

APPROVED PROVIDER Planning Form
Nursing Continuing EDUCATION DESIGN II (ED II)

Educational Design II (ED II)/ Learner Directed: An educational activity designed for completion by learners, independently, at the learner's own pace, and at a time of the learner's choice. Examples may include, but are not limited to, videotapes, audiotapes or selected reading materials with associated post tests, computer-based activities, workbooks, and/or skills practice with return demonstration.

Point-of-Care Learning. Learning conducted in the practice setting. (This is also sometimes referred to as "bedside learning".) The learning consists of a learning "project" related to an immediate need of the nurse/nurses for knowledge to guide the nurse's/nurses' practice. The point of care learning can be done "asynchronously" (with it being initiated in the practice setting to address an emergent need for knowledge to guide the nurse's practice) or **multiple activities** addressing a single underlying goal or purpose may be 'bundled' as one activity. The **minimum number of contact hours allowed for Point of Care learning remains 0.5 (30 minutes) which may be awarded retrospectively.**

Approved Provider _____

Title of ED II _____

Scheduled Date(s) _____

Location of Activity _____

Contact Hours _____ Sixty (60) minutes of learning time equals one (1) contact hour. Evaluation time is 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 _____ Planning Date: _____

Would you like this ED II listed in the CE Calendar of the publication of the MS Nurses Association, *The Mississippi RN*?
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):

- | | |
|---|---|
| <input type="checkbox"/> Problem or issue related to nursing practice | <input type="checkbox"/> Changes in legislation |
| <input type="checkbox"/> Learner request (needs assessment verbally or written) | <input type="checkbox"/> Findings from QA/QI activities |
| <input type="checkbox"/> Change in patient population or care requirements | <input type="checkbox"/> Review of nursing related literature |
| <input type="checkbox"/> 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 who holds 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 all sections of 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 accred 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. **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).
5. **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.
6. **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.
7. 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.
8. 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

Name:

Check all that apply.

Lead Nurse Planner (Administrator)

Title of Activity:

Planner (target audience/ expert)

Date of Presentation:

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: _____

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/Content Specialist

Date

II. EFFECTIVE ACTIVITY DESIGN (Attachment B)

Objectives, content, teaching/learning resources, evaluation tool, and evaluation category must be in a four-column format to provide documentation on the Attachment B. **PILOT TESTING** must be completed prior to implementation of the educational activity to verify that the resources are appropriate and effective **or POINT-OF-CARE LEARNING** (bedside learning) is documented in learning materials. Participants in the pilot study should be representative of the target audience. The number of participants will vary depending on the purpose of the activity and size of the target audience. All pilot testers should complete the full learning package and are not eligible for contact hours at the time of pilot testing.

A. OVERALL PURPOSE *Purpose/goal must be included, as listed, 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.

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. ACTIVITY DESCRIPTION and TEACHING/LEARNING RESOURCES

1. Describe and list the contents of the total learning package (tapes, workbooks, reading materials, etc.)

1. Explain how the learner is to utilize each piece of the package to complete the learning activity.

2. List the teaching/learning resources that support attainment of the educational objectives and corresponding content. The action indicated as the expected outcome determines the teaching strategies to be used. For example, a learning objective requiring return demonstration of psychomotor skill could have a video demonstration as the resource for the objective. Other examples of teaching/learning resources may include: handouts, audiotapes, computer-based materials, videos, workbooks, etc.

ATTACHMENT B
Educational Design II

Title of Activity: _____

Contact Hours: _____

Overall Purpose: _____

Objectives	Teaching/Learning Resources	Evaluation Tool	Evaluation Category
List the educational objectives and corresponding content. Content is specific and in outline form.	List the teaching/learning resources by each objective. For example: audio visuals needed	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

A. 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.

B. 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.

C. Describe the PILOT TESTING using the following guidelines OR Point-of-Care Learning materials:

1. Effectiveness of design and teaching/learning materials

2. Time required for pilot testing participants to complete the activity

3. Indicate titles of pilot testing participants representative of the target audience

4. Method/Rationale used for determining contact hours *(Total the number of hours that each pilot testing participant used to complete the activity and obtain an average in minutes and divide by sixty (60) to get the contact hours.)*

SAMPLE EVALUATION
Approved Provider Education Design II

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 of this activity?						
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"/>
3. To what extent were the teaching/learning resources effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you detect any commercial bias?	YES _____			NO _____		
If so, by whom? _____						
What made you feel there was bias? _____						
5. Indicate the time-in-minutes it took to complete this activity. _____ Minutes						

PLEASE MAKE WRITTEN COMMENTS ON REVERSE SIDE.

