____ Sign in log
_____ Other: Describe: _____

Item 11-G: Learning Activity Plan/Process

1. Describe all materials to be used:

_____ Article(s): Title(s): _____
_____ Audiotape: Title(s): _____
_____ Videotape: Title (s): _____
_____ On-line Program: Title(s): _____
_____ Computer
_____ Registration Form
_____ Post-test
_____ Evaluation Form

List Other if applicable _____

2. Describe the method the learner is to use to gain access to resources or interact with the provider of the independent study: _____

Item 12: Awarding contact hours

Effectiveness of Study:

1. Describe how the effectiveness of the independent study was assessed: _____
2. Describe the results of the assessment: _____
3. Describe the changes made based on the assessment prior to making the study available to learners: _____

Contact Hour Calculation:

1. _____ What was the method for calculating the contact hours: (Check the best description that applies)
_____ Pilot Study
_____ Historical Data
_____ Complexity of content and data
_____ Other: Describe: _____
2. Provide supportive documentation of the rationale used to determine the number of contact hours to be awarded. (Include how actually calculated number of contact hours.) _____

Item 13: Evaluation

- A. Check or describe the methods of evaluation to be used: (Check all that apply)
- _____ Evaluation Form (Required) (Evaluates objectives and length of time to complete the study)
_____ Pre and/or Post-test (*Attach a copy if testing is to be used*)
_____ Other: Describe: _____ (*Attach a copy if applicable*)

Item 14: Approved Provider Statement as noted in the advertising

- A. Include a copy of the **advertising material** including relevant pages of the web site (if applicable). Ensure that the provider statement stands alone and is worded as noted in the most current SCNA Provider Manual.

(Name of approved provider) is an approved provider of continuing nursing education by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

B. Type of advertising:

_____ Flyer/brochure
_____ Memo/Letter
_____ Meeting Notice
_____ E-mail
_____ Web site
_____ Other: Describe: _____

- C. *Expiration date for awarding contact hours for enduring materials:*

_____ Information provided on directions page. (Required)
_____ Information provided on advertising. (Required)
_____ Other: Describe: _____

South Carolina Nurses Association **Biographical and Conflict of Interest Form** **2013 Criteria**

Title of Educational Activity: _____

Education Activity Date: _____

Role in Educational Activity: (Check all that apply)

- ☐ Planning Committee Member
☐ Faculty/Presenter/Author
☐ Content Reviewer
☐ Other – Describe: _____

Section 1: Demographic Data

Name with Credentials/Degrees: _____

If RN, Nursing Degree(s): _____ AD _____ Diploma _____ BSN _____ Masters _____ Doctorate

Address: _____

Phone Number: _____ Email Address: _____

Current Employer and Position/Title: _____

Section 2: Expertise - Planning Committee

If a planning committee member, select area of expertise specific to the educational activity listed above:

_____ Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

_____ Content Expert

_____ Other

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

_____ An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

****Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are ***ineligible*** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships***** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be

disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity. ****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

_____ Yes _____ No

If yes, complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

** All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(Check all that apply)

_____ Not applicable since no conflict of interest.

- _____ Removed individual, with conflict of interest, from participating in all parts of the educational activity.
- _____ Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- _____ Not awarding contact hours for a portion or all of the educational activity.
- _____ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- _____ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- _____ Other - Describe: _____

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

_____ **Electronic Signature (Required)** **Date** _____

Completed By: Name and Credentials

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

_____ **Electronic Signature (Required)**

Completed By: Name and Credentials

Date

Terms and Conditions for Speakers/Authors

Speakers/Authors: This document has been developed to better inform you of our policy. Please review each item, check your response, sign the document and return to _____ Thank you.

	TERMS & CONDITIONS	AGREE	DISAGREE
1.	I have disclosed to the Nurse Planner all potentially biasing relationship of a financial nature that exist or have existed within the last 12 months for both myself and my significant other (if applicable). I understand that these relationships will be shared with the learner.		
2.	I will prepare fair & balanced presentations/independent studies that are objective & scientifically rigorous. Content will be well-balanced, evidence based where possible & unbiased.		
3.	If addressing unlabeled &/or unapproved uses: I will clearly acknowledge the unlabeled identification or the investigational nature of drug products and/or devices to the learners.		
4.	I will use generic names to the extent possible when discussing specific health care products or service. If I need to use trade names, I will use trade names from several companies when available & not just trade names from any single company.		
5.	Validation of content: I have reviewed the proposed content for this activity and find, to the best of my knowledge, the following:		
	A. This presentation/independent study is based on acceptable principles that are generally accepted as valid by the profession.		
	B. This content is based on conclusions or inferences about the evidence that are accepted in the general health care community as valid and sound.		
	C. Scientific research referred to in this presentation conforms to generally accepted standards of experimental design, data collection, & analysis.		
	D. Content is accurate based on best information available at the time the presentation/independent study was developed.		
6.	If I have been trained or utilized by a commercial entity or its agent as a speaker for any commercial interest, the promotional aspects of that presentation/independent study will not be included in any way with this activity.		
7.	If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles & methods, & will not promote the commercial interest of the funding company.		
8.	The handouts and slides will not include logos from any commercial entity. (The copyright symbol may be included on each of the slides.)		
9.	I understand that the Nurse Planner for this activity may need to review my presentation &/or content prior to the activity & I will provide educational content and resources in advance as requested.		

