

CHECKLIST – Educational Design I (EDI)

Provider

(used by the Foundation for application review)

Date of Application Review:

Foundation Approval Number:

Provider:

Title:

Date of Activity:

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

Contact Hours Requested: _____ Contact Hours Approved: _____

Provider Fee Paid: _____ Yes _____ No _____ Pending Receipt for: _____

Approver Unit reviewers must find evidence of each of the following criteria in the application.

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	45-day deadline met				
	Application received 10 days before approver unit meeting				
	Letter of Exception, if applicable				
	Dates and Locations stated				
	Signature of Submitter				
	Current forms used (2007-2008)				
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 Presenters <i>Attachment A</i>	Lead Nurse Planner: Attachment A completed and Signed Vested Interest Statement				
	Planners: Attachment A completed and Signed Vested Interest Statement				
	At least one planner is a nurse with a BSN degree				
	Presenters: 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 <i>Attachment B</i>	Required SIX-column format utilized				
	Derived from overall purpose/goal(s)				
	Expressed in measurable or behavioral (observable terms)				
	Specifies one outcome per objective				
C. Content <i>Attachment B</i>	Each objective has corresponding time frame				
	Break and meal times included but not calculated in time				
	Evaluation time frame allotted for the entire activity				
D. Time Frame <i>Attachment B</i>	Each objective has corresponding time frame				
	Break and meal times included but not calculated in time				
	Evaluation time frame allotted for the entire activity				
E. Presenters <i>Evaluation form</i>	Each presenter is listed on Attachment B				
	Each presenter is listed on the Evaluation Form				

CATEGORY	FACTORS	S	U	N/A	COMMENTS
F. Instructional Methods <i>Attachment B</i>	Concurrent with objectives				
	Listed for each objective/content				
	Listed for each presenter				
G. Evaluation Tool <i>Attachment B</i>	Methods evaluating what the participant has learned are documented				
H. Evaluation Category <i>Attch B</i>	Methods showing how the participant has learned are documented				
III. ACTIVITY EVALUATION	Describe method used to evaluate activity				
	Copy of learner's evaluation attached				
	Evaluates relationship of objectives to purpose/goal(s)				
	Evaluates achievement of each objective				
	Evaluates expertise of each individual presenter				
	Evaluates appropriateness of teaching strategies				
	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. name/address of provider of the educational activity e. title of activity and date of educational activity f. official approval statement (ANCC) <i>"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."</i>				
	Sample of promotional materials (brochure, flyer, letter, email, etc.) with appropriate ANCC approval statement. 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."				
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				
	Agree to maintain control of educational content and adhere to guidelines				
	Commercial Support information provided				
	Conflicts of interest resolved				

CATEGORY	FACTORS	S	U	N/A	COMMENTS
VI. DISCLOSURES PROVIDED TO ACTIVITY PARTICIPANTS	Notice of requirements for successful completion				
	Conflicts of Interest				
	Commercial Support				
	Non-endorsement of products				
	Off-label use				
VII. RECORD KEEPING SYSTEM	Planning – target audience, needs assessment, Attachment A for each planner and presenter, with signed vested interest statement, Attachment B, methods or process used to verify participation, 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, participant names and addresses, sample certificate of completion (verification form), number of contact hours with official ANCC accreditation statement				
	Description of the record-keeping and storage system (six (6) years) – new records consistently collected and retention of records, confidentiality, and filing, storage and easy retrieval of records by authorized individuals				
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. Record-keeping procedures are applicant's responsibility e. Evaluation methods are applicant's responsibility				

Contact Hours Approved: _____

Signature of Evaluator: _____

ACTION	DATE	COMMENTS FOR NOTIFICATION REVIEW FORM
_____ Approved	_____	_____
_____ Pending	_____	_____
_____ Deferred	_____	_____
_____ Denied	_____	_____