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.

A. Select **one** of the following:

- 1. This activity **does not receive commercial support.**
- 2. 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 thereof, between the commercial supporter and the provider or presenters.
 - a. Learners are made aware of the nature of all commercial support of all education activities on all **promotional materials.** *Attach a copy*
 - b. Funds should be in the form of an educational grant and must be acknowledged in printed material and brochures.
 - c. Arrangements for commercial exhibits will not influence the planning of or interfere with the presentation of the education activities.
 - d. 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.
 - e. Education activities that present research conducted by commercial companies will be designed and presented with scientific objectivity.
 - f. Learners will be informed of any off-label use of a commercial product that is presented in education activities.
 - g. 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.*
 - h. Commercial Information
Name of company _____
Nature of relationship to person & commercial interest _____
Representative _____
Address _____
 - i. 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
- Evaluation of bias on evaluation form
- Nursing Planner in audience

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 (please 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 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 Non-Applicable

3. **Non-endorsement of products:** Learners are advised verbally and 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 Non-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 Approved 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, as well as, 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 _____

Contact Person _____

Address _____ Phone _____

_____ Email _____

_____ is responsible for ensuring adherence to all ANCC criteria and
Lead-approved Provider Unit 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 _____

Contact Person _____

Address _____ Phone _____

_____ Email _____

Signature of Provider Representative

Date

Signature of Co-Provider Representative

Date

APPROVED PROVIDER

Evaluation Summary – Education Design II

Provider

MS Nurses Foundation Approval #

Title of Activity

Date of Activity

Likert Scale

Low/Poor

High/Excellent

Not Applicable

1	2	3	4	5	N/A
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1. Relevance of purpose/goals to objectives

1	2	3	4	5	N/A

2. Learner achievement of objectives

1	2	3	4	5	N/A

3. Teaching/learning resources effectiveness

1	2	3	4	5	N/A

4. Commercial Bias

YES	NO

5. Average time in minutes to complete this activity _____

Number of RNs receiving Verification of Attendance forms _____

Number of Non-RNs receiving Verification of Attendance forms _____

Number of total participants receiving Verification of Attendance forms _____

This educational activity approved for _____ contact hours.

Total contact hours awarded to RNs (_____ contact hrs x _____ number of RNs = _____)

Total contact hours awarded to all participants (_____ contact hrs x _____ participants) _____

Printed publicity was utilized _____ **Yes** _____ **No**

All printed publicity related to this activity must be attached.

Action plan for negative evaluations _____

If more than 30% of the participants of an activity document “yes” to commercial bias, corrective action will be taken. Corrective action could be in the form of counseling the speaker for a one time program. If the same speaker was felt to show bias in more than one session or speaking engagement, the speaker will not be requested to provide any future educational programs.

Written comments: (may continue on the back)

Approved Provider

CHECKLIST - Educational Design II (ED II)

Agency: _____

EDII no.: _____

Lead Nurse Planner: _____

Date of Planning: _____

Title: _____

Date of Activity: _____

Contact Hours _____

Registration Fee Stated: _____ Yes _____ No _____ No Fee Charged

Check each item: **S** = Satisfactory or **U** = Unsatisfactory or **N/A** = Non-Applicable. Please make comments as necessary.

