

**Application for Individual Activity**

Updated Form July 1, 2022

**Eligibility**

**Are you submitting this application on behalf of an ineligible company?** Companies that are ineligible are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

**NOTE: The ANCC has adopted these standards and they apply for ALL applicants.**

For more information regarding eligibility see:[Accreditation Rules | ACCME](https://accme.org/accreditation-rules)

**Please answer this question before continuing the application:**

Does your organization produce, market, sell, re-sell or distribute health care products used by or on patients? Is your organization owned or controlled by an organization that produces, markets, re-sells, or distributes health care goods/services to be used on or by patients?

* Yes, **you are not eligible to proceed with this application**. Contact PSNA Accredited Approver Program Director, [kstephens@psna.org](mailto:kstephens@psna.org)
* No, you may proceed with the application

**Name of ORGANIZATION Submitting the Application:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this continuing education/nursing continuing professional development? Is this learning activity intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to improve the health of the public and RNs’ pursuit of their professional career goals?

Yes  No If **no**, the activity is **not** eligible for approval.

The **Nurse Planner** must be a registered nurse who holds a current, unrestricted nursing license (or international equivalent) **AND** hold a baccalaureate degree or higher in nursing (or international equivalent) **AND** be actively involved in planning, implementing, and evaluating this NCPD educational activity based on educational resources provided by the Accredited Approver Program Director.

**Nurse Planner contact information for this activity:**

Name and License/ degree credentials (or international equivalent): Click here to enter text.

Email Address: Click here to enter text.

**Title of Activity:** Click here to enter text.

**Date Application Form Completed:** Click here to enter a date.

**Activity Type:**

Provider-directed, provider-paced: Live (in person course,  conference  or webinar)

* Date of live activity: Click here to enter a date.
* Location of activity

Provider-directed, learner-paced:  Enduring material web-based (i.e., online courses, e-books)  article  other (describe)

* Start date of enduring material: Click here to enter a date.
* Expiration/end date of enduring material: Click here to enter a date.

Learner-directed, learner-paced: may be live, enduring material, or blended.

* Start date of enduring material (if applicable): Click here to enter a date.

Expiration/end date of enduring material (if applicable):

Blended activity (activities that involve a “live” component in combination with a provider-directed, learner-paced component)

* Date(s) of prework and/or post-activity work: Click here to enter a date.
* Date of live portion of activity: Click here to enter a date.

1. **Description of the professional practice gap (PPG) (e.g., change in practice, problem in practice, opportunity for improvement):**
   1. Provide a brief description of the problem or opportunity for improvement this activity is designed to address for your learners.
      * 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.*
      * TIP: Although not required to include the target audience in the PPG statement, it is important to consider the target audience when investigating the problem or opportunity and determining the gap. This helps ensure the gap is specific to the problem or opportunity the education is targeting.

**Provide a brief description of the problem or opportunity for improvement this activity is designed to address for your learners:**

1. **Evidence to validate the professional practice gap (check all methods/types of data that apply):**
   1. 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 educational activity or intervention?
* The evidence statement should include the NP/planning committee’s analysis of the data, not just the data sources.
* Stating that there is a “need” or a “request” for the activity is not an adequate response.

**Examples of types of evidence to support the PPG can be used to validate the need for the activity:**

* Survey data from stakeholders, target audience members, subject matter experts or similar
* Input from stakeholders such as learners, managers, or subject matter experts
* Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement.
* Evaluation data from previous education activities
* Trends in literature
* Direct observation

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* Trends in literature
* Direct observation

**Please provide a brief summary of the evidence and the data gathered that validates the need for this activity:**

1. **Educational need that underlies the professional practice gap (e.g., knowledge, skill and/or practices):**
   1. Note: the underlying educational need should align with the PPG. This can be a simple one-word response of knowledge, skill, or practice, but should be supported by the PPG, and the evidence to support the PPG and desired learning outcomes.
   2. TIP: Reflecting on these questions will guide the NP/planning committee to choose the applicable underlying need(s):
      * Why do learners need this education?
        + Is the PPG related to what they do not know (knowledge)?
        + Is the PPG related to what they do not know how to do (skill)?
        + Is the PPG related to what they do not know how apply or implement into practice (practice)?

**Check all that apply:**

Knowledge

Skill

Practice

1. **Identify or describe the target audience (must include the registered nurse):** 
   1. Think about who needs this education. Analyzing the PPG and the evidence to support the PPG should help to determine the target audience.
   2. **Reminder:** The target audience must include registered nurses but may include other members of the health care team.

**Check all that apply:**

Registered Nurse (required)

LPN/LVN

CNA

MD

PA

Social worker(s)

Other (describe):

1. **Desired learning outcome(s):**
   1. 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.
   2. 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.
   3. ***The measurable learning outcome is NOT a list of objectives.***

**TIP:** Reflecting on these questions will 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? (underlying educational need)*
  + What will be measured when the learner completes the activity?

**Identify the desired learning outcome(s):**

1. **Description of evaluation method:** 
   1. Explain how you will collect evidence to show change in knowledge, skills and/or practices 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 relate 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 should clearly describe the data being collected. For example, do not simply state that an evaluation form will be completed, go into detail on what types of questions are being asked on the evaluation form.

**Examples of Short-term evaluation options:**

* Self-report of learner(s) intent to change practice.
* Active participation in learning activity
* Post-test (knowledge)
* Return demonstration (e.g., skill when simulated, practice when observed in practice)
* Case study analysis
* Role-play

**Examples of Long-term evaluation options:**

* Self-reported change in practice over a period of time
* Change in quality outcome measure (e.g., recruitment and retention data, patient safety data)
* Return on Investment (ROI)
* Observation of performance (at a predetermined point in time after post activity)

**Describe the chosen evaluation method(s):**

1. **Description of evidence-based content with supporting references or resources:**

* **REMEMBER:** This criterion has two parts: 1. The description of the evidence-based content and 2. supporting references.
* Description of evidence-based content can be presented in various formats, such as

an educational planning table, an outline format, an abstract, an itemized agenda, or a

narrative response.

* The supporting resources should include the best available evidence that appropriately supports the outcome of the educational activity.
  + Best practice is for references and resources that have been developed and/or published within the last 5-7 years.
* TIP: It is not required that references be provided in APA format, however references should include adequate detail to ensure the information referenced can be located (i.e. page number, standard number).
* TIP: For a conference, an abstract can include a description of how the overall content

facilitates learner achievement of the expected outcome for the conference. Detailed

information about sessions, and individual session outcomes, are not required.

**Examples of Supporting evidence-based references or resources:**

* Information available from organization/web site (organization/web site must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health)
* Information available through peer-reviewed journal/resource (reference(s)should be within past 5 – 7 years)
* Clinical guidelines (example - www.guidelines.gov)
* Expert resource (individual, organization, educational institution) (book, article, web site)
* Textbook reference

**Description of the evidence-based content including the supporting references or resources:**

**8. Learner engagement strategies:**

* Learner engagement strategies must be congruent with activity format and the underlying educational needs identified above (knowledge, skill, and/or practice).
* The learner engagement strategies can be provided in an educational activity table, a list, or

in a narrative format.

* Learner engagement strategies should be developed by the Nurse Planner and planning committee, in

collaboration with the speaker(s).

* Strategies should be realistic for the activity type.
* **Note: This section is about learner engagement, not teaching methods.**

**Examples of learner engagement strategies:**

* Integrating opportunities for dialogue or question/answer
* Including time for self-check or reflection or discussion groups
* Analyzing case studies or peer review
* Think, pair share.
* Providing opportunities for problem-based learning

**Describe how the learner will be actively engaged in the educational experience:**

1. **Number of contact hours awarded and calculation method:**
   1. The number of contact hours for an activity needs to be logical and defensible.
   2. Documentation should include the number of contact hours and the calculation method.
   3. The rationale for the number of contact hours awarded must be present in the activity file.
   4. 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).
   5. **Reminder:** Rounding contact hours: If rounding the contact hours, the provider *may* round up or down to the nearest 1/4 (0.25) hour (i.e., if the calculation is 1.19 contact hours, it may be rounded up to 1.25 contact hours).

