

PROVIDER Application
for CONTINUING EDUCATION DESIGN I (ED I)

Educational Design I (ED I)/ Provider Directed: An activity involving 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. This continuing nursing education activity is a systematic professional learning experience designed to augment the knowledge, skills, and attitudes of nurses and therefore enrich the nurses' contributions to quality health care and their pursuit of professional career goals. Contact hours are awarded based on the time allocated for the activity. Examples may include but are not limited to: conventions, courses, seminars, workshops, lecture series, and distance learning activities such as teleconferences and audio conferences. Knowledge and use of adult learning principles should be reflected in all aspects of the educational design, e.g., objectives, content, teaching methods, etc.

PROVIDER _____

TITLE OF ED I _____

SCHEDULED DATE(S) _____

LOCATION OF ACTIVITY _____

Number of **contact hours** for which approval is being requested _____

Please note: Sixty (60) minutes of learning time equals on(1) contact hour. Overview of objectives and evaluation time is included in calculating contact hours. Breaks and meals are not included.

Is there a utilization or registration fee? YES____ NO____ If yes, indicate amount of fee \$ _____

Nurse Planner completing this form (Please Print) _____

Signature _____ **Department** _____

Address _____
Street or P.O. Box City State Zip

Phone _____ **Fax** _____

Email _____ **Date planning form submitted** _____

Would you like this EDI listed in the CE Calendar of *The MS RN* and in the CE Calendar on the MNA web site?
YES_____ NO_____

I. PLANNING

A. ASSESSMENT OF LEARNER NEEDS

Describe how the need for this activity was determined, including how learner input was considered in the planning process. *Check all that apply.*

- _____ Problem or issue related to nursing practice
- _____ Learner request (needs assessment verbally or written)
- _____ Change in patient population or care requirements
- _____ Review of nursing related literature
- _____ Changes in legislation
- _____ Findings from QA/QI activities
- _____ Other _____

B. ASSESSMENT OF TARGET AUDIENCE

Describe the target audience (may include other disciplines or professionals, but RNs are the primary focus). The audience may be described in terms of practice areas or other identifying characteristics as specialties or professionals caring for specific patient populations (elderly, diabetics, cardiac, etc.) Check to indicate inclusion of RNs in the target audience: _____ YES _____ NO

Level of Education: _____

Practice Area/Specialty: _____

Geographical Area Represented: _____

C. QUALIFIED PLANNERS AND PRESENTERS (Attachment A)

1. The planning committee is made up of at least two (2) members. One member, the **Lead Nurse Planner**, is administratively responsible for planning and producing the educational activity while adhering to ANCC Accreditation Program criteria in the provision of continuing nursing education. The Lead Nurse Planner must be a registered nurse and hold a baccalaureate degree in nursing or higher.
2. Other designated planner(s) may work for the provider unit as staff members, consultants, or volunteers and function as a **planning member** of the target audience **and/or content expert**. Complete an **Attachment A** for each member of the **planning committee**. Each **planner must complete and sign Attachment A, whether or not they have any vested interest** in the continuing education activity.

3. The planning members are as listed below:

Registered Nurse-Lead Planner	_____ Content Expert
Name: _____	<input checked="" type="checkbox"/> Target Audience
Contact No. _____	<input checked="" type="checkbox"/> Responsible for adherence to ANCC Criteria

Nurse Planner(s)	_____ Content Expert
Name: _____	_____ Target Audience
Contact No. _____	

Other Planner(s)	_____ Content Expert
Name: _____	_____ Target Audience
Contact No. _____	

Other Planner(s)	_____ Content Expert
Name: _____	_____ Target Audience
Contact No. _____	

