WASHINGTON STATE NURSES ASSOCIATION
APPROVER OF CONTINUING NURSING EDUCATION (WSNA - A-CNE)

GUIDELINES FOR AMERICAN NURSES CREDENTIALING CENTER
2015 CRITERION

FOR

ACTIVITIES BY A PROVIDER UNIT

and

PROVIDER UNIT INITIAL OR RENEWAL APPLICATIONS
Introduction

This document is designed to provide guidance on the process, requirements, expectations and guidelines if you are applying to have a continuing nursing education program approved under the American Nurses Credentialing Center Commission on Accreditation requirements (ANCC-COA). Washington State Nurses Association is an approver of ANCC-COA standards and criteria for activity applicants (AA) and provider units applicants (PU). ANCC-COA has recent revamped the accreditation criteria for 2015. There has been significant changes so it is critical that you read this document.

The guidelines document is designed to be a living document you have the ability to check off the requirements as you go. It is very important to read the guidelines and complete the applications with your guidelines side by side. The document is in PDF and has bookmarking to assist in your use. To use the bookmark feature is on the left hand side of the document, it looks like a ribbon click and you will find each section listed. When you click the title that section will be present on your screen. All forms are also PDF fillable documents as well to assist in completion.
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CHAPTER 1
GENERAL INFORMATION

This document outlines the eligibility, requirements, application review process, approval decisions, appeals, terminations, annual reporting and responsibilities of the provider unit (PU). Criteria of the American Nurses Credentialing Center’s (ANCC) Commission on Accreditation (COA) form the basis of these guidelines and associated forms. The Washington State Nurses Association Continuing Nursing Education (WSNA A-CNE) is authorized through ANCC accreditation to be an Approver of Provider Units (PU) and Provider-directed, provider-paced (Faculty Directed), Provider-directed, learner-paced (Independent Study) activities (AA) and Learner-directed, learner-paced. Our goal is to help you be successful in completing the provider unit application and providing quality continuing education in nursing professional development.

An applicant must meet the eligibility requirements and develop internal ongoing processes/policies for its operations, planning, development and offering of CNE. After PU approval is granted, the applicant is responsible for maintaining these internal peer review processes to assure continuous adherence to the ANCC and the WSNA A-CNE criteria during its three-year approval period.

Definition

Continuing nursing education (CNE) is defined as "learning activities intended to build upon the educational and experiential bases of the ...[nurse] for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public and [nurses'] pursuit of their professional career goals."

In order to have a successful application and experience it is critical you read the guidelines and have them available while completing the application. We have added check boxes throughout the guidelines so you can go step by step through the process. Use the document as a workbook to enhance your experience. Good luck we look forward to working with you!

Provider Unit (PU) is administratively and operationally responsible for coordinating the entire process of planning, implementing and evaluating CNE activities. A provider unit is defined structurally and operationally as the members of the organization which supports the delivery of CNE activities.

PU are responsible for developing individual educational activities and awarding contact hours to nurses for use in fulfilling their own goals for professional development, licensure and certification. Each educational activity is led by a Primary Nurse Planner in collaboration with at least one other planner. Contact hours may not be awarded for CNE activities developed without the direct involvement of Primary Nurse Planner. PUs may co-provide activities, but may not approve activities. A PU has the ability to manage and provide courses up to 3 years under their approved provider unit status.

Activity Applicants (AA) are organizations who are designing and seeking ANCC approved continuing nursing education credits. These applicants provide as little as a couple up to a dozen
course offering a year. These classes are good for 2 years. An AA can apply to become an Approved provider unit based on the criteria provided on page 25-27. (read the criteria carefully) There are a couple of types of activities that can be approved by WSNA-A-CNE.

**Types of activities:**

There are three primary types of educational activities that may be delivered live or via an enduring format.

- Provider-directed, provider-paced (Faculty directed): The provider controls all aspects of the learning activity. The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. (Examples include live activities and live webinars) Literature review should be within the last 7 years.

- Provider-directed, learner-paced (independent study): The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. The learner determines the pace at which he/she engages in the learning activity. (Examples include print articles, online courses, e-books, and self-learning modules/independent studies.)

- Learner-directed, learner-paced: With guidance from a Nurse Planner, an individual learner takes the initiative in identifying his or her learning needs, formulating learning outcomes, identifying resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. The learner also determines the pace at which he or she engages in the learning activity.
PHILOSOPHY OF NURSING PROFESSIONAL DEVELOPMENT

New Mission Statement
A-CNE Supports the mission of WSNA by advancing excellence in nursing practice through a formal approval process that ensures providers of continuing nursing education offer activities that meet professional standards. This approval process follows the American Nurses Credentialing Center’s Commission on Accreditation criteria.

New Vision Statement
WSNA A-CNE is the leading resource, authority and advocate for the nursing profession through the approval of CNE activities and providers.

The Washington State Nurses Association (WSNA) supports and promotes the American Nurses Association (ANA) belief that “nursing professional development is a lifelong process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhance their professional practice and support achievement of their career goals”. (NNSDO and ANA Scope & Standards of Practice for Nursing Professional Development, 2016) WSNA also believes that nurses have individual responsibility to maintain their skills and knowledge.

Content for continuing nursing education consists of concepts, principles, research or theories related to nursing practice that builds on previously acquired knowledge, skills, and attitudes. The structure and content of this lifelong learning process is flexible, has immediate or future application, promotes professional development, and advances the career goals of both registered nurses and advanced practice nurses.

As the professional association for registered nurses, WSNA strives to promote and deliver comprehensive continuing nursing education (CNE) related to nursing practice, professional development, and the advancement of the profession and related professional issues. WSNA is particularly committed to exploring innovative ways of providing CNE that offers advanced content or is progressive and global in perspective. The WSNA Approver-Continuing Nurse Education (A-CNE) is responsible for reviewing nursing applications for CNE approval. This includes providers, Provider-directed, provider paced (faculty-directed), Provider-directed, learner-paced (independent study) and Learner-directed, learner-paced activities, ensuring the applicants meet the standards of practice for nursing professional development. Approved CNE includes assessment, diagnosis and analysis to determine target audience and learner needs, identification of educational outcomes, planning, implementation, and evaluation. Standards and corresponding outcome criteria focus on competencies appropriate for professional development educators practicing in all settings.
Chapter 2 - Educational Design Process
(Copied and adapted from ANCC's 2015 Accreditation Manual with permission from Kathy Chappell)

This chapter outlines the process of developing and/or evaluating individual educational activities according to ANCC Accreditation Program criteria, which ensure that individual education activities are effectively planned, implemented, and evaluated according to educational standards and adult learning principles.

The educational design expectations described in this chapter and applicable at the individual activity level are fundamental to high-quality continuing nursing education (CNE). Accordingly, organizations accredited as Approver Units must ensure that these expectations are met and that the ANCC criteria for accreditation are applied in such a manner as to ensure the Approved Provider and/or Individual Activity Applicant offers individual educational activities that meet these criteria.

CNE is designed to improve the professional practice of nursing and to positively impact patient, system, and/or population outcomes. CNE is defined as "learning activities 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 the end of improving the health of the public and RNs' pursuit of their professional career goals." Interprofessional continuing education (IPCE) is defined as "when members of two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes" (www.jointaccreditation.org).

Within an accreditation framework, the following principles of high-quality educational design are employed:

- Addresses a professional practice gap (change in standard of care, problem in practice, or opportunity for improvement)
- Incorporates the active involvement of a Nurse Planner in the planning process
- Analyzes educational need(s) (knowledge, skills, and/or practices) of registered nurses and/or healthcare team members that underlie the problem or opportunity (why the problem or opportunity exists)
- Identifies the learning outcome(s) to be achieved by learners participating in the activity
- Uses strategies that engage the learner in the educational activity and are congruent with the educational needs and desired learning outcome(s)
- Chooses content based on evidence-based practice or best-available evidence
- Evaluates achievement of learning outcome(s)
- Plans independently from the influence of commercial interest organizations

Educational Design Process

Professional Practice Gap:
The process of planning begins with identifying when CNE, or IPCE, might be a desired intervention to address a change that has been made to a standard of care, a problem that exists in practice, or an opportunity for improvement. Once an educational intervention is determined to be appropriate, a Nurse Planner is engaged to begin the planning process.
The Nurse Planner starts by analyzing data that validate the need for the educational activity. This analysis forms the basis of a professional practice gap, or the difference between the current state of practice and the desired state of practice. It is important to note that a professional practice gap may exist for registered nurses or healthcare teams regardless of the practice setting. Professional practice gaps are not limited to clinical practice and may also exist in areas of professional work such as administration, education, and research.

**Planning Committee:**
Once the professional practice gap is identified, the Nurse Planner can begin to select individuals to assist with planning the educational activity by forming a Planning Committee, or the Nurse Planner may participate as a member of an interprofessional planning team. The Planning Committee must include at least two people: the Nurse Planner and a content expert. The Nurse Planner may function as both the Nurse Planner and the content expert; however, two people must be involved with planning each educational activity. Other individuals may be selected, as appropriate, to help plan the activity. The Nurse Planner ensures that the educational activity is developed in compliance with ANCC accreditation criteria. Planning continues with further analysis of the professional practice gap. The Nurse Planner and Planning Committee evaluate the root cause(s) of the gap, or why the gap exists. If the gap is related to a lack of knowledge, skills, and/or practices of registered nurses, an educational intervention is appropriate. The gap may exist for other reasons, however, and alternate, non-educational strategies may need to be considered.

**Underlying Educational Needs:**
When the professional practice gap has been identified, the Nurse Planner and Planning Committee conduct a needs assessment to determine the underlying educational needs of registered nurses, or members of the healthcare team, that contribute to the gap. The Nurse Planner and Planning Committee evaluate what registered nurses or members of the healthcare team do not know (knowledge deficit), do not know how to do (skill deficit), or are not able to do in practice (practice deficit). A backward-planning process, as described by Moore, Green, and Gallis (2009), is a useful method for determining the educational needs and targeting the educational activity appropriately to address the gap.

**Target Audience:**
Once the educational need has been identified, the Nurse Planner and Planning Committee can determine the target audience for the educational activity. The target audience is defined as the specific registered nurse learners or healthcare team members the educational activity is intended to impact.

**Learning Outcome(s):**
The Nurse Planner and Planning Committee then develop the desired learning outcome for participants in the target audience. A learning outcome is written as a statement that reflects what the learner will be able to do as a result of participating in the educational activity. The learning outcome must be observable and measurable. The learning outcome addresses the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap, and achieving the learning outcome results in narrowing or closing the gap. A learning outcome may be assessed short term or long term. There may be more than one learning outcome for an educational activity.
Content for Educational Activity:
Content for the educational activity may be chosen by the Nurse Planner and Planning Committee, or it may be selected by others participating in the educational activity such as individual speakers or authors. It is the responsibility of the Nurse Planner and Planning Committee to ensure that content is based on the most current evidence, which may include, but is not limited to, evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content experts/expert opinion. Literature review should be within the last 7 years. If there is concern that content selected is not based on best-available evidence or may be biased within the educational activity, the Nurse Planner and Planning Committee may choose to engage a content reviewer. The purpose of a content reviewer is to provide independent and expert evaluation of content to ensure best-available evidence is presented, content is balanced, and the content is not promotional or biased.

Content that has previously been developed may also be identified as appropriate to include within the educational activity. If previously developed content is incorporated, the Nurse Planner is responsible for ensuring that content meets criteria for best-available evidence and is appropriate in relation to the identified practice gap, and that permission to use the content has been obtained as applicable.

Active Learner Engagement:
As part of the design process, the Nurse Planner and Planning Committee develop ways to actively engage learners in the educational activity. Strategies to engage learners may include, but are not limited to, integrating opportunities for dialogue or question/answer, including time for self-check or reflection; analyzing case studies; and providing opportunities for problem-based learning. Active learner engagement may function as an opportunity for formative assessment during the educational activity by providing the presenter with immediate learner feedback.