I have carefully read and considered each item in this attestation form, and have completed it to the best of my ability.

Signature (may be electronic)

Date

PRESENTATION TITLE: _____

South Carolina Nurses Association 2013 Joint-Provider Agreement

Individual Activity Applicants and Approved Providers may joint-provide educational activities with other organizations. The joint-providing organization may or be an ANCC Accredited or Approved Provider. The joint-providing organization may **not** be a commercial interest or sponsor. The Approved Provider's and the Individual Activity Applicant's Nurse Planner **must** be on the planning committee; the *designated provider* is responsible for ensuring adherence to the ANCC accreditation criteria.

The Approved Provider or the Individual Activity Applicant is referred to as the **provider** of the educational activity. The other organization(s) are referred to as the **joint-provider(s)** of the educational activity. In the event that two or more organizations are ANCC accredited or approved, one will act as the provider of the educational activity and the other(s) will act as the joint-provider(s).

A qualified Nurse Planner from the Approved Provider organization and the Individual Activity Applicant must be involved in planning, implementing and evaluating the educational activity to include: developing objectives and content, selecting planners, presenters, faculty, authors and/or content reviewers, awarding contact hours, recordkeeping procedures, developing evaluation methods and managing commercial support and/or sponsorship. Decision-making responsibility may be shared collaboratively between the Approved Provider and the joint-providing organization(s), however final responsibility rests with the *designated provider*.

The *designated provider* of the educational activity is responsible for obtaining a written joint-provider agreement signed by an authorized representative of the joint-provider that includes the following:

- Name of Approved Provider acting as the provider
- The name(s) of the organization(s) acting as the joint-provider(s)
- Statement of responsibility of the **provider**, including the provider's responsibility for:
 - o Determining educational objectives and content
 - o Selecting planners, presenters, faculty, authors and/or content reviewers
 - o Awarding of contact hours
 - o Recordkeeping procedures
 - o Evaluation methods
 - o Management of commercial support or sponsorship
- Name and signature of the individual legally authorized to enter into contracts on behalf of the approved provider
- Name and signature of the individual legally authorized to enter into contracts on behalf of the joint-provider(s)
- Date the agreement was signed

AGREEMENT FOR JOINT-PROVIDING A CONTINUING EDUCATION ACTIVITY

This educational activity is being joint-provided by (Name) and (Name).

Title of Activity:
Date(s) if live presentation:
Date to begin if enduring material:
Total number of Contact Hours:
Approved Provider Nurse Planner's Name:

Each item must be checked to reflect the appropriate responsibility. **Those items indicated as "Required" are the responsibility of the Approved Provider.**

Responsibilities	Approved Provider Name	Joint-Provider Name
• Determining educational objectives and content	Required	
• Selecting planners, presenters, faculty, authors and/or content reviewers	Required	
• Determining appropriate number of and awarding ANCC contact hours	Required	
• Recordkeeping procedures	Required	
• Evaluation method	Required	
• Management of commercial support or sponsorship	Required	
Other items (suggestions only):		
• Marketing		
• Printing		
• Registration		
• Supplies: List:		
• Physical location		
• Audio-visual supplies		

• Food		
• Other:		
• Other:		
• Other:		
• Other:		

Financial considerations are often not part of the joint-provider agreement. However, there may be decisions related to costs or revenue and those can be included below. If exchange of money is included as part of the agreement, it is recommended that the financial arrangements be stipulated in the joint-provider agreement. Joint-providing an educational activity is a collaborative venture that requires the direct involvement of the Nurse Planner. Contact Hours may **not** be purchased.

FINANCIAL AGREEMENT

The following is a description of financial responsibilities of the Approved Provider and the joint-provider(s):

- 1.
- 2.
- 3.
- 4.
- 5.

Designated Provider Representative, Name and official title:

Signature of Designated Provider Representative:

Name of Designated Provider:

Joint-Provider Representative Name and official title: _____

Signature of Joint-Provider Representative:

Joint-Provider Name/Agency: _____

Address: _____

Phone: _____ Email address _____

South Carolina Nurses Association Sponsorship Agreement – 2013 Criteria

Sponsorship is financial or in-kind contributions from an organization that does not fit the category of a commercial interest and that are used to pay for all or part of the costs of a CNE activity.

A commercial interest, as defined by the American Nurse's Credentialing Center (ANCC), is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

Note: Organizations providing sponsorship may not provide or joint-provide an educational activity.