CATEGORY	FACTORS	S	U	N/A	COMMENTS
Introduction Information	Planning deadline met				
	Dates and Locations stated				
	Signature of Lead Planner on planning form				
	List of all planners				
	Current forms used (2008)				
I. PLANNING A. Assessment of Learner Needs /Target Audience	Description of needs assessment for activity				
	Learner input considered in planning process				
	Target audience described				
	"RN" included in target audience				
B. Qualified Planners and Content Specialists Attachment A	Lead Nurse Planner: Attachment A completed and Signed Vested Interest Statement				
	Planner(s): Attachment A completed and Signed Vested Interest Statement				
	At least one planner is a nurse with a BSN degree				
	Presenter(s): Attachment A completed and Signed Vested Interest Statement				
II. EFFECTIVE ACTIVITY DESIGN A. Purpose/Goal(s)	Overall Purpose clearly and broadly stated				
	How activity enriches nurses' contribution to health care				
	How activity promotes professional career goals				
B. Objectives Attachment B	Required FOUR-column format utilized				
	Derived from overall purpose/goal(s)				
	Expressed in measurable or behavioral (observable) terms				
	Specifies one outcome per objective				
C. Content Attachment B	Each objective has corresponding content				
	Content outline describes each objective without restating				
D. Activity Description and Teaching/Learning Resources Attachment B	Description of the contents of the total learning package listed				
	Explanation of how the learner will utilize each piece of the learning package				
	Resources listed for each objective (Attachment B)				
	Resources support the achievement of objectives				
	Each presenter is listed on the Evaluation Form				

CATEGORY	FACTORS	S	U	N/A	COMMENTS
E. Evaluation Tool <i>Attachment B</i>	Methods evaluating what the participant has learned are documented				
F. Evaluation Category <i>Attch B</i>	Methods showing how the participant has learned are documented				
G. Pilot Testing	Description of pilot testing including:				
	1. effectiveness of design and teaching/learning materials				
	2. time required for pilot testing participants to complete the activity				
	3. titles of pilot testing participants representative to the target audience				
	4. method/rationale used for determining contact hours				
III. ACTIVITY EVALUATION	Describe method used to evaluate activity and how this evaluation data will be used				
	Copy of learner's evaluation attached				
	Evaluates relationship of objectives to purpose/goal(s)				
	Evaluates achievement of each objective				
	Evaluates effectiveness of teaching/learning resources				
	Time required by learner to complete the activity				
	Evaluates commercial bias				
IV. DOCUMENTATION OF ACCREDITATION STATEMENTS	Method for verifying participation				
	Method for achieving successful completion				
	Sample of verification of attendance form which participants receive include:				
	a. successful completion of educational activity b. name of the learner c. number of contact hours awarded (identifying calculation of hours) d. title of activity and date of educational activity e. official approval statement (ANCC)				
	<i>"(Name of Approved Provider) is an approved provider of continuing nursing education by the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation."</i>				
	Sample of promotional materials (brochure, flyer, letter, email, etc.) with appropriate ANCC approval statement.				
V. COMMERCIAL SUPPORT	Statement of Non-Commercial Support				
	Commercial Support Agreement (attach a copy)				
	Learners are aware of nature of commercial support				
	Funds are in the form of an educational grant and acknowledgement in printed materials/brochures				
	No influence of planning/presentation by commercial exhibits				
	Educational activities are separate from endorsement of commercial products (No implication of ANCC Commission on Accreditation endorsement of any commercial products)				
	Research activities are designed and presented with scientific objectivity				
	Learners are informed of any off-label use of commercial products				
VI. DISCLOSURES PROVIDED TO ACTIVITY PARTICIPANTS	Notice of requirements for successful completion				
	Conflicts of Interest				
	Commercial Support				
	Non-endorsement of products				
	Off-label use				

CATEGORY	FACTOR	S	U	N/A	COMMENTS
VII. RECORD KEEPING SYSTEM	A statement describing the collection, confidentiality, and maintenance of listed records for six (6) years				
	Planning – target audience, needs assessment, Attachment A for each planner and presenter – with signed vested interest statement, Attachment B, notice to participants regarding successful completion, marketing/promotional materials, co-providership agreement if any, and commercial support agreement, if any				
	Implementation – title, location, and date of educational activity, evaluation tools used, participants' names and addresses, sample certificate of completion (verification form), number of contact hours with official ANCC accreditation statement				
VIII. CO-PROVIDERSHIP	Statement of non-Co-Providership				
	Co-Providership policy (attach signed copy of agreement): a. Objectives and content are applicant's responsibility b. Content specialist planners and activity presenters are applicant's responsibility c. Contact hours determined/awarded by applicant d. Budget is applicant's responsibility e. Record-keeping procedures are applicant's responsibility				

Signature of Planner: _____

Comments: