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

RESOURCES AND GUIDELINES FOR
AMERICAN NURSES CREDENTIALING CENTER 2015
CRITERION
FOR
ACTIVITY APPLICANTS
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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) and Leaner-directed, learner-paced activities (AA). Our goal is to help you be successful in completing the providing quality continuing education in nursing professional development. If you are interested in becoming a provider unit please go to our website. www.wsna.org a-CNE provider unit.

Definition
Continuing nursing education (CE) 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.

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. A PU has the ability to manage and provide courses up to 3 years under their approved provider unit status. www.wsna.org a-cne provider unit

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, 2015) 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 Leaner-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 measureable. 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.

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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 activity 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.

- 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 provider-directed, learner-paced 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 Provisership:**
  Individual Activity Applicants may jointly provide educational activities with other organizations. The jointly providing organization cannot be a commercial interest. The Individual Activity Applicant 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 Activity Statement:
Approved Activities are required to provide the official Approved Activity statement to learners prior to the start of each educational activity and on each certificate of completion. The official Approved Activity 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.

Pending Certificate:
This activity has been submitted to Washington State Nurses Association for approval to award contact hours. Washington State Nurses Association Approver of Continuing Nursing Education is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Approved Certificate:
This continuing nursing educational activity was approved 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.
- Plus additional requirements listed regarding Category A and Pharmacology, if applicable.

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 Development

This section has been developed to guide you in completing the Documentation Form for your Provider-directed, provider-paced (faculty directed), Provider-directed (independent study), Learner-directed, learner-paced, and blended activities. 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. (Examples include live activities and live webinars.) Literature review must be within 7 years.

A Provider-directed, provider-paced (faculty directed) activity may be repeated as often as desired so long as the Nurse Planner determines it is still current.

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, i.e. learning outcomes, content, etc. Periodic review of evaluation feedback from learners is an important aspect of ongoing monitoring of effectiveness of the activity.

An Provider-directed, learner-paced (independent study) activity may be made available to learners as long as the Nurse Planner deems it is still current.

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.

A blended learning activity is a combination of both Provider-directed, learner-paced (independent study) and Provider-directed, provider-paced (faculty directed) processes. For example, the learner needs to review articles online prior to the program to learn principles about a topic and then come to class to actually apply the information.

Provider-directed, provider-paced (Faculty directed), Provider-directed, learner-paced (independent study), Learner-directed, learner-paced 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.
☑ Individual Activity Educational 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, and Blended activity, and an activity that is done live first and then turned into an Learner-directed, Learner-paced independent study.

☑ The date of the event is the date that you will provide the faculty directed presentation in the future or start and ending date of the 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 i

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 COI 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. **Gap Analysis – needs assessment**

   **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 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 and education planning 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 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-director, provider-paced (Faculty Directed) activity:**
- Include the amount of time spent on introduction/welcome, content, testing/return demonstration, and evaluation in Section K 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>Time</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>Time</td>
<td>Activity</td>
<td>Duration</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------</td>
<td>------------</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 - Pharmacology</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>
</tbody>
</table>

350 min. divided by 60 = 5.83 contact hours including 0.83 Pharm hours

**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. This may include role play, simulation, question&answer, 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.
• 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 a CNE activity.

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

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

✓ Receipt of Commercial Support must be disclosed to learners

✓ Note: You are not required to have a commercial support agreement for those who are only exhibiting at the event.

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

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 Individual Activity Applicant is referred to as the provider of the educational activity. The other organization(s) referred to as the joint provider(s) of the educational activity. The jointly providing organization may not be a commercial interest. The Individual Activity Applicant 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 Individual Applicant 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 Individual Activity Applicant
Name and signature of the individual on behalf of the Activity Applicant
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 may be the 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.

**Pending**

This activity has been submitted to Washington State Nurses Association for approval to award contact hours. Washington State Nurses Association Approver of Continuing Nursing Education is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

**Approved**

This continuing nursing educational activity was approved 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 Activity Applicant may not state that an application has been submitted or is pending or use the word "approved."

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. (it can be on any of the following options: separate sheet, power point slides, agenda, certificate or advertisement)
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) 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. Only if there is a COI then you must identify to the learners prior to the event 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 Provider-directed, learner-paced (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 educational activity (web address acceptable)
- Title & date of completion of educational activity
- Number of contact hours awarded Official approved provider statement

This continuing nursing educational activity was approved 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 ACTIVITY APPLICANTS

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

☐ To be eligible to apply for activity approval, an organization must meet the ANCC criteria listed

☐ The form and must be completed by the Nurse Planner prior to submitting a provider unit initial application

☐ The applicant needs complete the AA Activity Applicant Eligibility Verification be approved by the WSNA A-CNE Appraiser Unit Nurse Peer Review Leader (NPRL). Once approved, the application then moves into the review cycle. Please contact WSNA A-CNE with any questions about this process. Hstephen-selby@wsna.org or Kmacleod@wsna.org

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)

In order to be eligible, your provider unit must:

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

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.
1. □ 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.

2. □ Applicants must have completed the process of assessment, planning, implementation, and evaluation for at the educational activity provided at separate and distinct events:
   With the direct involvement of a Nurse Planner That adhered to WSNA-A-CNE’s requirements

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

4. □ 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.
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.) The application will be reviewed for eligibility by the WSNA A-CNE office once approved then the application will be assigned a activity file number.

2.) Applicants will be notified electronically by the WSNA A-CNE office within seven calendar days, acknowledging receipt of the application, its assigned activity number and name of the nurse peer reviewer. The nurse peer reviewer (NPR) 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 activity application is sent to two nurse peer reviewers to assess the documentation and evidence submitted for compliance with criteria of an activity for ANCC-COA 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. 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 application to be successful in providing quality CNE and Professional Development opportunities.

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 two years.

Data Use

By submitting an application, approved activity applicant, 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 Activity Applicants;
Identifying benchmarks that Approved Activity Applicants 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.

SUBMITTING ACTIVITY (AA) APPLICATIONS

Be sure to completely fill in all information requested on the form. The 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
- activity demonstrating compliance
- supplemental evidence as required or requested.

**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.

**Forms required for submission (note you must use WSNA forms only where indicated below)**

1. [ ] Fill in the AA-EV Applicant Eligibility Verification form
2. [ ] Complete AP-Bio-COI approved Provider COI form for all Nurse Planner (NP) along with content experts, faculty, etc
3. [ ] WSNA A-CNE Gap analysis and Education Planning Worksheet to define the gap you are trying to a knowledge, skills or practice
4. [ ] Complete the AA-AP Planning form (which replaces the documentation form of 2013)
5. [ ] Complete the AA-AI Individual Educational Activity Application
6. [ ] Complete the AA AI-JPA Approved Provider Joint and or AA AI-CSA Approved Provider Commercial and or AA AI-ECIA Approved Provider Eligibility
**Commercial Interest forms** as required based on the activity you are providing if applicable

7. □ Complete the **Disclosure form** (you can use your own)

8. □ Ensure you have your **Certificate** (you can use your own) matching your **Planning form**.

9. □ Plan to complete an evaluation of the event using the **evaluation form or use your own** (plan a follow up survey or eval 2-3 months post activity by participants if they indeed saw an improvement or change in knowledge, skills or practice)

10. □ Ensure you complete the **Individual Activity Quality Improvement form** or use your own post activity

**Submission labeling:**

- 00 table of contents
- 01 Gap analysis and Education Planning worksheet
- 02 WSNA-A-CNE PU outcomes worksheet
- 03 AA-AP educational planning form
- 04 WSNA-A-CNE applicant verification form
- 05 AA-IA-AP individual activity application
- 06 AA-BIO/COI forms on all nurse planners, faculty, content experts, content reviewers
- 07 AA-IA-JPA Individual Activity Joint Provider (if applicable)
- 08 AA-IA-CSA Commercial support agreement (if applicable)
- 09 AA-IA-ECI Individual activity commercial support (if applicable)