

Approved Provider

CHECKLIST - Educational Design II (ED II)

Agency: _____

Number: _____

Lead Nurse Planner: _____

Date of Planning: _____

Date of Activity: _____

Title: _____

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 Attch B	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: