

**New Hampshire Nurses' Association
Commission on Continuing Education**

**Instructions for Submitting
an Application for
Continuing Education Review**

Revised November 2009

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Application for Continuing Education Review**

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Introduction

Throughout its history, the American Nurses' Association (ANA) has been concerned about the competence of all who are licensed as registered nurses. Changes affecting practice demand constant effort by nurses to maintain competency. Participation in continuing education activities is one way nurses maintain their competence. Ultimately, continuing education in nursing will help maintain and improve the health of the public.

In 1974, the ANA established a voluntary system for accreditation and approval of continuing education in nursing. The system is based on a peer review process in which members of the nursing profession, using designated standards and criteria, review and approve educational activities. In 1979, the Commission on Continuing Education of the NHNA was accredited as an approver of continuing education in nursing.

In 1991, the ANA Credentialing Center was created to implement the credentialing programs, which include the accreditation and approval of nursing continuing education activities. The Commission on Continuing Education of the NHNA is accredited as an approver of continuing education by the American Nurses Credentialing Center's Commission on Accreditation.

In mid-2009, the American Nurses' Credentialing Center's Commission on Accreditation (ANCC) revised the Application Manual for Accreditation. The New Hampshire Nurses' Association has revised their materials to reflect the changes articulated by ANCC.

As of August 1, 2009, commercial interest companies can no longer apply to have their activities approved. Commercial interest companies include any entity either producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients

This manual provides information for those seeking approval of continuing education activities, including a description of the application process with appropriate forms and a description of the peer review process. Review the following guidelines and criteria for approval of continuing education activities. The sample forms provided may be duplicated as necessary.

The NHNA Commission on Continuing Education consists of registered nurses with expertise in the field of continuing education in nursing. They meet the qualifications established by the Commission and are elected or appointed by the NHNA membership. Members of the Commission on Continuing Education are available for consultation regarding a question or questions about the application preparation. For any assistance, please contact the NHNA office at (603) 225-3783.

Preparing the Application

1. Obtain the most recent version of the application instructions which are available on-line. To be sure you have the most recent copy, call the NHNA office at (603)225-3783 or check the website at www.nhnurses.org.
2. Complete the packet. Note that all educational programs will use the same forms whether it is a traditional classroom format (provider-directed) or independent study (learner-directed). The application contains the guidelines and application for approval of a continuing education in nursing activity. This application is based on the minimum acceptable criteria established for Continuing Education in Nursing by the American Nurses Credentialing Center's Commission on Accreditation.
3. **All information must be typed and in the order of the application checklist.**
4. **Send three (3) copies** of the completed application to the NHNA at least forty-five (45) calendar days prior to the activity date or one via e-mail. At the discretion of the Commission, applications received between 21 and 44 calendar days will be accepted for review. Applications received less than 21 calendar days of the date of the continuing education activity will be reviewed only with the consent of the chairperson of the Commission on Continuing Education.
5. The non-refundable fee must be enclosed with each application and is based on the contact hours and date of receipt. (See attached schedule page 8). Applications will not be considered for review until the appropriate fee is received.
6. Approval must be granted prior to presentation of an educational activity. Retrograde approval is not authorized.
7. Activities may not be advertised as approved until approval has been granted. If the activity has been (will be) submitted, but notification has not been received, the following statement may appear on promotional materials:

“This educational activity (has been/will be) submitted for approval of continuing nursing education hours to the New Hampshire Nurses Association’s Commission on Continuing Education, an accredited approver of Continuing Nursing Education, by the American Nurses Credentialing Center’s Commission on Accreditation.”

Once an activity has been approved, promotional materials and Certificates must state:

“This continuing nursing education activity was approved by New Hampshire Nurses’ Association Commission on Continuing Education, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”

Do not include the value of the contact hours in the above statement. It must stand-alone from any other statement. Separate it by a line from any other information.

8. Use the **“Applicants Checklist”** (page 10) for Submission of Materials to ensure that the application is complete. This form is for the applicant’s use only and should not be sent to the Commission with the application.

Submitting the Application

Send three (3) copies of the completed **Application for Continuing Education Review** (page 18) and required documents.

Using printed copy: If you are completing the application on paper, simply type your responses in the appropriate spaces.