**Number of contact hours to be awarded and identification/description of how contact hours were calculated (include agenda if activity is longer than 3 hours):**

1. **Criteria for Awarding Contact Hours:** 
   1. Determine what the learner must do or achieve in order to receive contact hours for the activity.
      * Clearly outline what is expected.
      * The criteria for awarding contact hours should relate to the learning outcome(s) and be enforceable for the activity.
   2. Keep in mind that some options are mutually exclusive – for example, a learner cannot be expected to attend the entire activity and also receive credit commensurate with participation.
   3. **Note:** Criteria identified here must match disclosure provided to learners.
   4. **Note:** Do not confuse criteria for awarding contact hours with calculation of contact hours. These criteria are not the same.

**Criteria for Awarding Contact Hours (Check all that apply):**

Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)

Credit awarded commensurate with participation.

Attendance at 1 or more sessions of a conference or multi-session activity

Completion/submission of evaluation form

Successful completion of a post-test (e.g., attendee must score      % or higher)

Successful completion of a return demonstration

Other – List or Describe:

**11. Documentation of completion and/or certificate of completion:**

* **Attach a sample certificate or documentation of completion transcript with the activity file.**
* **A sample certificate must include:**

1. Title and date of educational activity

2. Name and address of the provider of the educational activity (a web address is acceptable)

3. Number of contact hours awarded

4. Activity approval statement as issued by the Accredited Approver:

***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.***

5. Space for participant name

**12. Names and credentials of all individuals on the planning team:**

1. **When providing a list of individuals, clearly identify who is the nurse planner and who is the content expert.**
2. Provide credentials along with the names of the individuals.
3. **Note:** A Planning committee must consist of a minimum of two individuals

**Planning Team Members**

Nurse Planner Name and Credentials

Content Expert Name

Names and Credentials (if applicable) for all other planning team members

**Standards for Integrity and Independence and Standards (13 – 15):**

**Before completing this section answer the following:**

**Refer to and review the Standards for Integrity and Independence and Standards for Integrity and Independence IAA Toolkit provided to you by the Accredited Approver.**

**a. Is the activity nonclinical in nature (e.g., preceptor development, or leadership)? Yes  No**

* If yes, skip questions 13 - 14 and move to section 15.

**b.** **If no, answer sections 13 - 14.**

* Evidence of addressing can be shared in the provided template as an attachment.

**13. Demonstration of identification of financial relationships with ineligible companies for all individuals in a position to control content (planners, presenters, faculty, authors, and/or content reviewers) as described in the toolkit.**

a.Provide evidence that financial relationship data has been collected and analyzed **for all individuals in a position to control content** –this includes the planning team.

b. This might be in a table, on a spreadsheet, or other document e.g., email documentation.

**14. Evidence of mitigation of relevant financial relationships?**

* If a relevant financial relationship is identified, describe steps taken to mitigate the risk of undue influence in planning and/or providing the activity. Mitigation strategies might include (here is another place for a list of examples – with or without checkboxes!).

**15. Commercial Support Agreement:**

* **Purpose:** 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 others in control of content of the education.
* Key elements that must be addressed in the activity 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.

**Required Disclosures to Learners (MUST BE INCLUDED IN THE ACTVITY FILE APPLICATION) (16 -21):**

* Evidence of what is required information that must be provided to learners prior to start of the educational activity.
* Include relevant slide(s), screen shot(s), script(s), or other evidence showing what the learners will receive.

**Disclosures are to include the following:**

**16. Activity approval statement as issued by the Accredited Approver:**

* Verbiage should be consistent with the statement provided by the Accredited Approver (see number 11) and should match the approval statement on the sample certificate or document of completion.

**IF ON Marketing Materials BEFORE APPROVAL – the following statement must be used:**

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

**On DISCLOSURES read/shown just PRIOR to the education (after approval) the following statement must be used:**

***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.***

**17. Criteria for awarding contact hours:**

* Criteria for awarding contact hours should be consistent with the criteria documented in the planning process.