Criteria for Awarding Contact Hours:
During the planning process, the Nurse Planner and Planning Committee determine the criteria that learners must meet to earn contact hours. Criteria should be based on the desired learning outcome(s). Criteria may include, but are not limited to, awarding credit commensurate with participation in the activity, requiring attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity), successfully completing a post-test (e.g., attendee must score X% or higher), completing an evaluation form, or successfully completing a return demonstration.

Evaluation:
The Nurse Planner and Planning Committee determine the method that will be used to evaluate the educational activity. The evaluation components and method of evaluation should be relative to the desired learning outcome(s) of the educational activity. Evaluation may be formative and integrated within the educational activity. Evaluation is also summative at the conclusion of the educational activity. Evaluation methods include assessment of change in knowledge, skills, and/or practices of the target audience. Change in knowledge, skills, and/or practices may or may not occur based on a variety of factors; however, evaluation should assess for such change. Evaluation may also include collecting data that reflect barriers to learner change.
Evaluations may include, but are not limited to, both short- and long-term methods, as illustrated in Table 4.

**TABLE 4. Evaluation Options**

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<td>Self-reported change in practice</td>
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<td>Active participation in learning activity</td>
<td>Change in quality outcome measure</td>
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<td>Post-test</td>
<td>Return on investment (ROI)</td>
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<td>Return demonstration</td>
<td>Observation of performance</td>
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<td>Case study analysis</td>
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<tr>
<td>Role play</td>
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- Following the conclusion of the educational activity, the Nurse Planner and/or Planning Committee review the summative evaluation data to assess the impact of the educational activity and determine how results may be used to guide future educational activities, as applicable.

**Independence from Commercial Interest Organizations**

The educational planning process outlined in this chapter is designed to provide independent continuing education firmly rooted in the identification of professional practice gaps and learning needs of registered nurses and/or members of the healthcare team. In order to fully ensure independence of these CNE/IPCE activities and meet accreditation criteria, actions that ensure there is no commercial influence in the planning and execution of these activities is an important component of the overall process. The next section focuses on conflict of interest, commercial support, and content integrity in the presence of commercial support.

**Ensuring Independence and Content Integrity**

The following is an abbreviated outline of the requirements for ensuring independence and content integrity when planning educational activities. Commercial interest organizations providing Commercial Support for continuing educational activities may not influence or participate in the planning, implementation, or evaluation of an educational activity. All of the following requirements to ensure content integrity must be satisfied by the provider when Commercial Support is accepted:

**Conflict of Interest**

A conflict of interest exists when an individual is in a position to control or influence the content of an educational activity and has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for identifying and resolving conflicts of interest during the planning and implementation phases of an educational activity. The Nurse Planner may engage the individual with the identified conflict of interest to participate in the resolution process through actions such as having the individual sign a speaker agreement outlining expected practice or submitting/revising presentation materials, but the Nurse Planner must be actively engaged in the resolution process and is ultimately accountable for compliance. The Nurse Planner is also responsible for informing learners of the presence or absence of conflicts of interest for all individuals in a position to control content of the educational activity.
If the Nurse Planner has a conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

It is critical that all individuals in a position to control content of an educational activity are provided with the definition of a commercial interest organization prior to disclosing relevant relationships.

✔ Identification and Evaluation:

The Nurse Planner is responsible for ensuring that all individuals who have the ability to control or influence the content of an educational activity disclose all relevant relationships with any commercial interest, including, but not limited to, members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relationships with commercial interest organizations are considered relevant if they exist within the past 12 months. Relationships of the individual's spouse/partner may be considered relevant and must be reported, evaluated, and resolved.

- Employees of commercial interest organizations are not permitted to serve as planners, speakers, presenters, authors, and/or content reviewers if the content of the educational activity is related to the products or services of the commercial interest organization.
- Employees of commercial interest organizations are permitted to serve as planners, speakers, presenters, authors, and/or content reviewers if the content of the educational activity is NOT related to the products of the commercial interest organization.
- Individuals who have nonemployee relationships with commercial interest organizations are permitted to serve as planners, speakers, presenters, authors, and/or content reviewers as long as the Provider has implemented a mechanism to identify, resolve, and disclose the relationship as outlined in these standards.

✔ Resolution:

When an individual has a relevant relationship with a commercial interest organization, the Nurse Planner must implement a process to resolve the conflict of interest. Actions taken to resolve conflicts of interest must demonstrate resolution of the identified conflicts of interest prior to presenting/providing the educational activity to learners. Such actions must be documented in the activity file, and documentation must demonstrate (1) the identified conflict and (2) how the conflict was resolved.

Resolution processes may include, but are not limited to:

- Removing the individual with a conflict of interest from participating in all parts of the educational activity;
- Revising the role of the individual with a conflict of interest so that the relationship is no longer relevant to the educational activity;
- Not awarding continuing education contact hours for a portion or all of the educational activity;
- Undertaking review of the educational activity by the Nurse Planner and/or member of the Planning Committee to evaluate for potential bias, balance in presentation,
evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation;

- Undertaking review of the educational activity by the Nurse Planner and/or member of the Planning Committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity;

- Undertaking review of the educational activity by a Content Reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation; and

- Undertaking review of the educational activity by a Content Reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

### Commercial Support:

Commercial Interest Organizations may provide monetary funding or other support (Commercial Support) for continuing nursing educational activities in accordance with the following fundamental principles:

1. Commercial Support must not influence the planning, development, content, implementation, or evaluation of an educational activity; AND

2. Receipt of Commercial Support must be disclosed to learners.

Commercial Support may be used to pay for all or part of an educational activity and for expenses directly related to the educational activity, including, but not limited to, travel, honoraria, food, support for learner attendance, and location expenses. Commercial Support may be used to support more than one educational activity at the same time or multiple activities over a period of time.

Commercial Support is:

- **Financial Support** - money supplied by a Commercial Interest Organization to be used by a Provider for expenses related to the educational activity. Financial support may be provided as an unrestricted grant, educational grant, donation, or scholarship.

- **"In-Kind" Support** - materials, space, or other nonmonetary resources or services used by a Provider to conduct an educational activity, which may include, but are not limited to, human resources, marketing services, physical space, equipment such as audiovisual materials, and teaching tools (for example, anatomic models).

### Ensuring Content Integrity of an Educational Activity in the Presence of Commercial Support:

Commercial Interest Organizations providing commercial support for continuing educational activities may not influence or participate in the planning, implementation, or evaluation of an educational activity. All of the following requirements to ensure content integrity must be satisfied by the Provider when commercial support is accepted.
The commercial interest organization and ... [approved] provider must have a written agreement setting forth the terms of the relationship and the support that will be provided.

All payments for expenses related to the educational activity must be made by the Provider. The Provider must keep a record of all payments made using Commercial Support funding. Commercial Support funds may only be used to support expenses directly related to the educational activity.

The Provider is responsible for maintaining an accounting of expenses related to Commercial Support.
A Commercial Interest Organization may not jointly provide educational activities.

Educational Activity Characteristics

**Types of activities:**
There are three primary types of educational activities that may be delivered live or via an enduring format. (The following definitions are adapted to WSNA's types of activities.)

- **Provider-directed, provider-paced:** (Faculty Directed) The provider controls all aspects of the learning activity. The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. (Examples include live activities and live webinars.) Literature review should be within the last 7 years.

- **Provider-directed, learner-paced:** (Independent Study) The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. The learner determines the pace at which he/she engages in the learning activity. (Examples include print articles, online courses, e-books, and self-learning modules/independent studies.)

- **Learner-directed, learner-paced:** With guidance from a Nurse Planner, an individual learner takes the initiative in identifying his or her learning needs, formulating learning outcomes, identifying resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. The learner also determines the pace at which he or she engages in the learning activity.

**Considerations for Live and Enduring Formats:**
Live educational activities, whether in person or web-based, are Provider-directed, provider-paced/learner-paced activities. **There is no expiration date for a live activity; however, the Provider is expected to evaluate repeated activities as needed** to determine that the practice gap still exists, that the underlying educational needs are still relevant for the target audience, and that content is still based on current evidence. Live activities, or portions of live activities, may be repurposed for enduring materials. **If repurposed, an expiration date is assigned to the enduring activity.**
Enduring activities are are provider-directed, learner-paced activities (Independent Study) activities. Enduring materials have an expiration date, after which no contact hours may be awarded. The period of expiration of enduring material should be based on the content of the material. Providers must review...
content of enduring materials at least once every 3 years, or more frequently if indicated by new developments in the field specific to the enduring material. Review of enduring material content should be conducted for
- Accuracy of content,
- Current application to practice, and
- Evidence-based practice.

Upon completion of the enduring material review, a new expiration date should be established.

☐ **Joint Providership:**
Approved Providers may jointly provide educational activities with other organizations. The jointly providing organization **cannot** be a commercial interest. The Approved Provider is referred to as the Provider of the educational activity; the other(s) is referred to as the Joint Provider(s). In the event that two or more organizations are approved, one will assume responsibility for adherence to the ANCC criteria and is the Provider; the other(s) is referred to as the Joint Provider(s). Materials associated with the educational activity, such as marketing materials, advertising, agendas, and certificates of completion, must clearly indicate the approved organization (Provider) awarding contact hours and responsible for adherence to ANCC criteria.

☐ **Awarding Contact Hours:**
Contact hours are determined in a logical and defensible manner. Contact hours are awarded to participants for those portions of the educational activity devoted to the learning experience and time spent evaluating the activity. One contact hour = 60 minutes. If rounding is desired in the calculation of contact hours, the Provider must round down to the nearest 1/10th or 1/100th (e.g., 2.758 should be 2.75 or 2.7, not 2.8). Educational activities may also be conducted asynchronously and contact hours awarded at the conclusion of the activities.

Time frames must match and support the contact hour calculation for live activities. Evidence may include, but is not limited to, agenda for the activity, outline of content to be delivered in the activity, and/or other marketing materials. Time for breaks and meals should be clearly delineated and not included in total contact hours awarded. For enduring materials such as print, electronic, web-based, etc., the method for calculating the contact hours must be identified. The method may include, but is not limited to, a pilot study, historical data, or complexity of content.

Contact hours may not be awarded retroactively except in the case of a pilot study. Participants in a pilot study assist in determining the length of time required for completing an educational activity in order to calculate the number of contact hours to award. Those participants may be awarded contact hours once the number is determined.

☐ **Approved Provider Statement:**
Approved Providers are required to provide the official Approved Providers statement to learners prior to the start of each educational activity and on each certificate of completion. The official Approved Provider statement must be displayed clearly to the learner and
worded according to the most current Accreditation Manual. When referring to contact hours, the term "accredited contact hours" should never be used--contact hours are awarded. The official ANCC approval statement must be written as follows, based on the Provider of the educational activity: {The statement below has been adapted to fit WSNA-A-CNE requirements in addition to ANCC's requirements.)

(Name of Organization/Name of Approved Provider Unit PA#) is an approved provider of continuing nursing education by the Washington State Nurses Association Approver of Continuing Nursing Education, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Certificate or Documentation of Completion:
☐ A certificate or documentation of completion is awarded to a participant who successfully completes the requirements for the individual education activity.

The certificate or document must include:
- Title and date of the educational activity;
- Name and address of the provider of the educational activity (web address acceptable);
- Number of contact hours awarded;
- Approved provider statement; and
- Participant name.

Required Information Provided to the Learner:
Learners must receive required information prior to the start of an educational activity.

A. In live activities, required information must be provided to the learner prior to initiation of the educational content.
B. In enduring materials (print, electronic, or web-based activities), required information must be visible to the learner prior to the start of the educational content. Required information may not occur or be located at the end of an educational activity.

Required information for learners includes:
☐ Approval statement of provider responsible for educational activity

☐ Notice of requirements to receive contact hours: Learners are informed of the criteria that will be used to award contact hours, which may include, but are not limited to:
  ➢ Actual time spent in the educational activity
  ➢ Required attendance time at activity (e.g., 100% of activity, or miss no more than 10 minutes of activity)
  ➢ Successful completion of post-test (e.g., attendee must score X% or higher)
  ➢ Completed evaluation form
  ➢ Return demonstration

☐ Presence or absence of conflicts of interest for all individuals in a position to control content of the educational activity.
For individuals in a position to control content who **have** a relevant relationship with a commercial interest organization (conflict of interest is present), the following required information must be provided to learners:

- Name of individual
- Name of commercial interest
- Nature of the relationship the individual has with the commercial interest

For individuals in a position to control content who **do not have** a relevant relationship with a commercial interest organization, the activity Provider must inform learners that no conflict of interest exists.

Additional required information, if applicable, includes:

- Commercial support: Learners must be informed if a commercial interest organization has provided financial or in-kind support for the educational activity.
- Expiration of enduring materials [independent studies]: Educational activities provided through an enduring format (e.g., print, electronic, web-based) are required to include an expiration date documenting how long contact hours will be awarded.
- Joint Providership: Learners must be informed of the Provider of the educational activity and all other organizations that participated in jointly planning the activity.
Chapter 3- Educational Activities for Approved Provider Units

This chapter has been developed to guide you in completing the Documentation Form for your provider-directed, provider paced (faculty directed), provider-directed, learner-paced (independent study), and learner-directed, learner paced. Remember to read chapter 2 first so you understand the educational design process.

**Provider-directed, provider-paced: (Faculty Directed)** The provider controls all aspects of the learning activity. The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. Contact hour credit awarded is based on the time allocated for the activity. Examples of CE activities include but are not limited to conventions, courses, seminars, workshops, lecture series, and distance learning activities such as teleconferences and audio conferences. Knowledge and use of adult learning principles should be reflected in all aspects of the educational design, i.e. learning outcomes, content, learner engagement strategies, etc. Literature should be within the last 7 years.

**Provider-directed, learner-paced: (Independent Study)** The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. The learner determines the pace at which he/she engages in the learning activity. (Examples include print articles, online courses, e-books, and self-learning modules/independent studies.) Knowledge and use of adult learning principles should be reflected in all aspects of the educational design. Periodic review of evaluation feedback from learners is an important aspect of ongoing monitoring of effectiveness of the activity.

**Learner-directed, learner-paced**: With guidance from a Nurse Planner, an individual learner takes the initiative in identifying his or her learning needs, formulating learning outcomes, identifying resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. The learner also determines the pace at which he or she engages in the learning activity.

**Provider Directed paced (faculty directed) to Provider Directed learner paced (independent study) activity**: The activity documentation form is also used when the live presentation is presented (faculty directed) and then turned into an independent study. (Only one form is needed, but all questions need to be answered to address both methods of presentation.) Activities are analyzed by the Nurse Planner in relation to the summative evaluation data from both the learner and the Nurse Planner regarding continuation of the activity or if revisions are needed.
**AA/AP Planning form**: The following is a description of these items.

- **List the title of the activity.** This title needs to appear the same throughout the documentation form and all attachments such as the certificate, advertising, etc.

- **List the number of contact hours you wish to provide for your activity.**

- **Select the type of activity and insert dates as appropriate.** Options include Provider-directed, provider-paced (Faculty Directed); Provider-directed, learner-paced (Independent Study), Learner-directed, learner paced with nurse planner oversight or blended activity, and an activity that is done live first and then turned into an independent study. 

- **The date of the event is the date that you will provide the Provider-directed, provider-paced presentation in the future or start and ending date of the Provider-directed, learner-paced (independent study). If you are uncertain about the date, you can state "To be scheduled."**

**Note:** Contact hours may never be given retroactively. The documentation form must be completed before the start of the event.

In the blended learning activity there are also questions to answer regarding whether the learner always has to do all parts of the activity or if they can do one part or another.

- **List the name and contact information for the Nurse Planner in the provider unit.**

**Planning Committee and Faculty/Presenter/ Author**

A. For the documentation form, list the name and credentials of each person on the planning committee and the faculty in the chart. Include their completed BIO/COI forms with the documentation form. DO NOT include resumes or CVs.

There must be a planning committee for the activity. The **planning committee** must, at the minimum, consist of two people. Areas that must be represented on the planning committee include:

1. **One provider unit Nurse Planner responsible for the activity (currently licensed RN who has at least a baccalaureate or higher degree in nursing, and who is responsible for adherence to CE criteria, rules and requirements); and**

2. **One person who has relevant content expertise.**

As long as there are at least two people on the planning committee, one person can fill one or more of the required roles listed in items 1 and 2 above.

1. **LPN if LPNs are expected in the target audience**

2. **If the activity is designed specifically for an APRN with prescriptive authority, then an APRN must be included on the planning committee.**

3. **In some instances, the planning committee may ask an expert in the content to review the speaker(s) slides, references and handouts to insure that there is no bias, that there is content integrity, and that the information is the best available evidence at the time of the presentation. This content reviewer will need to provide a COI form and to be evaluated for conflict of interest prior to engaging in the review of the**
content. The content reviewer is NOT a member of the planning committee.

4. For independent studies: Feedback Personnel: Identify the person(s) providing feedback to the learner.

Note: The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should excuse himself or herself from the role as Nurse Planner for the educational activity.

B. Faculty/presenters/authors.
While there is no documentation requirement regarding Faculty/Presenters/Authors' expertise and qualifications, they should be able to address the content area they are presenting. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. All presenters do not have to be nurses, but nurses should address nursing care and nursing implications. It is the Nurse Planner's responsibility to ensure that they are qualified. Include current COl forms for each person.

Bio/conflict of interest forms must be updated with each newly planned activity.

Directions: In addition to listing names, credentials and roles of planning committee members and faculty/author/content reviewer/feedback personnel in the activity in the chart, identify if the person has a financial relationship with a commercial entity (list name of entity) and the nature of the relationship (own stock, on speakers bureau, received a research grant, is an employee, etc.). If s/he does not have a financial relationship, state None.

1. Assessment of Learner Needs and Target Audience, The Gap Analysis

The professional practice gap (e.g. change in practice, problem in practice, or opportunity for improvement).

1. Describe the learner's current state. Describe what the problem is.

2. Describe the learner's desired state. Describe what/how the nurse should know, know how to do or practice differently.

This criterion addresses WHAT. What is the issue that has created the stimulus for the request for the educational activity? There might be a problem in practice- the nurse is not doing something that s/he should be doing, or perhaps is doing something that should not be done. There might be a new opportunity for professional development- a national organization has issued new guidelines and nurses are not familiar with them.

One strategy to identify the professional practice gap is to ask "what is the current state"- where is the learner now- and "what is the desired state"- where should the
learner be in relation to the issue at hand. While differentiating the current and desired states is not required in order to identify a professional practice gap, many Nurse Planners find it helpful. A gap analysis worksheet is one resource that might be used to critically analyze a professional practice gap.

Identification of a professional practice gap is a critical first step in developing an educational activity, though it historically has been overlooked. Nurse Planners often receive a request for an activity and immediately jump into planning logistics - when the class will be held, who will be the speaker, and what content will be covered. This can lead to wasted time, energy, and money on the part of both the activity planners and the learners, because the educational activity is often not targeted specifically to address the problem at hand- therefore, no change or improvement in practice occurs.

**Evidence to validate the professional practice gap.**

1. Check all methods /types of data sources that apply that validate the gap.
2. Provide a brief summary of data gathered that validates the need for this activity.

**Describe why this problem exists.**

This criterion addresses WHY. Why does the gap exist between where the learner is now and where s/he should be in relation to the issue? What factors are contributing to this gap? Are there knowledge deficits? Skills deficits? Difficulty in transferring what the nurse knows and is able to do into the practice setting?

Once the professional practice gap has been identified, the nurse planner, often in conjunction with the planning committee, completes a needs assessment to determine the cause for the disconnect between where the learner is and where s/he should be. This process may involve such things as observing practice behaviors, collecting data from risk managers, reviewing the literature for evidence of best practices, or doing pre-tests. Collecting and analyzing data helps to identify whether the immediate need for the learner is knowledge (gaining new knowledge or perhaps letting go of knowledge that is no longer current), skills (improving the ability to demonstrate competent performance), or application in practice. This critical step helps to assure that the educational intervention is targeted at the appropriate level to address the gap and therefore improve practice.

Failure to complete this step often results in implementation of inappropriate educational activities for two reasons. Picture this scenario: A critical care manager tells the educator that nurses are having difficulty with 12-leads. A class is held to teach 12-lead interpretation to experienced critical care nurses, only to find the nurses frustrated because they already knew this information- the problem they were having was related to communicating need for change in plans of care to other members of the healthcare team based on their findings. The educational need contributing to the practice gap was not technical knowledge, it was about communication. Properly addressing the "why" question helps to target the intervention at the appropriate level.

The other issue is that the needs assessment may show that the issue is not educational at all- it's related to a policy and procedure that needs to be changed, equipment that is not available or not in working order, or staffing issues that preclude carrying out
desired plans. Determining this as part of the needs assessment process again saves educators, learners and organizations time and money.

B. Check the educational need(s) that underlies the professional practice gap—knowledge, skill and/or practice. A gap in knowledge involves not knowing something. A gap in skill consists of having knowledge, but not knowing how to do something. A gap in practice involves having knowledge and the skill, but the inability to put it into actual practice.

C. Identify who the potential target audience is for this activity by checking all that apply.

D. Identify what learning outcome you want the learner to achieve based on the information in items A 1 and 2 above. What will the learner know, show how to do, or plan to implement in practice as a result of participating in the educational activity? (Note: This outcome does not refer to what the provider will do to the learner, but what the learner can do at the end of the activity.) Be sure to write this outcome in measurable terms.

E. Check whether this activity applies to or is related to nursing professional development or a patient outcome or both.

8. Content. Provide an abstract describing the content that will be presented in this activity. A detailed agenda may be provided in place of an abstract. The content needs to be developed based on the gap identified. The content must be reflective of continuing education principles, practice and needs of the target audience.

Pharmacology hours: If presenting content related to pharmacotherapeutics for APRNs, identify this specific content as well as the time allotted for it.

A. Provide an abstract describing the content that will be presented if this is a Provider-directed, provider-paced (faculty directed) activity.

Copyright. If using material developed by others, it is the responsibility of the author(s) and Nurse Planner to ensure s/he has copyright permission to use the material.

9. Contact Hours: The appropriate measure of credit is the 60 minute contact hour.

Pharmacology Hours: If the activity is being planned specifically for APRNs with prescriptive authority and the content specifically addresses pharmacotherapeutics, the Nurse Planner needs to delineate the exact amount of time that is devoted to pharmacotherapeutics. This will allow the number of contact hours related to pharmacotherapeutics to be calculated correctly. The certificate would then include the number of contact hours to be awarded AND the number of Pharm hours. (e.g., 6 contact hours including 2 Pharm contact hours)
Provider-directed, Provider-paced (Faculty Directed) activity:
- Include the amount of time spent on introduction/welcome, content, testing/return demonstration, and evaluation in Section 9 of the documentation form if the activity is two hours or less.
- Include the agenda/schedule including evaluation time if the activity is more than two hours long.

Agenda/schedule and contact hours. Contact hours are awarded to participants for those portions of the educational activity devoted to didactic or clinical experience and to evaluating the activity.

An agenda or schedule is needed if an activity is more than two hours long in order to determine the number of contact hours to be awarded to learners. The time spent on welcome, introductions of people vs. introduction to the topic, pre/posttests, breaks, and evaluation need to be clearly and separately stated. Welcomes, introductions to people and space, breaks and exhibits are not included in the calculation of contact hours. The topic, pre/post-tests, demonstration/return demonstration, and evaluation are included in the calculation of contact hours. Evaluation is considered part of the learning activity and needs to be included in the calculation of contact hours. If the CE activity is two hours or less, a separate schedule does not need to be included.

The appropriate measure of credit is the 60 minute contact hour. A contact hour is 60 minutes of an organized learning activity, which is either a didactic or clinical experience. Contact hours may be calculated to the hundredths (i.e. 1.45, 0.91, etc.). They may not be rounded up! (e.g., 4.59 = 4.5 or 4.59, not 4.6)

A sample schedule might look like this:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Welcome &amp; Introduction</td>
<td>10 min. (not applicable)</td>
</tr>
<tr>
<td>8:10</td>
<td>Pre-test</td>
<td>20 min.</td>
</tr>
<tr>
<td>8:30</td>
<td>Session #1</td>
<td>100 min.</td>
</tr>
<tr>
<td>10:10</td>
<td>Break</td>
<td>15 min. NA</td>
</tr>
<tr>
<td>10:25</td>
<td>Supervised Practice</td>
<td>50 min.</td>
</tr>
<tr>
<td>11:15</td>
<td>Lunch &amp; Exhibits</td>
<td>60 min. NA</td>
</tr>
<tr>
<td>12:15</td>
<td>Panel Discussion</td>
<td>100 min.</td>
</tr>
<tr>
<td>1:55</td>
<td>Break</td>
<td>15 min. NA</td>
</tr>
<tr>
<td>2:10</td>
<td>Session #3-</td>
<td>50 min.</td>
</tr>
<tr>
<td>3:00-3:30</td>
<td>Q&amp;A, Evaluation &amp;</td>
<td>30 min.</td>
</tr>
<tr>
<td></td>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>350 min.</td>
</tr>
</tbody>
</table>

350 min. divided by 60 = 5.83 contact hours including 0.83 Pharm
Provider-directed, learner-paced (Independent Study) Contact Hour Calculation.

Contact hours are determined in a logical and defensible manner, consistent with the objectives, content, teaching/learning strategies, and target audience. The rationale used to determine the number of contact hours to be awarded needs to be described. For example: Was a pilot study done? Was the determination made based on historical data? (For example, has an independent study of the same length and complexity been included in each monthly newsletter and it consistently takes learners "x" amount of time to complete it?) Is complexity of the content and data determined? If yes, how? Was a recognized formula such as the Mergener Formula used for written materials?

Participants in the pilot study may receive contact hours for their participation once the pilot study is completed and the appropriate number of contact hours to be awarded has been determined.

Describe the method for calculating the contact hours and show evidence of how contact hours were calculated.

10. References/Resources. Content should be selected based on the most current available evidence. Documentation should support quality of evidence chosen for content. Examples include but are not limited to evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content expert/expert opinion.

The planning committee may provide the speaker/author with reference(s) about which they want the speaker/author to address in the content. For example, if the organization is seeking accreditation or certification in a particular area, the planning committee may share the standard(s)/criteria related to this process. The speaker(s) may also provide a list of references (bibliography) used in the preparation of the presentation so that the Nurse Planner and/or content reviewer can evaluate if the content is based on best available evidence.

Check all types of references used and list the sources of those references in the documentation form. You can add a separate sheet to list the references if they do not fit into the documentation form. Each citation should include title of article/book/video, author(s), date of publication, etc. If information is found on reputable websites, include the website address, what was reviewed on the website along with the date of the download. References should be within the past 5-7 years unless the reference is a classic that is still relevant or you are addressing a historical topic.

11. Learner Engagement Strategies. Identify the strategies that will be used during the activity that will get the participant actively involved in learning. Check all that apply on the documentation form and can include role play, simulation, questioning&answer sessions, etc.

12. Criteria for Successful Completion: Check the criterion or criteria for successful completion that the learner must meet in order to get a certificate. These
criteria must be consistent with the outcome, content and learner engagement strategies.

13. ☐ Evaluation: Check the method(s) of evaluation for this activity.

It is an expectation that learners provide input into evaluation of each activity. The form of evaluation may vary depending upon the outcome expected, the content and learning engagement strategies. ANCC requires the evaluation be conducted at the level of identified educational need (knowledge, skill or application in practice). The planning committee may also decide to evaluate whether the participant gained knowledge at the conclusion of the activity through testing, a question(s) on the evaluation form, etc. The learner may also need to return demonstrate knowledge or skills such as in Fetal Monitoring or Basic EKG courses.

The planning committee must provide a copy of the evaluation methods.

Short term options of evaluation: Check all options that might be used for short term evaluation. This type of evaluation occurs during or at the very end of the program.

Long term options of evaluation. The Nurse Planner needs to decide if this activity's outcome will be evaluated in the long-term, e.g. 3-6 months after the event. The key is looking to see if there is a change in nursing practice or nursing professional development. Check the option(s) that you intend to use if this is one of the outcomes for which you will conduct long term evaluation.

14. ☐ Commercial Support

A. Check if you did not or will not get commercial support.

B. If you are seeking support, you need to list the name of the commercial entity and provide a copy of the signed written agreement.

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies.

- Commercial Support may be used to pay for all or part of an educational activity and for expenses directly related to the educational activity, including but not limited to travel, honoraria, food, support for learner attendance, and location expenses. Commercial Support may be used to support more than one educational activity at the same time or multiple activities over a period of time.

✓ Commercial Support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of an CNE activity.

✓ A provider of commercial support may not be on an educational planning committee, be a joint provider of the activity, faculty, or the provider of the activity.

✓ Commercial Support must not influence the planning, development, content, implementation, or evaluation of an educational activity.

✓ Receipt of Commercial Support must be disclosed to learners

✓ There must be a signed, written agreement if commercial support is accepted between the commercial entity and the provider unit.
15. **Joint providership:**

A. Check if you are or are not jointly providing this activity.

B. If you are, list who your joint provider is.

C. Check that you will maintain the overall responsibility for the activity.

D. Ensure your name is prominent on the advertising along with the joint providers.

E. Attach the signed joint provider agreement.

When an activity is jointly provided, the Approved Provider Unit is referred to as the provider of the educational activity. The other organization(s) are referred to as the joint provider(s) of the educational activity. The jointly providing organization may not be a commercial interest. The Approved Provider Unit's Nurse Planner must be on the planning committee and is responsible for ensuring adherence to ANCC criteria and the WSNA-A-CNE rules.

When an educational activity is jointly provided, the Nurse Planner is responsible for:

- The signed joint provider agreement
- Ensuring that the Approved Provider Unit's name is prominently displayed in all marketing material
- The name(s) of the organizations acting as the joint provider(s)
- Statement that the Nurse Planner will maintain responsibility for adherence to the criteria and rules
- The certificate is issued in the name of the Approved Provider Unit
- Name and signature of the individual on behalf of the Approved Provider Unit
- Name and signature of the individual on behalf of the joint provider(s)
- Date the agreement was signed

16. **Advertising Material**

Include a copy of the advertising material(s).

Advertising material includes any method of announcing an educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, e-mail, web site or other form of electronic method. The advertising material must be included with the documentation form. The advertising material may be the completed copy of a mock-up or the final material. If a mock-up of the advertising was used, the final copy of the advertising must be included in the file as soon as it is printed.

**Sample of how the status of contact hours can be included on the advertising:**

Participants who successfully complete the entire activity, receive at least 75% on the post-test and complete an evaluation form will earn 1 contact hour. OR This activity will provide 1 contact hour.
is an approved provider of continuing nursing education by the Washington State Nurses Association Approver of Continuing Nursing Education an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

An Approved Provider Unit may not state that an application has been submitted or is pending or use the word "approved." This indicates an approval process which is not permitted in a provider unit.

17. **Disclosures:** Check how disclosures will be made to the learner and include a copy of these written disclosures that are given to the learners.

**Disclosures provided to the Learner:**

Learners must receive disclosure of required items prior to the start of an educational activity. In Provider-directed, Provider-paced(faculty directed)/Learner-paced(independent activity) activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring print materials or web-based activities, disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may not occur or be located at the end of an educational activity. Evidence of the disclosures to the learner must be retained in the activity file.

**Disclosures always required include:**

A. **Notice of requirements for successful completion of the educational activity:**
   Prior to the start of an educational activity, learners must be informed of the criteria used to determine successful completion.

B. **Presence absence of conflict of interest for planners, presenters, faculty, authors, and content reviewers.** Any influencing relationships, or lack thereof, of planners, presenters, faculty, authors, or content reviewers in relation to the educational activity. If anyone has a COI, the following information must be disclosed to the learner:
   - Name of individual
   - Name of commercial interest
   - Nature of the relationship the individual has with the commercial interest.

C. **Notice of approved provider statement.** Prior to the start of the event, the learner must be informed that your provider unit is approved as a provider unit. Use the provider statement as written above.

**Disclosures required, if applicable, include:**

D. **Commercial Support.** Learners must be informed if a commercial interest has provided financial or in-kind support for the educational activity.

E. **Joint Providers.** In addition to the provider unit, all joint providers must be disclosed to the learners.
F. **Expiration date.** Learners must be informed how long the independent study/enduring material is available to be completed. The period of expiration of enduring material should be based on the content of the material but cannot exceed three years. ANCC requires review of the content of each enduring material at least once every three years, or more frequently if indicated by new developments in the field specific to the enduring material. Upon review of enduring material for accuracy and current information, a new expiration date is established.

19. **Documentation of Completion/Certificate**

A copy of the completed certificate or documentation of completion to be given to the learner must be included with the documentation form. It must include the following information:

Name of learner
Name and address of approved provider unit of the educational activity (web address acceptable) Title & date of completion of educational activity
Number of contact hours awarded Official approved provider statement

*(Name of Organization/Name of Approved Provider Unit PA#) is an approved provider of continuing nursing education by the Washington State Nurses Association Approver of Continuing Nursing Education an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*
Chapter 4

ELIGIBILITY VERIFICATION REQUIREMENTS FOR PROVIDER UNITS

Organizations interested in submitting an application for approval as an approved provider unit must complete the **Eligibility Verification Form for Approval as a Provider Unit** (located in the PU forms section of the application website) and meet all eligibility requirements.

- To be eligible to apply for provider unit approval, an organization must meet the ANCC criteria listed.

- The form and must be completed by the Primary Nurse Planner prior to submitting a provider unit initial or renewal application.

- The applicant needs **complete the AA Approved Provider Eligibility Verification** be approved by the WSNA A-CNE Approver Unit Nurse Peer Review Leader (NPRL). Once approved, the applicant may proceed with completing the PU application. Please contact WSNA A-CNE with any questions about this process.
  
  Hstephen-selby@wsna.org  or  Kmacleodi@wsna.org

What is a Provider Unit?
The PU is administratively and operationally responsible for coordinating the entire process of planning, implementing and evaluating CNE activities. A provider unit is defined structurally and operationally as the members of the organization which supports the delivery of CNE activities.

PUs are responsible for developing individual educational activities and awarding contact hours to nurses for use in fulfilling their own goals for professional development, licensure and certification. Each educational activity is led by a Primary Nurse Planner in collaboration with at least one other planner. Contact hours may not be awarded for CNE activities developed without the direct involvement of Primary Nurse Planner. PUs may co-provide activities, but may not approve activities.

- PU may be a single-focused organization devoted to offering CNE activities or a separately identified unit within a larger organization; e.g.: it may be a CNE division, a staff development department, or a nursing education committee.

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**Provider Unit**
Comprises the members of an organization who support the delivery of continuing nursing education activities.

**multi-focused organization (MFO)**
An organization that exists for other purposes in addition to providing CNE.

**primary nurse planner**
A registered nurse who holds a current, unencumbered nursing license and a baccalaureate degree or higher in nursing who is designated as the Primary Nurse Planner. S/he has the authority within an Approved Provider Unit to ensure adherence to the ANCC Accredited Approver and Accreditation Program criteria and the WSNA-A-CNE requirements in the provision of CNE. This person serves as the liaison between the Washington State Nurses Association and the Approved Provider Unit.

**nurse planner**
A registered nurse who holds a current, unencumbered nursing license and a baccalaureate degree or higher in nursing who is designated as the Nurse Planner. The Nurse Planner is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity. The Nurse Planner is responsible for ensuring that appropriate educational design principles are used and processes are consistent with the requirements of the ANCC Primary Accreditation Program and the WSNA-A-CNE.
• PU is within a larger organization; the larger organization is defined as a multi-focused organization (MFO).

Provider Units are responsible for developing individual education activities and awarding contact hours to nurses for use in fulfilling their own goals for professional development, licensure, and certification.

Each educational activity is led by a Nurse Planner in collaboration with at least one other planner. Contact hours may not be awarded for CNE activities developed without the direct involvement of a Nurse Planner. Provider Units may jointly provide activities, but they may not approve activities.

To be eligible to apply for Approved Provider status, an organization must:

Be one of the following:
1. State nurses association (C/SNA) of the ANA
2. College or university
3. Healthcare facility
4. Health-related organization
5. Multidisciplinary educational group
6. Professional nursing education group
7. Specialty Nursing Organization (SNO)

The applicant applying for approval is the Provider Unit. The MFO is not the applicant. Therefore, all criteria that pertain to the applicant are demonstrated by the functions of the Primary Nurse Planner, Nurse Planner(s) (if applicable) and key personnel of the PU who contribute to the overall functioning of the PU in a substantive, measurable way, without regard to pay or employment status.

Upon successful approval as a Provider Unit, you are authorized to according to the criteria and award contact hours for those activities by using your nursing process ANCC/WSNA:

1. Assess  
2. Plan  
3. Implement  
4. evaluate

In order to be eligible, your provider unit must:

1. ☐ Have a clearly defined unit or department administratively and operationally responsible for continuing nursing education.

2. ☐ Have Nurse Planner(s) who meet(s) qualifications of:
   a. Minimum of Baccalaureate in nursing  
   b. Hold a current active RN license  
   c. Knowledge of adult learning, ANCC Accreditation criteria, and WSNA A-CNE requirements.  
   d. In addition to meeting the minimum educational requirement, Nurse Planners must maintain expertise in educational design and adult learning theories, receive orientation to, and maintain responsibility for implementing criteria
and rules in their performance of the Nurse Planner role. The essence of the Nurse Planner requirement is twofold:

- To ensure that a qualified Nurse Planner is involved in the entire process of delivery— from identification of professional practice gap through planning, implementation, evaluation and follow-up— for every continuing nursing education activity offered by the provider unit; and
- To guarantee that ANCC Accreditation Program criteria and WSNA-A-CNE requirements guide the development and implementation of every continuing nursing education activity offered by a provider unit.
- Other nurses may serve on an individual activity planning committee along with a Nurse Planner. These other nurses do not have the same responsibilities, accountabilities or educational requirements as the Nurse Planners and should not be referred to as Nurse Planners. They are responsible for participating in the planning of one particular educational event.

3. Have been **functioning for at least six months**, using accreditation criteria and WSNA A-CNE requirements.

During that time, at least three separate activities must have been planned, approved by WSNA-A-CNE, implemented, and evaluated with direct involvement of a qualified nurse planner. Each activity must be at least 60 minutes in length. Jointly provided activities are not acceptable.

After this requirement has been completed, you may submit an "Intent to Apply/Reapply as a Provider Unit" form, presuming that all other eligibility criteria have been met.

4. **Target audience:**
   a. During the past year, did the applicant organization promote/market/advertise more than half of its learning activities to nurses within the states of Alaska, Washington, Oregon, Idaho, Montana, California, Wyoming, Utah, and/or Hawaii. If your PU is based outside of this Region (noted above), you must target more than 50% of your learning activities to the nurses within the geographic range of your PU. (For region information, refer to [http://www.hhs.gov/about/regions/](http://www.hhs.gov/about/regions/))

   b. During the past year, did the applicant organization promote or market more than half of its learning activities within the state of your region proceed to section 4

   If no, the applicant organization is not eligible for Approved Provider status, but may be eligible for Accredited Provider status. (For more information, refer to [www.nursecredentialing.org/Accreditation](http://www.nursecredentialing.org/Accreditation))

5. Initial applicants must have completed the process of assessment, planning, implementation, and evaluation for at least three separate educational activities provided at separate and distinct events:

   With the direct involvement of a Nurse Planner that adhered to WSNA-A-CNE’s requirements
That were each a minimum of one hour (60 minutes) in length

6. □ Be separate from any commercial entity that produces, markets, "re-sells or distributes a product used on or by patients

7. □ Disclose previous denials, suspensions, and/or revocations received from other ANCC Accredited Approver Units and/or other accrediting/approving organizations.

Your organization is ineligible for approval as a provider unit if it is a commercial interest as defined in the Standards for Commercial Support in the Appendix. A "commercial interest" is any entity producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used, on patients or that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. If you are uncertain about your status, contact the Kathryn MacLeod at 206-575-7979 ext 3011.

*Provider units never have the authority to approve their own or anyone else’s activities.* The words “approved,” “application,” or “applicant” should never be used in connection with any activity your provider unit plans and presents.
First time activity applicant

First-Time Provider Unit Applicants:

☐ Review the eligibility criteria listed on the **AA Approved Provider Eligibility Verification Form** which can be found on [www.wsna.org/education/A-CNE/forms/approved-providers/](http://www.wsna.org/education/A-CNE/forms/approved-providers/).

☐ If you meet the criteria on page 25 and listed on the **AA Approved Provider Eligibility Verification Form** complete the form and submit to WSNA A-CNE **at least three months before you plan to submit the provider unit application**.

☐ WSNA A-CNE will notify you that you are eligible, the completed provider unit application must be submitted **within six** months from the date of the approval notice of the **AA Approved Provider Eligibility Verification Form**

**NOTE**
While the *initial* provider unit application is in process, Provider-directed, provider-paced (faculty directed) or Provider-directed, learner-paced (independent study), Learner-directed, learner-paced applications must be submitted to WSNA A-CNE following the appropriate criteria review process and accompanied by the required application fee. These activity forms can be found on the WSNA A-CNE website at: [www.wsna.org/education/A-CNE/forms/](http://www.wsna.org/education/A-CNE/forms/).

1. **Renewing Approved Provider Units**:

☐ Review the eligibility criteria listed on the **AA Approved Provider Eligibility Verification Form** which can be found on [www.wsna.org/education/A-CNE/forms/approved-providers/](http://www.wsna.org/education/A-CNE/forms/approved-providers/).

☐ This form will be included with a reminder notice sent **nine months prior** to your expiration date.
PROCESS FOR SUBMITTING PROVIDER UNIT (PU) APPLICATIONS

Upon receipt of notification that you are approved to apply/re-apply, complete the form labeled WSNA-A-CNE Approved Provider Application. Be sure to completely fill in all information requested on the form. The Primary Nurse Planner is responsible for the completeness of this application.

Approval decisions are determined on the basis of compliance with the ANCC Accreditation Program criteria and WSNA A-CNE approval Guidelines. It is essential that WSNA A-CNE Nurse Peer Reviewers receive:

- Comprehensive
- well-organized documents
- narrative descriptions for each criterion
- activity files demonstrating compliance
- supplemental evidence as required or requested.

Validation of compliance is based on written documentation. The review process is used to verify, clarify or amplify written documentation.

NOTE:
1. Organizations failing to submit all required components on the **required** application forms will not proceed and the application will be denied or deferred as necessary. If any difficulties accessing the forms, contact Kathryn MacLeod at kmacleod@wsna.org.
2. The Primary Nurse Planner must be the primary contact person during the application review process.

A. Formatting and Publication Guidelines
1. Use a common, easy to read, 12-point font such as Times New Roman, Arial, Garamond or Courier.
2. All scanned documents for activity files must be readable.
3. Define acronyms and abbreviations upon first use in the written document.
4. Documents must be labeled and cross-referenced.
5. The narrative component **may not exceed 50 pages**. Supporting documentation and activity files are not included in the 50-page limit.
6. Follow any additional instructions at the top of the application form.

B. Guidelines for Written Narratives
Applicants are required to write narratives to address each criterion. Narratives are accompanied by examples(s) to illustrate how the criterion is operationalized. Applicants may also supplement the narrative with data in graphs and tabular form as appropriate to support or amplify findings.

The applicant must clearly identify the criterion being addressed in each narrative.
Narrative statements should be straightforward and concise and include minimal extraneous information. The goal of the narrative is to explain as clearly as possible how the criterion is met and operationalized within the organization. Narrative statements and examples should refer to data for the 12 months prior to the submission of the written documentation. Evidence older than 12 months may be submitted sparingly for specific purposes, such as showing a long-term commitment to monitoring data, documenting trends, highlight best practices or illustrating continuation of long-term projects.

C. Requirements for Submission of PU Application

- **E-Mail one** complete application with all attachments of the Provider Unit (PU) application and send a **check or credit card payment of $900 for the application fee** to the WSNA A-CNE office. WSNA, A-CNE, 575 Andover Park W., Suite 101, Seattle, WA 98188
- Send an email of the PU application electronically to Kathryn Macleod at kmacleod@wsna.org.
- **The application must include:** Pages are clearly numbered consistent with the table of contents;
  1. 00 Table of contents; 01 Provider Application, 02 Nurse Bio/COI, 03 Organizational chart, 04 Continuing education summary, 06 quality outcomes for both provider unit and 07 professional development. 08 Activity folder (see how to submit worksheet)
  2. All documents must be clearly labeled and identified
  3. First time applicants must submit ALL Nurse Planners and Nurse Planners BIO/COI forms, gap analysis, ed planning form, and AA/AP Planning form, continuing education summary sheet, QI form, Summative evaluations of all activities submitted (these are NOT counted towards the 50 page limit) (please label listed above/see how to submit worksheet).

**RENEWING PROVIDER UNIT APPLICATION EXTENSION FEES**

Renewal applications must be submitted 90 days in advance of the expiration date. If unable to meet this deadline, applicants may request an extension up to 120 days beyond the expiration date. Request for extension must be submitted in writing (electronically) to obtain approval. The expiration date of the PU remains the same. Fee is $150 for each 60-day extension not to exceed 120 days. WSNA A-CNE PU application extension fee policies can be found in

To be accepted for review, all applications MUST be submitted on **current** WSNA A-CNE forms obtained from the WSNA A-CNE website and completed in the format defined in these Guidelines. Applications not submitted on correct forms or in the proper format will be returned with directions about what changes are needed before the review can take place.

**NOTE:** These Guidelines/Forms will be periodically updated, therefore, check that you are using the **most current** Guidelines located on the WSNA website:

http://www.wsna.org/Education/A-CNE/Forms/
OVERALL APPLICATION REVIEW PROCESS

Once an application has been received in the WSNA A-CNE office, a preliminary quantitative review for completeness of the application is conducted by WSNA staff. The applicant will be notified if the application is complete or additional information is needed upon receipt of the application.

1.) If a first-time applicant, a provider number will be assigned. This provider number is very important and MUST be included on any subsequent correspondence or additional material related to your provider application. For currently approved provider units seeking re-approval, be sure the current provider number is on all correspondence or other material related to the provider application.

2.) Applicants will be notified electronically by the WSNA A-CNE office within seven calendar days, acknowledging receipt of the application, its assigned application number and name of the lead nurse peer reviewer. The nurse peer reviewer leader (NPRL) will notify applicant within 14 days after receipt of the application to introduce self, explain the review process and projected timeline for completion of the initial review. Your provider application is sent to two nurse peer reviewers to assess the documentation and evidence submitted for compliance with criteria.

3.) The review process will include ongoing contacts with the applicant for clarification of questions and requests for supplemental information that may arise during the review. It may take as long as three months depending on the completeness of the application and need for any additional supplemental information from the applicant. The goal of WSNA A-CNE is for the applicant to be successful in providing quality CNE.

The WSNA A-CNE Nurse Peer Reviewers (NPR) conduct a thorough, evidence-based review of the application based on clearly defined criteria required by the ANCC and the WSNA A-CNE. The A-CNE NPRs determine the organizational achievement of the defined criteria for providing CNE activities. The WSNA A-CNE Approver Unit Peer Review Leader is responsible for the final approval decision.

The Nurse Peer Review Leader, will inform the applicant of the final review results by email with a copy of the final criteria sheet. A formal approval notice will be mailed from WSNA regarding the final action on the application with the final criteria review sheet. An electronic copy of the entire application including the A-CNE review forms, action on the application is kept on file at WSNA for six years. Only authorized personnel have access to the files. Accreditation and regulatory bodies such as the ANCC Accreditation program may review these files.

4.) Approval is awarded to provider unit applicants for a period of three years.
Approval Decisions, Withdrawals, Voluntary Terminations

There are four types of action possible after the initial review of the provider unit application:

1. **Request Additional supporting evidence** to seek clarification and ensure compliance with approval criteria, or to demonstrate requested specific changes before approval can be granted.

2. **Approval** for three years awarded when the written application materials indicate that the criteria are met. During the approval period, the provider unit can award contact hours for CNE activities without submitting documentation to WSNA A-CNE. However, the ANCC/WSNA A-CNE criteria must be met by the provider unit for each individual CNE activity. *Periodic monitoring/audits* of the PU’s ability to maintain adherence to ANCC and WSNA A-CNE criteria will be conducted by the WSNA A-CNE program.

Names of approved organizations are posted on the WSNA A-CNE web site with contact information: www.wsna.org.education.A-CNE.

3. **Conditional Approval** occurs when the PU’s written application materials indicate limitations in meeting criteria that can be resolved *within six months or less*. During this Conditional Approval period, the following action of the PU will be required:
   a. No contact hours can be awarded using the official PU approval language on all current activities being offered;
   b. PUs must submit (if requested as part of conditional approval) the standard Provider-directed, provider-paced (Faculty Directed) or Provider-directed, learner-paced (Independent Study) or Learner-directed, learner-paced forms as appropriate with the usual required fee for contact hours at least 45-days in advance of the scheduled date for the activity; and
   
   The PU will be listed on the WSNA website as having “conditional approval”. At the end of the six-month period or less, the A-CNE Committee will either reinstate full approval for the remainder of the three-year approval period, or, if necessary, deny approval. Approval may later be revoked if issues continue to indicate inability of PU to meet required criteria.

4. **Denial** occurs when written application materials:
   a. Do not provide sufficient evidence to demonstrate compliance with all approval criteria;
   b. Are not in adherence with the criteria of the ANCC and/or the requirements of the WSNA A-CNE approval process and will not be able to adhere within the six-month period of time; or
   c. Have not demonstrated adherence to or improvement in relation to WSNA A-CNE documented areas of concern during the conditional approval process.

Once a PU application is denied, the applicant will receive a final evaluation summary and general information regarding strengths and deficiencies. The application fee is nonrefundable. Applicants may reapply once deficiencies are addressed and sufficient evidence can be produced to demonstrate compliance with
accreditation criteria. Additional application fees will apply and the applicant must meet the requirements of a first-time applicant. Contact the WSNA A-CNE office for further information.

**Withdrawal and Resubmission of an Application**

Applicants have the right to withdraw an application prior to a team review without prejudice to any future applications. The Applicant must notify the WSNA A-CNE in writing of the decision to withdraw the application. If the review process has not begun, the application fee minus the $100 administrative fee will be returned to the Applicant. Fees will not be refunded if the review process has begun.

If the Applicant chooses to resubmit, the Applicant has up to 90 calendar days from initial submission to resume the approval process. After 90 calendar days have passed, all eligibility criteria must be met again, and a new application including the required fee must be submitted.

**Voluntary Termination**

Provider Units may voluntarily terminate their approval at any time. Providers that elect to terminate approval must notify WSNA A-CNE, in writing, at least 30 days in advance of the termination date.

Provider Units must submit a written notice of voluntary termination containing the following information:

- Effective date of voluntary termination (which must be at least 30 days after the date that appears on the written notice)
- Reason for voluntary termination
- A transition plan which must include a complete list of all current activities and their date of expiration, contact information, and how they will continue to make activity participation records available to learners.
- Additional information may be requested when the WSNA A-CNE is notified of the termination.

**NOTE:** On the date voluntary termination is implemented, the organization must immediately cease offering recognized ANCC and WSNA A-CNE contact hours, and using statements concerning Provider Unit status on all advertising and certificates of completion.
Appeal Process, Suspensions, Revocations

Reconsideration and Appeal Process

WSNA A-CNE ensures that applicants seeking approval have the opportunity to request a reconsideration of an adverse approval decision. An adverse approval decision may include suspension, revocation or denial of approval.

Applicants wishing to appeal must have completed the approval process. Applicants may not appeal eligibility requirements, criteria upon which the ANCC Accreditation Program or WSNA A-CNE is based or the Nurse Peer Reviewers’ conclusions regarding the evaluation of the applicant’s written documentation.

The applicant will receive information regarding the reconsideration and appeal process at the time it is notified of the adverse decision.

➢ To file an appeal, the applicant must submit its written argument to WSNA A-CNE within 10 business days following official written notification of the decision
➢ The appeal must briefly state the reason(s) the applicant contests the decision.
➢ It is suggested that applicants considering to appeal, contact the WSNA A-CNE Approver Unit Office for any further information desired.

Suspension and/or Revocation of Approval

Approval of a Provider Unit may be suspended and/or revoked as a result of ANY of the following:

1. Unable to satisfactorily confirm that the PU adheres to criteria and requirements defined by ANCC criteria and/or WSNA A-CNE Guidelines;
2. Violation of any federal, state, or local laws or regulations that affect the Applicant’s ability to adhere to ANCC and WSNA A-CNE approval criteria;
3. WSNA A-CNE investigation and verification of written complaints or charges by consumers or others;
4. Refusal to fully comply with all requests for information;
5. Misrepresentation of ANCC and/or WSNA A-CNE criteria, requirements, values or goals; or
6. Misuse of the ANCC and/or WSNA A-CNE intellectual property, including but not limited to trademarks, trade names and logos.

Suspended and/or revoked Provider Units must immediately cease upon notification:

a. offering ANCC-WSNA A-CNE recognized contact hours,
b. referring to itself in any way as a Provider Unit by WSNA A-CNE,
c. using the ANCC/WSNA A-CNE approval and accreditation statement,
d. using ANCC/WSNA A-CNE intellectual property, including but not limited to trademarks, trade names and logos.

The Provider Unit (PU) will be notified of suspension or revocation in writing by WSNA A-CNE. Suspension is not a prerequisite to revocation. At its sole discretion, WSNA A-CNE may revoke approval without first suspending approval.
A PU which has been suspended or revoked must submit a written plan for ‘Transition of Services’ which includes the following:

- A detailed explanation of how learners can obtain activity participation records after the date of termination including contact information and length of time that records will be available
- A complete list of all activities scheduled to take place after the date of termination, including:
  a. Activities that been planned but not yet implemented
  b. All enduring materials
  c. A detailed explanation of how such activities will be canceled
  d. A detailed explanation of how participants will be notified, prior to the activity, that contact hours will not be awarded.

Suspended provider units may apply for reinstatement within 120 days of the suspension date. The PU must submit documentation demonstrating violation correction and the applicable reinstatement fee. Reinstatement may be granted if the suspended PU adequately demonstrates that it will fully adhere to the ANCC and WSNA A-CNE approval criteria and requisites upon reinstatement. PUs that have been approved may be required to submit progress reports to the WSNA A-CNE. Suspended organizations that fail to apply for reinstatement within 120 days shall have their approval revoked.

PUs that have been revoked may not apply for WSNA A-CNE approval for two years from the date of revocation. Organizations applying for approval after revocation are considered new Applicants and are eligible for full approval status after demonstrating ability to comply with criteria. A new application with supporting documentation and required fees must be submitted.
Provider Unit Responsibilities

A. Notification of Provider Unit Changes

1. Applicants with pending applications must notify WSNA A-CNE in writing or electronically, within 7 business days of the discovery or occurrence of the following:
   - Significant changes or events that impair your ability to meet or continue to meet Accreditation Program requirements or that makes you ineligible for Provider status.
   - Loss of status as a C/SNA of the ANA.
   - Any event that might result in adverse media coverage related to the delivery of CNE.
   - Change in commercial interest status.

2. The PNP or designee must notify WSNA A-CNE, in writing or electronically and within 30 days, of any change within the Provider Unit, including but not limited to:
   - Changes that alter the information provided in the Provider Unit application, including change in name, address, ownership or structure of the organization and/or Provider Unit.
   - Change in Primary Nurse Planner (PNP) or suspension, lapse, revocation or termination of the PNP’s registered nurse license.
   - Change in Nurse Planners’ registered nurse licenses.
   - Indication of potential instability (e.g., labor strike, reduction in force, bankruptcy) that may impact the Provider Unit’s (PU) ability to function as a PU.
   - Change in ownership.

This notice may be sent by e-mail with confirmation of receipt to kmacleod@wsna.org. It may also be sent by certified mail or common carrier with signature confirmation addressed to:

   Attn: WSNA A-CNE
   575 Andover Park W. Suite 101
   Seattle, WA 98188

B. Annual Reporting

To monitor compliance with the ANCC Accreditation Program and WSNA A-CNE criteria includes the following:

- Ensuring that you update all bio/COI forms on ALL PNP and NPs EACH YEAR and maintain for your records

All approved provider units will be asked to submit an electronic
- Demographic Information Form with a CNE Summary Report annually.
- Periodic requests for information in order to help evaluate and monitor the WSNA A-CNE approval system and meet ANCC requirements will also be required.
If for any reason, a provider unit is unable to submit the required documentation within the required timeframe, it must contact the WSNA A-CNE office as soon as possible. If WSNA A-CNE does not receive the required documents by the required due date and the organization fails to notify the WSNA A-CNE Approver Unit regarding the delay, approval status may be suspended or revoked. The PU will receive electronic notification of such from WSNA A-CNE Approver Unit Peer Review Leader.

C. Data Use

By submitting an application, approved Provider Units, give WSNA A-CNE permission to use their demographic and outcome data for reporting, marketing and research purposes, such as:

- Describing anonymously and in the aggregate characteristics of Approved Provider Units;
- Identifying benchmarks that Approved Provider Units meet to inform programmatic decisions about applicant requirements;
- Analyzing trends or addressing other ANCC/WSNA A-CNE-defined or approved research questions.

All data received by WSNA A-CNE will remain confidential and will be reported only in aggregate form unless permission is granted by the accredited or approved organization to share data specific to an organization.
**Chapter 5**

CRITERIA FOR APPROVAL AS A PROVIDER UNIT (PU) - 2015

**PART A: Provider Unit (PU) Application Form**

- It is strongly recommended that you place these criteria side by side with your application form to assist you in completing the form.

- Read through the entire application to get a sense of the information you will need to document and the resources and information you will need to have at hand to write your responses.

- determine the members of the team that will be involved in completing the application. The Primary Nurse Planner (the person responsible for the provider unit) should be the leader of this team.

The following four sections are required written documentation for both new, currently approved and reapplying PU Applicants to maintain their status:

- **Organizational Overview (OO)**
- **Provider Criterion 1: Structural Capacity (SC); defined as the commitment, accountability, leadership and resources of an organization that are required to support the delivery of quality CNE.**
- **Provider Criterion 2: Educational Design Process (EDP); the development, delivery and evaluation of CNE activities.**
- **Provider Criterion 3: Quality Outcomes (QO); the impact of structure and process on the organization as a provider and the value/benefit to nursing professional development.**

**Note:** All documents will be reviewed for adherence to Accreditation criteria and Approver Unit requirements at the time educational activities were planned, implemented and evaluated.

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**Organizational Overview (OO)**

The Organizational Overview (OO) is an essential component of the application process. It provides a context for understanding the Provider Unit and correlates with specific criteria.
requirements. The Provider Unit must submit the documents and/or narratives outlined below. The Applicant must submit the following documents and/or narratives:

001. Demographics:
For example, how does the provider unit fit within the structure of a college of nursing or a state health department? In a hospital, how does the provider unit fit within the context of the hospital's other departments and services? (If your provider unit is a free-standing organization- you don't do anything else besides continuing nursing education- you can skip this item, but mark it as "not applicable" so we won't think you just ignored it.)

**Required Evidence:**
- Submit a description of the Provider Unit, including but not limited to size, geographic range, target audience(s), content areas, and the types of educational activities offered.
- If the PU is part of a multi-focused organization, describe the relationship of these scope dimensions to the total organization.

002. Lines of Authority and Administrative Support

**Required Evidence:**
- Submit a list of the names, credentials, positions and titles of the Primary Nurse Planner, other nurse planners (as applicable) in the PU.
- Submit position descriptions of the Primary Nurse Planner, nurse planners, and key personnel in the PU.
- Submit a chart, depicting the structure of the PU, including the Primary Nurse Planner, any additional Nurse Planner(s) (if any).
- If part of a larger organization, submit an organizational chart, flow sheet or similar image that depicts the organizational structure and the PU’s location within the organization.

**NOTE:** Be as clear as possible in describing the Provider Unit. This will help the A-CNE Committee understand the relationships and scope of the PU to the larger organization.

003. Data Collection and Reporting

**Required Evidence:**
- Submit a complete list of all CNE offerings provided in the past 12 months, including activity dates; titles; target audience; total number of participants; number of contact hours offered for each activity; joint provider status; and any commercial support, including monetary or in-kind amount. (Note: This is also the data that you are required to submit as part of your annual report to ONA.)
- New applicants: Submit a list of the CNE offerings approved by WSNA A-CNE and provided within the past 12 months.
004. **Evidence**
A provider organization must demonstrate how its structure and processes result in positive outcomes for itself and for nurses participating in its educational activities.

Submit a list of the quality outcome measures the Provider Unit has collected, monitored, and evaluated over the past 12 months specific to the Provider Unit. Outcomes must be written in measurable terms. Be as specific as possible.

- Quality outcomes are those things that *form the basis of your purpose* as a provider unit—what do you want to accomplish as a provider unit? Consider quality outcome measures such as:
  - more diversity in types of learning activities offered
  - greater number of activities
  - more variety in learning options to address varied learning needs
  - cost savings for your provider unit or for your learners, number of participants in your learning activities
  - operational improvements to make your provider unit more effective/efficient. This is not an exhaustive list—there may be others that are more pertinent to your provider unit.

We recommend that you select 2 or 3 quality outcome measures for your provider unit each year. Develop your provider unit’s desired outcomes around the items on this list. Then create an action plan of how you will achieve each outcome. At the end of the year, evaluate your progress in achieving these goals and decide whether new outcome measures are appropriate for the following year.

Examples of outcome measures include, but are not limited, to the following:
- Cost savings for customers
- Cost savings for Provider Unit
- Satisfaction of staff and volunteers
- Satisfaction of learners
- Satisfaction of faculty
- Change in format of CNE activities to meet the needs of learners
- Change in operations to achieve strategic goals: e.g.: resources such as equipment, staffing of PU, policies for providing CNE activities, etc.
- Operational improvements, e.g.: recruitment and orientation of nurse reviewers, monitoring of nurse reviewer planning, evaluation and documentation skills, advertising of CNE activities, etc.
- Quality/cost measures
- Turnover/vacancy for Provider Unit staff and volunteers
- Professional development opportunities for staff and volunteers

Examples of measurable outcome measures for the Provider Unit might be:
- Increase the number of fully functioning Nurse Planners for the provider unit so that there is at least one Nurse Planner for each
department within 12 months.

- Develop at least one webinar pertaining to the new 2015 codes of ethics and for each unit by the end of the year.

- Submit a list of the quality outcome measures the Approved Provider Unit collected, monitored, and evaluated specific to Nursing Professional Development. Outcomes must be written in measurable terms. Be as specific as possible.

This gets at why you have a provider unit - the ongoing education of nurses to enhance their practice and their ability to provide quality care. Consider possible outcome measures related to professional practice behaviors, use of evidence-based standards, leadership skills, critical thinking/clinical judgment skills, competency, improvement in nursing practice, or improvement in patient outcomes. Including measurement standards with these outcomes, just as you did with the outcome measures for your provider unit, will help you evaluate your effectiveness in these areas. The items listed are only suggestions - there may be others that are more pertinent to your particular provider unit. Just as you did with the quality outcomes for your provider unit, select 2 or 3 outcome measures that you want to work on for the year, develop goals around these outcome measures, create an action plan, design your educational activities and provider unit processes in a way that enables you to track progress in meeting those goals, and then evaluate your progress at the end of the year. For the following year, you may want to keep or revise those quality outcome measures and related goals.

Examples of categories of outcome measures include, but are not limited to, the following:

- Professional practice behaviors
- Leadership skills
- Critical thinking skills
- Nurse accountability
- Nurse competency
- High-quality care based on best-available evidence
- Improvement in nursing practice
- Improvement in patient outcomes
- Improvement in nursing care delivery

Examples of measurable outcome measures related to nursing professional development might be:

- Preceptors will report that 90% of new graduates are using critical thinking skills by the end of the 12th week of employment.
- 75% of nurse managers will present a balanced budget to the administrative team by the end of the 3rd quarter of 2017.
- All new employees will exemplify leadership behaviors of advocacy, assertiveness, clinical judgment, and reflective practice in the dialysis unit by the end of first year of employment.

NOTE: New applicants should develop and submit with their application a list of quality outcome measures that will be collected, monitored, and evaluated.
The following sections of your application are to be written in the narrative format. This is where you describe your process and give an example related to each criterion. Remember you should be addressing the who, what, why, where, when, and how aspects of each item in order to provide a complete answer.

In addition, look for key words in the heading of the section or the criterion to help you answer the question at hand and use these to assist you in developing your narrative. For example, SCI talks about the Primary Nurse Planner's commitment to learner needs. The focus is on commitment to learners in the big picture of the provider unit's operations, not on how you collect needs assessment data for a particular learning activity. Think through each item, and talk with your team about processes and examples before you begin to write. Typically, we're looking for about a half-page for your description and another half-page for your example. One or two sentence answers will not provide adequate descriptions or examples.

**Approved Provider Criterion 1: Structural Capacity (SC)**

The capacity of an Approved Provider Unit is demonstrated by commitment to, identification of and responsiveness to learner needs, continual engagement in improving outcomes, accountability, and leadership. Applicants will write narrative statements that address each of the criteria under Commitment, Accountability, and Leadership to illustrate how structural capacity is operationalized.

**NOTE:** Each narrative on the application form must include a specific example that illustrates how the criterion is operationalized within the Provider Unit. When answering the following, please be sure to describe how you do each component and then give an example. These are two-part answers.

**Commitment.** The Primary Nurse Planner demonstrates commitment to ensuring nurses learning needs are met by evaluating Provider Unit processes in response to data that may include, but is not limited to, aggregate individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

**Describe and, using an example, demonstrate the following:**

**SC 1. The Primary Nurse Planner's (PNP) commitment to learner needs, including how Provider Unit processes are revised based on data.**

**NOTE:** Each narrative on the application form must include a specific example that illustrates how the criterion is operationalized within the Provider Unit. When answering the following, please be sure to describe how you do each component and then give an example. These are two-part answers.
This item relates to the overall functioning of the provider unit and the PNP’s commitment to learner needs, not specifically to the individual activity planning. Examples might include suggestions based from multiple requests; discussions to increase attendance opportunities at CE events—done by offering more classes convenient to the night shift; offering podcasts; getting commercial support or sponsorship to be able to get national speakers, etc.

Questions to consider might include:

- How do you as the PNP use feedback from your learners to change or improve PU processes or learning activities?
- How do you know what your learners want? (live, webinars, independent study documents, etc.) they prefer?
- What do you, the Primary Nurse Planner, do with this information?
- What changes did you make to PU processes based on learner needs?
- PU Processes are things such as APIE SOP for FD or IS activities, Recordkeeping, managing Commercial or Sponsor Support, Co-Providership, Orienting NPs, managing resources and assets (human, material, financial), etc.

First, describe your process, then in the next box provide a very specific example. An example: "Over the past six months, our hospital has hired a significant number of new registered nurses. Our RN demographic mix is now 36% millennia! generation, 35% generation X, 25% baby boomers, and 4% traditionalists. Based on this data, we surveyed all of our RNs to determine their preferred learning styles. We had an 82% response rate to our survey, and based on this data we found that. ... Therefore, I, as the Primary Nurse Planner

Accountability. The Primary Nurse Planner is accountable for ensuring that all Nurse Planners in the Provider Unit adhere to the ANCC accreditation criteria [and OBN rules].

SC2. How the Primary Nurse Planner ensures that all Nurse Planner(s) of the Provider Unit are appropriately oriented/trained to implement and adhere to the ANCC accreditation criteria.

Questions to consider might include:

- As the PNP, how do you orient new Nurse Planners to your Provider Unit?
- How do you keep them updated on changes?
- How do you monitor to be sure they are doing the right things on a consistent basis?

Examples: First we orient new Nurse Planners, then have them work with a preceptor, and then monitor their performance to ensure adhering to the criteria; sharing Provider Newsletters; becoming certified as a Nursing
Leadership. The Primary Nurse Planner demonstrates leadership of the Provider Unit through direction and guidance given to individuals involved in the process of assessing, planning, implementing, and evaluating CNE activities in adherence to ANCC accreditation criteria and WSNA-A-CNE guidelines.

SC 3. How the Primary Nurse Planner provides direction and guidance to individuals involved in planning, implementing and evaluating CNE activities in compliance with ANCC accreditation criteria.

Questions to consider might include:

- As the Primary Nurse Planner, how do you role-model maintenance of standards?
- How do you make your expectations clear to other Nurse Planners and others involved with CNE activities?
- What process do you implement to support others who participate on planning committees or engage in the work of providing CNE?
- How do you help Nurse Planners problem-solve when challenges or questions arise?
- What leadership skills do you use to guide Nurse Planners and others in their work?
- Is there a process where you do spot checks or reviews?

PROVIDER UNIT CRITERION 2: Educational Design Process (EDP)

The Provider Unit has a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating CNE. CNE activities are designed, planned, implemented, and evaluated in accordance with adult learning principles, professional education standards, and ethics. The educational design process includes procedures for protecting educational content from bias, providing learners appropriate information and documentation related to their participation and maintaining records in a secure and confidential manner.

Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

NOTE: If you are a reapplying/returning provider unit, you will be including three sample activities with your provider application( 2 are chosen by NPR). If you are a new provider unit, you will submit at least three activities within the last year that have been approved by WSNA A-CNE (please include A-CNE number). Your examples in the Educational Design Process may relate to these activities, but you can use other examples as well. If you do use an example from one of your activities,
you still need to provide a full description and example in this section. It is not acceptable to say, for example, "see identified gap in our activity on incivility in the workplace". Once again, remember that your response should include who, what, when, where, why, and how components to help peer reviewers get a clear picture of how your provider unit plans, implements, and evaluates learning activities.

Your descriptions should clearly show the process you use to conduct each step of the activity planning and evaluation processes for any given learning activity. The examples should be related to how you implemented your process in one specific instance. Note that you may use different examples as you explain your processes; all of the examples do not come from one activity. Also, you are not required to use the sample activities you include with your provider application as the examples, although you may do so if you wish.

Assessment of Learning Needs. CNE activities are developed in response to, and with consideration for, the unique educational needs of the target audience. Describe and, using an example, demonstrate the following:

**EDP 1. The process used to identify a problem in practice or an opportunity for improvement.**

A professional practice gap can be considered to be the "distance" (gap) between where a learner is now (point A) and where a learner should be (point B) in relation to a particular piece of knowledge, skill set, or ability to apply knowledge and skills in the practice setting.

The educational activity is designed to move the learner from point A to point B. The activity will not be effective unless and until the professional practice gap is clearly identified, so this is a critical first step in developing an educational activity.

Questions to consider might include:
- How do you define a professional practice gap?
- How do you know when one exists?
- How do you determine what the issue is that needs attention?
- What sources of data might alert you to the existence of a professional practice gap?
- How do you collect, analyze, and validate the needs assessment data?
- How do you use it to prioritize?

Remember to include who, what, why, where, when, and how components to make your response complete.

**EDP 2. How the Nurse Planner identifies the educational needs (knowledge, skills and/or practice(s) that contribute to the professional practice gap.**
Questions to consider might include:

- What evidence do you use to determine why the professional practice gap exists?
- How does your needs assessment data support you in doing this gap analysis? Or, conversely, how does identifying the gap help you do a more targeted assessment of the needs of the learners expected to participate in this activity?
- What resources do you use to identify those underlying needs (example: new national standards have been issued for blood pressure monitoring or stroke care; hospital quality data shows that one department has an above-benchmark rate of infection)
- How do you determine whether the gap is in knowledge, skills, or application in practice?
- How do you use this evidence to determine whether there is an educational need at all, versus an individual compliance or competency issue?