Completing the Application

1. **PROGRAM TITLE:** Enter the Title of the Program
2. **DATE :** List the date of the continuing education program
3. **LOCATION:** List the location of the continuing education program.
4. **CONTACT HOURS:** Identify the number of contact hours to be awarded with supporting documentation for the number. A Contact Hour is a unit of measurement that describes 60 minutes of an approved, organized learning experience, either provider-directed or learner-directed study. (Question and answer sessions and participant evaluation time should be included in contact hour calculation). The minimum number of contact hours to be approved is 0.5 (thirty minutes). **Approval for contact hours must occur before the educational activity occurs.**

The activity documentation form may serve as supporting for the number of contact hours. For multi session activity, include agenda, clearly identifying non-educational events such as welcoming remarks, breaks, lunch, and viewing vendor displays. Time spent for evaluation activities may be counted in the total contact hours.

Learners will be informed of the required successful completion criteria. It is strongly suggested they be made aware in written form either on the marketing materials or course agenda or hand outs.

5. **CO-PROVIDED ACTIVITY:** Identify whether the education is co-provided with another group or individual. If it is co-provided, a written organizational agreement should be included with the application. This agreement should address how responsibility was assigned for the following:
 - a. Administration of the budget for the activity
 - b. Determination of objectives and content.
 - c. Selection of faculty/presenters
 - d. Awarding of contact hours
 - e. Record Keeping for Offering
 - f. Evaluation

The co-providership agreement must be included with your application.

Note that it is possible to have financial sponsorship of an activity without having that financial sponsor be a provider. Commercially-supplied funds for an educational activity that are given in the form of an educational grant or in-kind assistance must be acknowledged in the brochures

and/or printed material for the continuing education activity. Financial sponsors do not participate in the planning, developing and implanting of the activity.

6. **NURSE PLANNER:** Provide the name, phone number (both work and home) and e-mail address of the RN responsible for the educational activity. The Nurse planner does not need to be the head of the planning group however; the designated nurse planner must be active in the entire planning, implementation and evaluation process; must be a registered nurse and be familiar with the ANCC accreditation criteria. This should be the person with whom the NHNA Commission on Continuing Education will interact if there are questions.

Complete and attach a “Biographical Data and Conflict of Interest Form” for the Nurse Planner

7. **SPONSORING ORGANIZATION:** Enter the name and address of the organization sponsoring the program.
8. **TARGET AUDIENCE:** Please describe the audience for which this program has been developed. Generally, to meet the definition of continuing education for nursing, the primary target audience will be RNs.
9. **NEEDS ASSESSMENT:** Provide a description of the purpose for this program, how it was determined that there was a need for this education program (why are you doing it and for whom) and how the content of this program was developed to meet that need. It is helpful to provide specific examples.
10. **QUALIFIED PLANNERS:** Each educational activity is planned collaboratively by at least one designated Nurse Planner and one other planner, and must have representation from the content expertise, the target audience, and responsibility for adherence to the ANCC accreditation criteria. Include the names and credentials of the members of the planning committee, being sure to clearly identify the roles they are filling. People can fill more than one role

Complete and attach a “Biographical Data and Conflict of Interest Form” for each member of the planning committee.

11. **OVERALL PURPOSE:** Provide a concise description of what the RN will gain from attending this program and how it will enhance their practice.
12. **PRESENTERS:** List all presenters and their credentials.

Complete and attach a “Biographical Data and Conflict of Interest Form” for each presenter.

13. **PRESENTER PARTICIPATION:** Describe how the presenter(s) have participated in planning and evaluating their presentation.
14. **DISCLOSURES AND COMMERCIAL PRODUCT ENDORSEMENT:** Whether there are any identified potential conflicts of interest or not, learners must be informed in advance or at the beginning of the activity whether presenters have disclosed any potential conflicts of interest. A printed statement regarding disclosures is preferred and may include a handout with the statement, a beginning slide of a PowerPoint, a sign at the registration desk, etc. If a verbal disclosure is planned, then a learner must document what is said and sign the statement as a

witness of the disclosure, and this must be forwarded to NHNA to be added to the activity file. Providers of Continuing Nursing Education should not be endorsing commercial products. Education must be kept separate from promotional activities. If commercial products will be mentioned or displayed at this CE activity, please describe how learners will be informed that no endorsement is being made. If Off label use of a commercial product is discussed in a presentation, the presenter must be very clear of this fact and it should be in the setting of new research.

15. **ACTIVITY DOCUMENTATION FORMS:** Complete the seven-column activity documentation form. Adult learning principles should be utilized in planning. Objectives must be measurable and achievable within timeframe allotted for successful completion of the activity. A teaching strategy of lecture without any discussion or question/answer period is not acceptable. If the education is a learner-directed study, list the teaching-learning resources in place of teaching strategies. In completing the last two columns, consider which evaluation tools and categories are appropriate for the objectives. Do they match?