**18.** **Presence or absence of relevant financial relationships for all individuals in a position to control content, including mitigation (if applicable):**

* **If you did not identify relevant financial relationships because the activity was non-clinical, no disclosure should be provided.**
* **If relevant financial relationships were identified the disclosure statement must include:** 
  + The names of individuals with relevant financial relationships
  + The names of the ineligible companies with which they have a relationship (Identify ineligible companies by their names only, do not include logos or trade names.)
  + The nature of the financial relationships
  + A statement that all relevant financial relationships have been mitigated. The mitigation steps do not need to be outlined.
  + **Example:** Samantha Turner is on the speakers’ bureau for ABC Pharmaceuticals. The relevant financial relationships have been mitigated. No relevant financial relationships were identified for any other individuals with the ability to control content of the activity.
* If no financial relationships were identified, the disclosure should inform the learners that no relevant financial relationships with ineligible companies were identified.
  + **Example:** Samantha Turner, Jessica Smith, and Eva Grace have no relevant financial relationship(s) with ineligible companies to disclose.
  + **Example:** None of the planners for this activity have relevant financial relationship(s) to disclose with ineligible companies.

**19. Commercial Support from ineligible organization/companies (if applicable):**

* If the educational activity received commercial support, there must be a disclosure to learners of the names of the ineligible companies that gave the support and the nature of the support.
* No logos, trade names, or product group messages for the organization can be provided in the disclosure.

**20. Expiration date for enduring activities or materials (if applicable):**

* If the activity is enduring, the expiration date must be provided to learners.

**21. Joint providership (if applicable):**

* **If the activity is jointly provided, there should be a statement that demonstrates that two or more groups were involved in the planning and development of the activity.**
* There is not a prescribed statement that must be used for disclosing joint providership.
* **Remember:** Joint providership occurs when two or more groups collaborate to develop an educational activity. The individual activity applicant is responsible for ensuring adherence to ANCC educational design criteria. The individual activity applicant name should be clear, and the **activity approval statement as issued by the accredited approver must be on** the certificate and disclosure, and it should be clear that the approved activity organization is providing the contact hours. If both or more than one organization has activity approval, one organization needs to take responsibility for being the provider of contact hours.

**Post activity not a requirement for IAA:**

**Summative evaluation:**

**The summative evaluation contains two components:**

* + A summary of data highlighting whether the activity was effective in closing or narrowing the gap and achieving the educational activity outcome.
* An analysis of what was learned from the evaluation data and what can be applied to future activities.

**TIPS:**

* The summative evaluation does not simply include the data collected from the evaluations.
* There should be a clear analysis of the data from the NP and planning committee documented. u
* There is no prescribed method for providing the summative evaluation information.
* Common delivery methods include a narrative format, SBAR format, SOAP note, or table with analysis information.

**Accredited Approver Use only**

**NARS Reporting Information for to be submitted to the:**

*This section is included to assist with NARS data entry. Below is the list of terms and all information necessary to “open” and “close” an activity in the system. Please consult the* [*NARS FAQs*](http://www.nursecredentialing.org/Accreditation/Primary/NARS-FAQS) *page,* [*NARS user manual*](http://www.nursecredentialing.org/Documents/Accreditation/NARS-Materials/NARS-User-Manual.pdf)*, and* [*Annual Reporting Page*](http://www.nursecredentialing.org/Accreditation/Primary/Maintain-Accreditation) *for more information.*

**NARS Reporting Conversion Terms**

NARS Activity Type:

Course- A course is a live educational activity where the learner participates in person.

Regularly Scheduled Series- A regularly scheduled series (RSS) as a course that is planned as a series with multiple, ongoing sessions.

Internet Live Course- An Internet live activity is an online course available via the Internet at a certain time on a certain date and is only available in real-time.

Journal Based CNE- A journal-based CNE activity includes the reading of an article (or adapted formats for special needs).

Other- (Manuscript Review, Test writing item, Committee Learning, Performance Improvement, Internet searching and learning)

**Total number of nurses (Registered Nurses)** Click here to enter text.

*Please only include the total number of registered nurses.*