

**Individual Activity Approval Application – NON-CLINICAL CONTENT**

Individuals and organizations can seek approval of individual educational activities to award CNE contact hours. Eligibility requirements must be met by the applicant, and educational design principles outlined in accreditation required criteria must be demonstrated in the application.

This application includes all documents and checklist of evidence to include, required to be completed by the applicant. See the PSNA website for additional resources [Approver Unit | PSNA](https://www.psna.org/approver-unit/)

Complete applications should be submitted within 90 days of activity. For expedited applications, increase in fee will be applied.

This application is for **content that is non-clinical** in nature, non-clinical in that the content is not related to patient care or clinical care of a patient/population. For example, leadership, preceptor, professional development, and self-care content.

Contact the Director of Professional Development/ Accredited Approver Program Director with any questions or inquiries via email: kstephens@psna.org

*Required submissions* to apply@psna.org

* Completed Individual Activity Application *(preferred submission of form in pdf format)*)
* Individual Activity Process Payment

**Provider Information**

**Name of Applicant Organization**:

Website (if applicable):

Address:

City:       State:       ZIP:

**Primary Contact Person:**

Name:      Title/Position:

Email:

The **Nurse Planner** must be a registered nurse who holds a current, unrestricted nursing license **AND** hold a baccalaureate degree or higher in nursing **AND** be actively involved in the planning, implementing, and evaluation process of this NCPD education activity.

**Nurse Planner:**

Nurse Planner Name and License, degree credentials

State in which licensed as an RN/APRN

E-mail Address

\* *The Nurse Planner is held accountable for* ***ALL*** *information provided on this application.*

**Applicant Eligibility**

The following section is intended to collect information about the applicant's corporate structure.

**Is your organization one of the following? Check the box applicable:**

|  |  |
| --- | --- |
| [ ]  Ambulatory procedure centers[ ]  Blood banks[ ]  Diagnostic labs that do not sell proprietary products[ ]  Electronic health record company[ ]  Government or military agency[ ]  Group medical practice[ ]  Health law firms[ ]  Health profession membership organization[ ]  Hospital or healthcare delivery system | [ ]  Infusion center[ ]  Insurance or managed care company[ ]  Nursing home[ ]  Pharmacy that does NOT manufacture proprietary compounds[ ]  Publishing or education company [ ]  Rehabilitation center[ ]  School of medicine/nursing or health science university[ ]  Software or game developer |

If you selected an option that applies, go to **Statement of Understanding** below.

**Ineligibility Evaluation –** complete this section if you **did not select** an organization above**.**

Companies are ineligible to provide accredited/approved education through the accredited approver of ANCC (ineligible companies) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Does your organization produce, market, sell, re-sell, or distribute health care products used by or on patients?

[ ]  Yes **If yes**, the applicant is **not** eligible for approval of Individual Educational Activities.

[ ]  No **If no**, complete the next bulleted question AND provide a description of your organization/company.

Is your organization owned or controlled by an organization that produces, markets, re-sells, or distributes health care goods / services consumed by, or used on, patients?

[ ]  Yes **If yes**, contact apply@psna.org to clarify eligibility of organization

[ ]  No **If no**, this section of the questionnaire is complete

**Statement of Understanding**

On behalf of insert name of applicant organization, I hereby attest the information provided on and with this application is true, complete, and correct. I further attest, by my signature below, that this applicant will comply with all eligibility requirements and approval criteria throughout the approval period, and that the applicant will notify the PSNA promptly, if, for any reason while this application is pending or during any approval period, the applicant does not maintain compliance. I understand any misstatement of material fact submitted on, with, or in furtherance of this application for activity approval shall be sufficient cause for the PSNA to deny, suspend, or terminate approval of this activity and to take other appropriate action against this applicant.

A typed name in the box below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information given

Completed by Nurse Planner name and **credentials**:       Date:

**Individual Activity Application**

**Title of Activity:**

**Total Number of Contact hours:**

**Start date of activity: Click or tap to enter a date.**

**End date of activity: Click or tap to enter a date.**

\*For enduring material, the end date can be no more than 2 years from start date.

**Activity Type:** (choose type from dropdown menu)

**Choose an item.**

**Live activity type:** (choose type from dropdown menu)

**Choose an item.**

**Location of in-person activity city and state** (if applicable)**:**

**Enduring activity type:** (choose type from dropdown menu)

**Choose an item.**

**Activity Planning and Development**

**Describe the professional practice gap** (e.g., change in practice, problem in practice, opportunity for improvement, problem creating the need for education)**:**

* What is the problem or opportunity that needs to be addressed by this activity?
* This can be a one sentence response that includes what the specific problem or opportunity is
* Should include nursing in the target audience
* Required CNE and/or description of education not acceptable

**Evidence to validate the professional practice gap/problem:** Provide a summary that includes the NP/Planning committee’s analysis of the data not just the data sources.

* How is the evidence (e.g., data, trends in literature) informing you that a professional practice gap exists for the target audience? What data supports the need for this education?
* Stating that there is a “need” or a “request” for the activity is not an adequate statement

**Educational need that is causing or underlies the professional practice gap:** (e.g., knowledge, skill and/or practice)**:**

* The underlying educational need should align with the professional practice gap. Simply knowledge, skills, or practice and supported by the gap description and desired learning outcome (below)
* Reflecting on these questions:
	+ Is the professional practice gap related to what they do not know (knowledge)?
	+ Is the professional practice gap related to what they do not know how to do (skill)?
	+ Is the professional practice gap related to what they do not know how to apply or implement into practice (practice)?

Check all that apply to the education content and outcome(s).

[ ]  Knowledge [ ]  Skills [ ]  Practice

**Target audience:** check all that apply

[ ]  RN &/or APRN (required)

[ ]  LPN/LVN

[ ]  CNA

[ ]  MD

[ ]  PA

[ ]  Social Worker(s)

[ ]  Other: (describe)

**Desired Learning Outcome:** A measurable outcome statement, states what the learner will know, do, or apply to practice at the end of the activity.

* The learning outcome statement needs to be written in measurable terms and should include the outcome and the metric that the outcome is measured by.
* The learning outcome must tie to the professional practice gap and the underlying educational need. If the underlying need is knowledge, the outcome should be related to measuring a change in the learner’s knowledge, etc.
* ***The measurable learning outcome is NOT a list of objectives, NOR a number in front of an objective.***
* TIP: reflect on these questions to guide the NP/planning committee to choose the applicable learning outcome(s):
	+ What is the measurable goal or outcome that this activity sets out to achieve?
	+ *What should the learner(s) know, show, and/or be able to do at the end of the activity?*
	+ What will be measured when the learner completes the activity?

**Evaluation method description:** Describe how you will collect evidence to show change in knowledge, skills, and/or practice of target audience at the end of the activity.

* TIP: The evaluation method chosen should align with the educational need(s) identified and the expected learning outcome(s) identified.
* TIP: The chosen evaluation methods should be measuring the success or expected results related to the identified learning outcome(s) and where the underlying educational need exists
* TIP: An evaluation form is NOT required. The description of the evaluation method should discuss how the evaluation data is obtained and analyzed and clearly describe the data being collected. For example, do not simply state that an evaluation form will be completed, but go into the detail on what questions are being asked on the evaluation form.
* Short-term evaluation options: self-report of learner(s) intent to change practice specific to the learning outcome; active participation in learning activity; post-test for knowledge; return demonstration for skill; case-study analysis; role-play
* Long-term evaluation options: self-reported change in practice over a period of time; change in quality outcome measures; return on investment; observation of performance.

**Description of evidence-based content with supporting references or resources**: 2-part criterion – description of the evidence-based content AND supporting references.

* *Description of the evidence-based content* can be presented in any format, such as an educational planning table (insert below), an outline which can be timed, an abstract, an itemized agenda, or a narrative response.
* *Supporting resources/references* should include best available evidence that appropriately supports the outcome of the education activity. Best practice if for the references and resources that have been developed and/or published within the last 5-7 years.
* It is not required that references be provided in APA format, however references should include adequate detail to ensure that information referenced can be located (i.e., page number, date, author, publisher)
* For conferences or activities longer than 3 hours, an abstract can include a description of how the overall content facilitates learner achievement of the expected outcome for the conference, detailed information about individual sessions and individual session outcomes are not required.

**Learner Engagement Strategies**:

* Learner engagement strategies must be congruent with activity format and the underlying educational needs identified above (knowledge, skill, practice)
* Learner engagement strategies can be provided in an educational activity table, a list or in a narrative format.
* Learner engagement strategies should be realistic for the activity type.
* **This section is about learner engagement, not teaching methods** (do not list lecture or slides)

**Number of contact hours awarded and calculation method:** Describe contact hour calculation, including agenda if the activity is longer than 3 hours.

* Number of contact hours for an activity needs to be logical and defensible
* Documentation should include the number of contact hours and calculation method
* Rational for the number of contact hours awarded must be presented
* Provider must keep a record of the number of contact hours earned by each participant (this does not need to be provided in the activity file documentation)
* REMINDER: Rounding contact hours is permissible and encouraged. Provider may round up or down to the nearest ¼ (0.25) hour. Rounding must be realistic to the timed agenda.