4. Each **presenter** must complete an **Attachment A**. Each presenter **must complete and sign all sections on Attachment A, whether or not** they have any vested interest in the continuing education activity. Presenters must have documented qualifications that demonstrate their education and experience in the content they are presenting. Presenters should participate in planning, evaluation and documentation of involvement in the own presentations.
5. **Commercial interest** is defined as an entity that has a “commercial interest” as any proprietary entity producing health care goods or services, with the exception of non-profit or government organization (ANCC, 2006 Accreditation Manual).
6. **Financial relationships** are defined by ANCC (2006) as those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include “contracted research” where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ANCC considers relationships of the person involved in the educational activity to include financial relationships of a family member. ANCC considers financial relationships in any amount occurring within the past 12 months as “relevant” in terms of creating a conflict of interest.
7. **Conflict of interest** is defined by ANCC (2006) as when an individual has an opportunity to affect the educational content with products or services from a commercial interest with which he/she has a financial relationship. ANCC considers “opportunity to affect the educational content” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used. **Off label** is defined by ANCC as using products for a purpose other than for which it was approved by the Food and Drug Administration.
8. An individual who refuses to disclose relevant financial relationship will be disqualified from being a planning committee member, a presenter, or an author of a continuing nursing education activity and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the activity.
9. All planners are kept up-to-date on the requirements for adhering to the ANCC accreditation criteria. Check all that apply:

Email
 Letters
 Newsletter
 Phone calls
 Meetings

ATTACHMENT A
Biographical/Vested Interest

Check all that apply.

Name: _____ Lead Nurse Planner (Administrator)
Title of Activity: _____ Planner (target audience/ expert)
Date of Presentation: _____ Presenter

Biographical Data:
Degree _____ Year _____ Institution _____

Present Employer _____ Title _____ Description _____

Vested Interest

I. Have you received anything of value from a commercial supporter, which may be perceived as direct or indirect interest in the subject(s) you are addressing in this education activity?
 NO YES - List the commercial supporter _____

II. If there is a commercial supporter, please describe your relationship:
 speaker's bureau major stockholder shareholder
 consultant large gift(s) grant/research support
 no relationship other, please describe: _____

How will conflict of interest be resolved? _____

III. Describe professional experience or areas of expertise (including publications) related to the involvement in continuing nursing education.

IV. Identify how you took part in the planning and evaluation of this activity:
 planned objectives/content reviewed evaluation summary
 planned time frame will utilize evaluation to revise presentation as needed
 planned teaching strategies received up-to-date ANCC Accreditation standards
 attended committee meetings other _____

V. **Presenter:** During your presentation, will you include discussion of an unlabeled or the investigational use of a product, device or drug that has not been approved by the FDA, for the use being presented in this education activity?
 NO YES *Explain: _____
*If yes, you must disclose this information during your presentation. Select which method:

verbally during presentation handouts audiovisuals other _____

*How will conflict of interest be resolved? _____

Signature of Planner/Presenter

Date

SAMPLE (OPTIONAL)
CE Attestations for Presenters/Planners with Vested Interests

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the office at 601-898-0890 as soon as possible.

1. I have disclosed to the MNF all relevant financial relationships, and I will disclose this information to learners verbally and in print. Agree Disagree
2. The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence based and unbiased. Agree Disagree
3. If I am presenting at a live event, I understand that a MNF monitor will be attending the event to ensure that my presentation is educational, and not promotional, in nature. Agree Disagree
4. I will use generic names to the extent possible when discussing specific health care products or services. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company. Agree Disagree
5. If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising. Agree Disagree
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 will not be included in any way with this activity. Agree Disagree
7. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company. All scientific research referred to, reported or used in the activity in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis. Agree Disagree
8. I understand that MNF may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested. Agree Disagree

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

Signature

Date

II. EFFECTIVE ACTIVITY DESIGN (Attachment B)

Objectives, content, time frame, presenter(s), teaching strategies, evaluation tool, and evaluation category must be in a six-column format to provide documentation on the Attachment B.

A. OVERALL PURPOSE *Purpose/goal, as listed, must be included on the evaluation form.*

Clearly state the overall purpose/goal for this activity:

Please **select any of the following** as it applies to how this activity will enrich the nurse's contribution to quality health care and pursuit of professional career goals:

- Expands the nurse's knowledge and skills in providing quality health care
- Enhances the nurse's clinical skills in specialized health care areas
- Enriches the nurse's opportunities for new career goals in the changing job market
- Provides opportunities for the nurse to continue the process of life-long learning
- Provides opportunities for the nurse to learn the newest techniques in providing quality health care
- Other _____

B. OBJECTIVES

Objectives are derived from the overall purpose/goal of the activity. The objectives should clearly describe the learner's expected outcomes, be expressed in measurable terms, identify observable actions, and specify one outcome per objective. Start with an ACTION VERB that describes a specific behavior or activity by the learner.

EXAMPLES of action verbs from three domains of learning:

Cognitive (learning activities related to thinking processes) – define, describe, list, name, state

Psychomotor (activities related to motor skill; also thinking component) – demonstrate, administer, write

Affective (learning activities related to feeling in terms of attitudes, values) – feels, listens, integrates, appreciates, prefers (most difficult to evaluate)

C. CONTENT

Each objective should have corresponding **content** written in outline form. The content should be in outline form, related to the activity and consistent with the objective **without restating the objective**.

D. TIME-FRAME

Each objective must have corresponding **time-frame** allotted in adjacent column consistent with the objectives and corresponding content. **Time** must be allotted for breaks and mealtimes, but not included in the calculation of contact hours. The **evaluation** time must be included at the conclusion of the educational activity and calculated in the contact hours.

The appropriate measure of credit is the 60-minute contact hour, beginning January 1, 2007.

1. A contact hour is sixty (60) minutes of an organized learning activity, either a didactic or clinical experience; the minimum number of contact hours to be awarded is one (1).
2. After the first contact hour, fractions or portions of the 60-minute hour should be calculated. For example: 135 minutes of the learning experience equals 2.25 contact hours.

E. INSTRUCTIONAL METHODS

Instructional methods that support attainment of the educational objectives must be used. The action indicated as the expected outcome determines the teaching strategies to be used. For example, a learning objective that requires the learner to successfully demonstrate a psychomotor skill must include teaching strategies that utilize demonstration and return demonstration. An objective that requires a learner to describe a phenomenon would include teaching strategies such as lecture and discussion. In addition to teaching strategies that support the learning objectives, attention must be given to the fact that principles of adult learning should be evident in the selected strategies.

F. EVALUATION TOOL

Methods evaluating what the participant has learned are documented under the "**evaluation tool**" section. Examples are: tests, interviews, attitude scales, observation of skill performance.

G. EVALUATION CATEGORY

Methods to show how the participant has learned are documented under the "**evaluation category**" section. Examples are: learner satisfaction, knowledge, skills and attitude changes, change in practice.

ATTACHMENT B Educational Design I

Title of Activity: _____

Contact Hours: _____

Overall Purpose: _____

Objectives	Time Frames	Presenter(s)	Teaching Strategies/Resources	Evaluation Tool	Evaluation Category
List the educational objectives and corresponding content. Content is specific and in outline form.	Provide time frame for each objective. Include break and meal times.	List presenter(s) for each objective.	List the teaching strategies by each presenter for each objective. List audio visuals needed for each presenter.	Select evaluation method to be used to evaluate this activity.	Select the most appropriate evaluation category for this activity.
<p>At the end of this activity, the learner will be able to:</p> <p>Objective 1: Content: 1. 2.</p> <p>Objective 2: Content: 1. 2.</p> <p>Objective 3: Content: 1. 2.</p> <p>Etc.</p> <p>Evaluation:</p>				<p>_____ Post Test</p> <p>_____ Structured Interview</p> <p>_____ Attitude Scale</p> <p>_____ Direct Observation of Skill Performance</p> <p>_____ Other _____</p>	<p>_____ Learner Satisfaction</p> <p>_____ Knowledge</p> <p>_____ Skill and Attitude Change</p> <p>_____ Change in Practice</p> <p>_____ Other _____</p>

TOTAL TIME IN MINUTES _____ divided by 60 = _____ contact hour(s).

III. ACTIVITY EVALUATION

An evaluation process can provide information about the overall activity, as well as, the specific components. A clearly defined method for evaluation includes the following:

1. relationship of objectives to overall purpose/goal(s);
2. learner's achievement of each objective;
3. expertise of each individual presenter;
4. appropriateness of teaching strategies.

A. Describe the method used to evaluate the activity: _____

B. Describe how the evaluation data will be used: _____

C. Submit copy of the learner evaluation form.

SAMPLE EVALUATION

Provider Education Design I

TITLE

Date

Location

Provided by

Overall purpose(s)/goal(s):

Objectives

At the end of this activity, the participant should be able to:

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

Please fill in one response per line.

	Low/Poor			High/Excellent		Non-Applicable
	1	2	3	4	5	N/A
1. To what extent was the overall purpose(s)/goal(s) of this activity related to the objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To what extent did the presenter address each objective?						
Objective 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 3: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 4: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 5: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Etc: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To what extent did each presenter demonstrate expertise in the content area:						
Presenter (Name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presenter (Name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Etc: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To what extent were the teaching/learning strategies appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you detect any commercial bias?	YES _____			NO _____		
If so, by whom? _____						
What made you feel there was bias? _____						

PLEASE MAKE WRITTEN COMMENTS ON REVERSE SIDE.

IV. DOCUMENTATION AND ACCREDITATION STATEMENTS

Verifying Participation and Successful Completion

Rationale and criteria for successful completion must be determined as part of the overall planning of the learning activity. ED I activities may differ in expectation and requirements for verification of participation and successful completion of the activity. The learner is informed of the criteria prior to participation in the activity.

A. **Select the method of verifying participation:**

_____roll call _____sign-in sheets _____self-reported attendance _____return of evaluation tools

B. **Select achievement of successful completion:**

_____achievement of objectives _____evaluation _____attendance at the entire activity
_____return demonstration _____discussion with presenters _____other_____

C. Participants must receive **written verification** (see sample) of:

1. successful completion of the educational activity;
2. name of learner;
3. number of contact hour(s) awarded;
4. name and address of provider of the educational activity;
5. title and date of the education activity;
6. official statement of approval identifying ANCC accredited organization.

“This continuing nursing education activity was approved by the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”

D. Submit a sample of the verification form/certificate to be awarded to participants.

E. All communications, marketing materials, certificates, and other documents that refer to the provider’s ANCC-accredited status must contain the official accreditation statement which stands alone in print. All other information should be on a separate line or paragraph.

Before an activity is approved, the following language is used: *“An application for continuing nursing education credit has been submitted to the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”*

F. Submit a copy of any publication (brochure, flyer, etc.) related to this activity with the appropriate ANCC language.

SAMPLE ATTENDANCE VERIFICATION FORM

PROVIDER Nursing Continuing Education Attendance Verification

This participant has successfully completed this educational activity:	Educational Design #
Name of Participant:	Contact Hours: (60 minutes = 1 contact hour)
Provider of Educational Activity:	Title:
Address of Provider:	Date:

“This continuing nursing education activity was approved by the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”

V. COMMERCIAL SUPPORT (You Must Select One of the Following)

Commercial support is defined by ANCC (2006) as financial or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of an educational activity. Commercial support, exhibits, or the presentation of research conducted by a commercial company is not permitted to affect the design and scientific objectivity of any educational activity. A provider cannot be required by an entity with commercial interest to accept advice or services concerning presenters, authors, or other educational matters, including content, from the entity as conditions of contributing funds or services.

Select one of the following:

NO, this activity **does not receive commercial support**.

YES, this activity **does receive commercial support**. The provider must make all decisions regarding the disposition and disbursement of commercial support. All commercial support associations with an activity must be given with the full knowledge and approval of the provider. Describe how the integrity of the activity will be maintained. The Provider will maintain control of the educational content and disclose to the learners all financial relationships, or lack of, between the commercial supporter and the provider or presenters.

1. Learners are made aware of the nature of all commercial support of all education activities on all **promotional materials**. *Attach a copy.*
2. Funds should be in the form of an educational grant and must be acknowledged in printed material and brochures.
3. Arrangements for commercial exhibits will not influence the planning of or interfere with the presentation of the education activities.
4. Education activities are distinguished as separate from the endorsement of commercial products. When commercial products are displayed, participants will be advised that approval status as a provider refers only to its continuing education activities and does not imply ANCC Commission on Accreditation endorsement of any commercial products.
5. Education activities that present research conducted by commercial companies will be designed and presented with scientific objectivity.
6. Learners will be informed of any off-label use of a commercial product that is presented in education activities.
7. As a Mississippi Nurses Foundation Provider, our agency agrees to maintain control of the educational content and disclose to the learners all financial relationships or lack of, between the commercial supporter and the provider or presenters, and adhere to the above guidelines. YES NO

IF commercial support is provided, the terms, conditions, and purposes of the commercial support must be documented in a written agreement with the entity that includes its educational partners. **Attach a copy of the letter of agreement (you may use the attached sample).**

8. Commercial Information
Name of company: _____
Nature of relationship to person & commercial interest: _____
Representative: _____
Address: _____

9. Describe how conflict of interest is resolved. Conflict of interest is defined by ANCC as when an individual has an opportunity to affect the educational activity content with products or services from a commercial interest with which she/he has a financial relationship. ANCC considers "opportunity to affect educational content" to include content about special agents/devices, but not necessarily about the class of agents/drugs, and not necessarily content about the whole disease class.

SHOW DOCUMENTATION FOR ALL SELECTED AREAS:

- Audience informed on printed materials
- Disclosure during introduction of speaker
- Discussion/documentation with presenter or planner
- Handout/PowerPoint
- Nursing Planner in audience
- Evaluation of bias on evaluation form

SAMPLE COMMERCIAL SUPPORT AGREEMENT

Date: _____

This educational activity _____ is being supported by:
Title of activity

Name of Commercial Supporter

The **Commercial Supporter** agrees to provide the following services: _____

1. **Unrestricted educational grant** for support of the CE activity in the amount \$ _____.
2. **Restricted educational grant** to reimburse expenses for:
 - a. Speaker(s) to include: _____ all expenses _____ travel only _____ consulting fee only
_____ other _____
 - b. Support for catering functions (specify) _____ in the amount of \$ _____
 - c. Other (e.g. equipment loan, brochure distribution, etc.) in the amount of \$ _____

Written policies and procedures and documentation governing honoraria and reimbursement of out-of-pocket expenses for planners, presenters, and authors are on file with the continuing education provider. The _____ (Continuing Education Provider) will ensure that the following decisions are made free from control of a commercial interest:

- Identification of educational activity needs;
- Determination of educational objectives;
- Selection of presentation of content;
- Selection of all persons and organizations that will be in a position to control the content of the educational activity;
- Selection of educational methods;
- Evaluation of the educational activity.

It is understood that:

1. Learners will be made aware of the nature of all commercial support of all education activities on all promotional materials. *Attach a copy.*
2. Funds should be in the form an educational grant and must be acknowledged in printed material and/or brochures.
3. Arrangements for commercial exhibits will not influence the planning of or interfere with the presentation of education activities.
4. Education activities are distinguished as separate from endorsement of commercial products. When commercial products are displayed, participants will be advised that accredited status as a provider refers only to its continuing education activities and does not imply ANCC Commission on Accreditation endorsement of any commercial products.
5. Education activities that present research conducted by commercial companies will be designed and presented with scientific objectivity.
6. Learners will be informed in the presentation is about the off-label use of a product (using products other than that for which it was approved by the Food and Drug Administration.)

Commercial Supporter

Date

Educational Provider

Date

VI. DISCLOSURES PROVIDED TO ACTIVITY PARTICIPANTS

Please select the appropriate answer and submit copies of documentation.

1. **Notice of requirements for successful completion:** Learners are informed, in advance verbally and/or in written form, of the criteria to be used to determine successful completion of an educational activity.
 YES NO

2. **Conflicts of interest:** Learners are informed of any influencing financial relationships, or lack thereof, disclosed by planners or presenters at the beginning of the educational activity which is documented in writing.
 YES NO Not Applicable

3. **Non-endorsement of products:** Learners are advised verbally and/or in written form that accredited status does not imply endorsement by the provider or ANCC of any commercial products displayed in conjunction with an activity.
 YES NO Not Applicable

VII. RECORD KEEPING SYSTEM

The Provider must keep the following information on file for a minimum of **six (6) years**:

A. Planning

1. Description of the target audience
2. The method and findings of the needs assessment
3. Names, titles, and expertise of the activity planners and presenters
4. Conflict of interest disclosure statements from planners and presenters
5. Purpose, objectives, and content
6. Instructional strategies, delivery methods, learner feedback mechanisms, and resources to be used
7. Methods or process used to verify participation
8. Notice to learners identifying how successful completion will be measured
9. Marketing and promotional materials
10. Division of responsibilities among co-providers, if any
11. Means of ensuring content integrity with commercial support, if any

B. Implementation

1. Title, location, and date of the educational activity
2. All evaluation tools used, including a summative evaluation
3. Participant names and addresses
4. Sample certificate of completion
5. Number of contact hours associated with official accreditation statement awarded to individual participants

- C. As a Mississippi Nurses Foundation Provider, our agency agrees to maintain records for each education activity for six (6) years in a secure and confidential manner, including the above essential information.

YES NO

- D. Describe the **record-keeping and storage system** to include the following:

1. ***New records are consistently collected and retention of records;***

2. ***Confidentiality;***

3. ***Filing, storage and easy retrieval of records by authorized individuals.***

VIII. CO-PROVIDERSHIP

If two or more individuals, organizations, or agencies work together to plan, develop, implement, and evaluate an educational activity, then the activity is being co-provided. An entity with a commercial interest cannot take the role of non-accredited partner in a co-provider relationship.

A. Select one of the following:

- ___ 1. This activity is **not co-provided**.
- ___ 2. This activity is **co-provided**. When educational activities are co-provided, an ANCC accredited provider unit is responsible for ensuring adherence to all ANCC criteria and retains responsibility for:
- a) determination of the educational objectives and content
 - b) selection of the content specialist planners and activity presenters
 - c) the awarding of contact hours
 - d) record-keeping procedures
 - e) evaluation methods

If collaborating providers are all ANCC-accredited, 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 co-providers.

B. Submit a copy of the co-providership agreement, if applicable. See sample below.

SAMPLE CO-PROVIDERSHIP AGREEMENT

Title of Educational Activity _____

Date _____ Location _____

Name of Provider Agency _____

Name of Contact Person _____

Address _____ Phone _____

_____ Email _____

_____ (*Lead-approved Provider Unit*) is responsible for ensuring adherence to all ANCC criteria and retains responsibility for ANCC accredited provider unit:

- 1. Determination of the educational objectives and content
- 2. Selection of the content specialist planners and activity presenters
- 3. The awarding of contact hours
- 4. Record-keeping procedures
- 5. Evaluation methods

Name of Co-Provider Agency _____

Name of Contact Person _____

Address _____ Phone # _____

_____ Email _____

Signature of Provider Representative _____ Date _____

Signature of Co-Provider Representative _____ Date _____