Title of Educational Activity:	
Activity Location (if live):	Activity Date (if live):
Organization providing sponsorship:	
Approved Provider:	
Total amount of sponsorship:	
Area(s) of activity organization providing sponsorship would like to support:	
☐ Unrestricted ☐ Restricted* ☐ Speaker honoraria ☐ Speaker expenses ☐ Meal ☐ Other (please list):	

** The organization providing sponsorship may request that funds be used to support a specific part of an educational activity. The Approved Provider may choose to accept the restriction or not accept the sponsorship. The Approved Provider maintains responsibility for all decisions related to the activity as described below.*

Terms and Conditions	
1.	This activity is for educational purposes only and will not promote any proprietary interest of an organization providing sponsorship.
2.	The Approved Provider is responsible for all decisions related to the educational activity. The organization providing sponsorship may not participate in any component of the planning process of an educational activity, including: ▪ Assessment of learning needs ▪ Determination of objectives ▪ Selection or development of content ▪ Selection of planners, presenters, faculty, authors and/or content reviewers ▪ Selection of teaching/learning strategies ▪ Evaluation methods
3.	The Approved Provider will make all decisions regarding the disposition and

	disbursement of sponsorship in accordance with ANCC criteria.
4.	All sponsorship associated with this activity will be given with the full knowledge and consent of the Approved Provider. No other payments shall be given to any individuals involved with the supported educational activity.
5.	Sponsorship will be disclosed to the participants of the educational activity.
6.	The organization providing sponsorship may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity.

Statement of Understanding

An "X" in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Sponsorship Agreement above.

Approved Provider Name:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
_____ Electronic Signature (Required) Date:	
Completed By: (Name and Credentials)	

Organization providing sponsorship:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
_____ Electronic Signature (Required) Date:	
Completed By: (Name and Credentials)	

South Carolina Nurses Association Commercial Support Agreement – 2013 Criteria

A commercial interest, as defined by the American Nurse's Credentialing Center (ANCC), is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

Commercial support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.

Note: Organizations providing commercial support may not provide or joint-provide an educational activity.

Title of Educational Activity:	
Activity Location (if live):	Activity Date (if live):
Name of Commercial Interest Organization:	
Name of Approved Provider:	
Total amount of Commercial Support:	
Area(s) of activity Commercial Interest organization would like to support: ☐ Unrestricted ☐ Restricted* ☐ Speaker honoraria ☐ Speaker expenses ☐ Meal ☐ Other (please list):	

** Commercial interest may request that funds be used to support a specific part of an educational activity. The Approved Provider may choose to accept the restriction or not accept the commercial support. The Approved Provider maintains responsibility for all decisions related to the activity as described below.*

Terms and Conditions	
1.	All organizations must comply with the <i>ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities</i> which is available on the ANCC Accreditation web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest. Commercial Interest organization providing financial or in-kind support.
3.	The Approved Provider is responsible for all decisions related to the educational activity. The Commercial Interest organization providing financial or in-kind support may <u>not</u> participate in any component of the planning process of an educational activity, including: ▪ Assessment of learning needs ▪ Determination of objectives ▪ Selection or development of content ▪ Selection of planners, presenters, faculty, authors and/or content reviewers

	▪ Selection of teaching/learning strategies ▪ Evaluation methods
4.	The Approved Provider will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC criteria.
5.	All commercial support associated with this activity will be given with the full knowledge and consent of the Approved Provider. No other payments shall be given to any individuals involved with the supported educational activity.
6.	Commercial support will be disclosed to the participants of the educational activity.
7.	Commercial Interest Organizations may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity.

Statement of Understanding

An "X" in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Commercial Support Agreement above.

Approved Provider Name:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
_____ Electronic Signature (Required) _____ Date:	
Completed By: (Name and Credentials)	

Commercial Interest Name:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
_____ Electronic Signature (Required) _____ Date:	
Completed By: (Name and Credentials)	

SAMPLE Educational Activity Evaluation Summary

(To be completed by Educational Activity Administrator)

The South Carolina Nurses Association Continuing Education Approver Committee (CEAC) has devised this assessment form to assist in evaluating the success of your activity and in planning future events.

This information needs to be submitted to SCNA CEAC within two weeks of the conclusion of the program.

Educational Activity Title:

Date of Activity:

Educational Activity or Provider ID Number:

Was the program joint-provided: Yes: ☐ **No:**

☐

Educational Activity Administrator:

Number of Attendees:

Number of RN Attendees:

Number of Contact Hours Awarded:

Number of Attendees from different discipline:

What type(s) of discipline:

Did the program have commercial support? No ☐ **Yes** ☐ **If yes, estimated amount: \$**

Facility:

Did the physical facilities provide an adequate learning environment?: Yes: ☐ No: ☐

Comments:

Speakers:

Did the presentation of the speakers meet the objectives?: Yes: ☐ No: ☐ :

Comments:

Educational Activity:

Were the overall goals of the Educational Activity met?: Yes: ☐ No: ☐

Comments:

What did you experience as the strengths of the Educational Activity?

What did you experience as the weaknesses of the Educational Activity?

How would you plan to address areas of concern in the future?

Thank you for your time in completion of this evaluation.

Name of individual completing evaluation _____

Signature_____

Date_____