**Criteria for awarding contact hours**: What is required of the learner to obtain their contact hour(s)?

* Clearly outline what is to be expected
* Criteria for awarding contact hours should relate to the learning outcome(s) and be enforceable for the activity.
* Attendance criteria are mutually exclusive. For example, the learner cannot be expected to attend the entire education AND also receive credit commensurate with participation.
* Criteria identified here MUST match disclosure/information provided to learners
* Criteria for awarding contact hours and calculation of contact hours are NOT the same.
* Check ALL that apply:

[ ]  Attendance for specified period of time (entire education, or miss no more than 10 minutes of activity)

[ ]  Credit awarded commensurate with participation

[ ]  Attendance at one (1) or more sessions of a conference or multi-session activity (concurrent)

[ ]  Completion/submission of evaluation form

[ ]  Successful completion of a post-test (attendee must score      % or higher)

[ ]  Successful completion of a return demonstration

[ ]  Other – Describe: Click here to enter text.

**Documentation of completion and/or certificate of completion**: Attached a sample certificate or documentation of completion transcript here. A sample certificate must include:

* Title and date of the educational activity
* Name and address of the provider of the educational activity (a web address is acceptable)
* Number of contact hours awarded
* Activity approval statement (*This nursing continuing professional development activity was approved by Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation*.)
* Space for participant name

**Individuals in Control of Content**

The provider must provide a list of all individuals in control of content. **Planning committees must have a minimum of a Nurse Planner and one other person.**

* Names and credentials of all individuals in a position to control content:
	+ In the table below, provide a complete list of individuals, clearly identify who is the NP and who is the content expert
	+ Provider **credentials** along with the names of the individuals, including education and licensure.
	+ The list must include ALL individuals with the ability to control content, whether they are members of the planning committee or not.

|  |  |  |
| --- | --- | --- |
| Name of Individual and CREDENTIALS | Individual’s role in activity  | Planning committee member? (yes/no) |
|   |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Commercial Support:** Activities that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and other in control of content of the education.

Key elements must be submitted in the fully executed (signed and dated) agreement and maintained in the file:

* Appropriate management of commercial support, if applicable
* Maintenance of the separation of promotion from education, if applicable
* Promotion of improvements in health care and NOT proprietary interests of a commercial interest.

**Is this activity receiving commercial support?**

[ ]  No

[ ]  Yes\* -- Include a signed commercial support agreement with application

Name of commercial supporter:

Amount of money received OR type of in-kind contribution provided:

*\*If commercial support is being given to a jointly provided activity, the primary provider organization (applicant) must manage all funds received.*

**Required disclosed information to learners**

**Required disclosures to Learners: MUST BE INCLUDED IN APPLICATION.**

* Evidence of what is required information must be provided to learners prior to the start of the educational activity
* Evidence MUST be in writing (PSNA criteria)
* Include relevant slide(s), screen shot(s), or other evidence showing what the learners will receive and when they will receive the information

**Activity approval statement** as issued by the Accredited Approver (PSNA): Should be consistent with the statement provided by the Accredited Approver upon approval of activity and should match the approval statement on the sample certificate or document of completion:

* If advertising is released **prior** to submission of the application, you may **not** mention anything about seeking approval or awarding contact hours.
* If advertising is released **after** an application has been submitted **but prior** to approval, the following statement may be used:

***This activity has been submitted to Pennsylvania State Nurses Association for approval to award contact hours. Pennsylvania State Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.***

* If the advertising is to be released **after** **approval** is received, then use the following statement:

***This nursing continuing professional development activity was approved by Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.***

**Criteria for awarding contact hours** as stated above in the application and consistent with the planning process

**IF APPLICABLE, Commercial support from ineligible organization/companies:**

* Names of the ineligible companies that gave support and the nature of the support.
* NO logos, trade names, or product group messages for the organization can be provided in the disclosure

**IF APPLICABLE, Expiration date for enduring activities or materials**

**IF APPLICABLE, Joint providership:** Occurs when 2 or more groups collaborate to develop an educational activity. The individual activity applicant is responsible for ensuring adherence to ANCC/PSNA educational design criteria. Individual activity applicant name should be clear, and the activity approval statement as issued by PSNA must be on the certificate and disclosure. It should be clear that the approved activity organization is providing the contact hours.

* Statement that demonstrates that 2 or more groups were involved in planning and development of the activity
* There is no prescribed statement that must be used.

\*Insert **evidence** of required and applicable disclosure of information to learners. This must be the actual, written disclosure (slide, webpage, screenshot, flyer, etc.) Descriptions or templated information will NOT be accepted: