

**Accredited Approver Unit**

psna.org/approver-unit

apply@psna.org

717-657-1222

**Individual CNE Summary Form**

This form is required to be completed and submitted to the PSNA within sixty days following the educational activity.

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| --- | --- |
| PSNA Approval Number:  |  Click or tap here to enter text. |
| Title of Activity:  |  Click or tap here to enter text. |
| City and State where activity was held:  |  Click or tap here to enter text. |
| Number of contact hours offered upon activity completion:  |  Click or tap here to enter text. |
| Was the activity jointly provided?  | ​​[ ] ​ Yes    ​[ ]  No  |
| Did the activity received commercial support?  | ​​[ ]  Yes    ​[ ]  No If yes, amount of commercial support received:  Click or tap here to enter text. |
| Total number of participants who completed the activity:  | Nurses: Click or tap here to enter text.Physicians: Click or tap here to enter text.Pharmacists: Click or tap here to enter text.Other Learners: Click or tap here to enter text. |

**Summary of Learning Outcomes-Required**

1. Provide a succinct narrative of the summative evaluation data.

 Click or tap here to enter text.

2. Based on the summative evaluation data, did the program make an impact on nursing professional practice?
Briefly explain.

 Click or tap here to enter text.

3. How will the summative evaluation data guide future educational activities? Briefly explain.

 Click or tap here to enter text.

**Provider Questionnaire-Optional**

1. Was PSNA timely in contacting you with feedback and action needed? ​[ ] ​ Yes  ​[ ] ​ No  [ ]  N/A

2. If PSNA contacted you, were they helpful, knowledgeable, and did they provide adequate explanation of the required edits? [ ] ​ Yes  ​[ ] ​ No  Explain:  Click or tap here to enter text.

3. Did PSNA reference the Continuing Nursing Education Polices and Application Manual for Individual Educational Activities when providing feedback? [ ] ​ Yes  ​[ ] ​ No

4. If you contacted the PSNA office, how helpful was the response to your inquiry?

​​[ ] ​ Very helpful    ​[ ]  Helpful    ​[ ] ​ Somewhat helpful    ​[ ]  Not very helpful    ​[ ] ​ N/A

5. Do you have any comments, questions, or concerns?

 Click or tap here to enter text.

 ***Reviewed 02/2023***