Planning: for each educational activity must be independent from the influence of Commercial Interest Organizations.

EDP 3. The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content.

Questions to Consider might include:

- How do you and other Nurse Planners in your Provider Unit define "conflict of interest"? Is everyone clear on what this means?
- Who assesses the Nurse Planner's conflict of interest for the activity?
- What happens if the Nurse Planner has a conflict of interest?
- What sources of evidence do you include when assessing for conflict of interest?
- How do you determine who has the ability to "control content" for an activity?
- How do you use the data collected above to determine the gap in where the learners are now and where they should be? This gap is in knowledge, skills, attitude and/or practice. This gap will then be used to create an activity and determine your outcome.
- How do you analyze data to determine whether there is a conflict of interest for anyone involved with the learning activity?
- What happens if someone declines to provide evidence related to conflict of interest for self or spouse?
- What if the person states that he/she does not have a conflict of interest, but the Nurse Planner thinks there may be one?
- What if the person states that he/she has a conflict of interest, but the Nurse Planner does not evaluate the situation as a conflict?
  - NOTE: It is always required to identify presence or absence of conflicts of interest. "Not applicable" is not an acceptable response.
What do you do when a conflict of interest is identified when collecting data about the person involved with the activity?

What options do you consider in resolving the conflict?

In the example, why did you select the option you did, and what happened as a result?

If you never have had to resolve a conflict of interest, your example should be based on a situation where you reviewed the COI data and how you determined that no resolution was necessary. "Not applicable" is not an acceptable response.

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**Design Principles.** The educational design process incorporates best-available evidence and appropriate teaching methods.

**EDP 4. How content of the educational activity is developed based on best-available current evidence to foster achievement of desired outcomes (e.g., clinical guidelines, peer-reviewed journals, experts in the field).**

**Questions to Consider might include:**

- Who selects content for the activity?
- How does the content selected relate to the professional practice gap and evidence supporting the need for the activity (data from EDP 1 and 2)?
- How do you define "best available current evidence"?
- What are sources of evidence typically used to meet identified educational needs?
- How does the planning committee work with the speaker/author to assure that content and references/resources relate to closing the identified practice gap?
- How do you validate that the presenter/author is using best-available evidence to present the information?
- What would you do if you suspected that content was not based on best available evidence?
- Have you used content reviewers to evaluate content to be sure it is based on best available evidence?
- How do you know that the faculty/authors have the qualifications to address the topic?

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**EDP 5. How strategies to promote learning and actively engage learners are incorporated into educational activities.**

**Questions to Consider might include:**

- Why is it important that learners be actively engaged?
- What evidence from adult learning principles and other theoretical foundations
supports the importance of this approach in helping learners translate knowledge into practice?

- What are common strategies used in your Provider Unit to engage learners?
- How do you select which strategies to use for specific educational activities?
- How do you evaluate the effectiveness of learner engagement strategies in your educational activities?
- What if learners don't "engage"?
- How do the selected teaching methods relate to the identified professional practice gap and contribute to the learners' ability to achieve the desired outcome of the activity?

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**Evaluation.** A clearly defined method that includes learner input is used to evaluate the effectiveness of each educational activity. Results from the activity evaluation are used to guide future activities.

**EDP 6.** How summative evaluation data for an educational activity were used to guide future activities.

**Questions to Consider might include:**

- How do you collect evaluation data? (NOTE: Think carefully about what data you want to collect to assess whether a practice gap has been closed and how you want to do it for each activity.)
- How do you select evaluation strategies based on whether the identified gap is in knowledge, skill, or application in practice?
- How do you summarize evaluation data?
- Who is responsible for this process?
- How is it shared, and with whom?
- What is the purpose of sharing summative evaluation data?
- How does this data help in planning future learning activities?

**EDP 7.** How the Nurse Planner measures change in knowledge, skills, and/or practices of the target audience that is expected to occur as a result of participating in the educational activity.

**Questions to Consider might include:**

- Given the purpose of continuing nursing education is to enhance the professional development of the nurse and/or improve patient care, what data do you look for to indicate that your educational activity has contributed to that purpose?
- What evaluation data do you collect to indicate that the previously identified gap has been filled for a given learning activity?
How do you measure change?
When do you measure change? (Consider both short term and long-term strategies)
What resources do you use to help you measure change? (Consider quality improvement, risk management, or other existing sources of evidence within your system)
What evidence have you looked at to show whether or not a learning activity changed nursing practice?
How do you hold learners accountable for implementing what they have learned?

**PROVIDER UNIT CRITERION 3: Quality Outcome (QO)**

The Provider Unit engages in an ongoing evaluation process to analyze its overall effectiveness in fulfilling its goals and operational requirements to provide quality CNE.

Provider Unit Evaluation Process. The Provider Unit must evaluate the effectiveness of its overall functioning as a Provider Unit.

Describe and, using an example, demonstrate each of the following:

**QO1. The process utilized for evaluating effectiveness of the Provider Unit in delivering quality CNE. (Note: This is not just about evaluating your individual activities. Look at the bigger picture of the Provider Unit.)**

*Questions to consider might include:*

- What is your evaluation plan for your Provider Unit?
- What does "effectiveness" include for your Provider Unit?
- What things, besides your individual activities, do you consider in your evaluation of the effectiveness of your Provider Unit? What about personnel, finances, material resources?
- How often does your Provider Unit evaluation process occur?
- Who engages with you in the evaluation process?
- Why is it important that you conduct this type of evaluation?

**QO2. How the evaluation process for the Provider Unit resulted in the development or improvement of an identified quality outcome measure for the Provider Unit. (Refer to identified quality outcomes listed in 004a.)**

*Questions to consider might include:*

- What outcomes measures (identified in 004a) are you using to evaluate your Provider Unit?
- What data have you collected around these outcomes measures?
- From whom have you collected data about the effectiveness of your Provider Unit in
meeting the pre-identified quality outcome measures?
  - How do you analyze this data to determine your effectiveness?
  - Based on that data, what changes have you made to an existing outcome measure? Why?
  - What new outcome measures, if any, have you added? Why?
  - What outcome measures, if any, have you deleted from your priorities? Why?

NOTE: This criterion refers directly back to 004a- be sure to review the quality outcome measures for your Provider Unit before addressing this criterion. Remember that Q02 relates to the effectiveness of the Provider Unit and is specific to provider unit operations- not learner outcomes.

Value/Benefit to Nursing Professional Development. The Provider Unit shall evaluate data to determine how the Provider Unit, through the learning activities it has provided, has influenced the professional development of its nurse learners.

Describe and, using an example, demonstrate:

**Q03. How, over the past 12 months, the Provider Unit has enhanced nursing professional development. (Refer to identified quality outcomes list in 004b.)**

Questions to consider might include:
  - How were your learning activities designed to help nurses learn and grow?
  - What evidence do you have that nurses were able to implement what they learned?
  - How did what nurses learned improve their professional development or the care they provided for their patients?
  - How do you know this?
  - What metrics provide supporting evidence that professional growth or change in practice occurred and that professional practice gaps were closed?
  - How do you report and/or share your quality outcomes data with others in your organization?
  - Why does it matter? How do your outcomes benefit the organization as a whole?

NOTE: This criterion refers directly back to 004b- be sure to review your quality outcome measures for nursing professional development before addressing this criterion. Remember that Q03 relates to how your Provider Unit has contributed to improving the practice of nursing.

**PART B: Provider Application: Attestation Statement**

The provider application will require a signed attestation statement from the Primary Nurse Planner which addresses the following responsibilities:

I attest that I will adhere to the following criteria of ANCC as defined in the WSNA-A-CNE Provider Manual:

- **Adhering to laws/rules/ethical business practices**
- **Educational requirements and responsibilities of the primary nurse planner and nurse planners**
✓ Timely communication about core changes and responses to requests for information
✓ Process to ensure meeting of all criteria and rules
✓ Awarding of contact hours
✓ Use of the Provider Statement
✓ Certificate/documentation of completion
✓ Disclosures
✓ Recordkeeping
✓ Joint providing
✓ Adhering to laws/rules/ethical business practices
✓ Educational requirements and responsibilities of the primary nurse planner and nurse planners
✓ Submitting annual reports and other items as requested by the WSNA A-CNE Approver Unit
✓ Timely communication about core changes and responses to requests for information from WSNA A-CNE
✓ Process to ensure meeting of all criteria and guidelines
✓ Planning and providing CE activities, not approving CE.

PART C: Individual Activity Files

In preparation for becoming an approved Provider Unit and throughout your three-year approval period, you must meet each of the roles and responsibilities of a CNE Provider as identified in the PU Provider-directed, provider-paced (Faculty Directed) and Provider-directed, learner paced (Independent Study) Learner-directed, learner-paced activity documentation sections http://www.wsna.org/Education/A-CNE/Forms/Approved-Providers/. Documentation of meeting these criteria must be completed on the CNE activity documentation forms for each activity. Responsibilities include awarding contact hours in a logical and defensible manner; assuring the official approval statement is appropriately and properly displayed; documentation of criteria for completion of activities; adhering to the ANCC Content Integrity Standards for Industry Support in CNE activities demonstrated by a written policy or procedure requiring a signed written agreement if commercial or sponsor support is accepted; assuring there is no conflict of interest and resolving such during the planning phase; assuring proper disclosure of any conflicts of interest; and maintaining activity files for six years.

For Currently-Approved Provider Unit (Renewing) Applicant

Submit one completed electronic activity with your application to the WSNA A-CNE office. KMacLeod@wsna.org This activity must be at least one hour in length and offered in the past year

Your Nurse Peer Reviewer will select two additional activities from your list of completed activities (include your WSNA-A-CNE number of each activity) for the previous 12 months for review. Send to KMacLeod@wsna.org

Submit documentation for ONE sample activities. Each activity must be at least one hour in length.
NOTE: YOUR NURSE PEER REVIEWER WILL REQUEST TWO MORE SAMPLES WITH THIS INFORMATION AS WELL.
Include:
☐ Education Planning Form with all required attachments – COI forms, marketing sample, certificate, evidence of disclosures, joint provider agreement if applicable, commercial support agreement if applicable, and reference list/bibliography
☐ Summative evaluation and conclusion/formal decisions about activity made by Nurse Planner
☐ Gap analysis worksheet (starting 2017)
☐ Educational design form (starting 2017)
☐ Quality improvement form
☐ A blank template for a commercial and/or sponsor support agreement (if applicable) once PU is approved.
☐ A blank template for a co-provider agreement (if applicable) once PU is approved.

First-Time Provider Unit Applicant
As a first-time Applicant for provider unit status, please submit:
☐ Acknowledgement and approval letters from WSNA A-CNE for the ONE activity
WSNA A-CNE has approved your Nurse Peer Reviewer will request the other TWO activities from the list of approved WSNA-A-CNE activities
☐ Gap analysis worksheet matching the ONE activity submitted
☐ Educational design form
☐ A copy of the FINAL certificate that was given to learners for each of the ONE activities
☐ A Summative Evaluation for each of the ONE activities
☐ A completed Quality Improvement Report for each of the ONE activities and any changes made as a result of the post-activity evaluation.
☐ Documentation for an activity that has been planned and will be presented after provider status has been achieved.
Include the provider unit activity documentation form and all required attachments—Bio/COI forms, marketing sample, certificate, evidence of disclosures to be made, commercial support agreement if applicable and reference list/bibliography. The marketing material and certificate should contain the provider statement that will be used by your organization once provider status has been achieved.

The blank sample certificate that you will use once you become an approved provider unit. The provider statement must be included on the certificate:

(Provider Unit name PA#) is an approved provider of continuing nursing education by the Washington State Nurses Association Continuing Education and Approval Program, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

A blank template for required disclosures once the PU is approved.

A blank template for a commercial and/or sponsor support agreement (if applicable) once PU is approved.

A blank template for a co-provider agreement (if applicable) once PU is approved.

BIO/COI forms of ALL Primary Nurse Planners and Nurse Planners