If you are new to writing measurable learning objectives, there are two documents on our website which you may find helpful. The first, "How to Write Learning Objectives", was shared with us by colleagues at the Maine Nurses Association. The second is a document which reviews Bloom's taxonomy.

16. **EVALUATION:** Describe the method to be used to evaluate this activity by attaching a sample evaluation form. The minimal elements that must be included are found in the sample evaluation form on the resource list.
17. **VERIFICATION PARTICIPATION/SUCCESSFUL COMPLETION:** Identify criteria for verifying participation and successful completion of activity. The contact hour validation form/certificate must be submitted: A sample has been included (see pg. 26), but you may use your own as long as all of the following elements are included.
- a. Name of learner
 - b. Name and address of provider of activity
 - c. Title of activity
 - d. Location of activity
 - e. Date of activity
 - f. Assigned activity number
 - g. Number of contact hours awarded
 - h. Signature of provider- (Optional)
 - i. Approval statement
18. **RECORDKEEPING:** Read statement and sign.

Fee Calculation

The application fee is based on the number of contact hours and the number of calendar days until the activity is scheduled to be held. To determine the number of contact hours to award add up the total time allotted for the actual presentation (not including breaks/lunch) and divide by **60 (minutes)**. *Each contact hour is 60 minutes of actual presentation time.* To determine the correct fee see the chart below.

Number of Contact Hours Requested	Fee	Late Fees**	Fee
0.5 – 3.0 contact hours	\$125.00	45 days prior to presentation	Add \$100.00
3.1 – 6.0 contact hours	\$175.00	21 days prior to presentation	Add \$250.00
6.1 – 9.0 contact hours	\$225.00		
9.1 - 12 contact hours	\$275.00		
12.1 – 15.0 contact hours	\$400.00		
15.1 – 18.0 contact hours	\$450.00		
18.1 – 21 contact hours	\$500.00		
21.1+ contact hours	\$550.00		

Applications received less than 45 days before the date of the course will be subject to a late fee of \$100.00.

Applications received less than 21 days before the date of the course will be subject to a late fee of \$250.00.

Applications for activities scheduled in less than 21 days are reviewed at the discretion of the chairperson of the Commission and the higher application rate applies.

Review Process

1. When the application is received in the NHNA office, the Administrative Assistant will log the application, file one copy, and select two Commission members to independently review the application, with one assigned as team leader.
2. If the review team finds problems with the application, the team leader will contact the Nurse Planner to discuss the concerns and, if appropriate, request additional information or clarification. The processing of the application will be delayed if the contact person is not available to provide the necessary information or clarification.
3. Following the review, the continuing education activity may be granted an approval status as follows:
 - A. **Approved:** All criteria were met.

- B. **Not Approved:** The activity is not appropriate to the purpose and functions of nursing continuing education or the application fails to meet criteria for approval. This decision may be appealed in writing to the NHNA CCE within 30 days of notification.
4. Activities are approved for two years. Once the approval period has expired, a new application must be submitted if approval is again desired.
 5. The applicant will be sent a written notification of the results of the review, the number of contact hours awarded, and an assigned activity code number.
 6. An application may be withdrawn at any time without prejudice to any future applications before final action has been taken. The application fee is not refundable.
 7. One copy of the application, correspondence, the review results, notification of approval status, and evaluation summary will be kept on file at the NHNA for the approval period.
 8. Commission members may reserve the right to attend selected activities with advance notice to the provider in order to validate the review process.

Applicant Responsibilities

1. Distribute and collect evaluation forms from each participant.
2. Distribute Contact Hour Validation Form to participants who satisfactorily complete the requirements for the activity. Participants **must** attend entire activity to receive contact hours.
3. Providers must submit an **Evaluation Summary** (see page 31) within thirty (30) days of the completion of the activity. The Evaluation Summary should include the quantitative results of the evaluation as well as a summary from the planners' overall perspective on the education program and how any changes will be incorporated in future planning.
4. Maintain records for six years.

Applicant's Checklist

- _____ **1. Completed application form**
- _____ **2. Co-Providership written agreement included (if necessary)**
- _____ **3. Biographical Data and Conflict of Interest Forms are included for:**
 - _____ a. The Nurse Planner
 - _____ b. Each member of the planning committee (must include at least two members and must represent content expertise and the target audience)
 - _____ c. Each presenter/content specialist
- _____ **4. Activity Documentation Form and brochure/marketing materials**

Note: Do not send copy of PowerPoint presentations/handouts.
- _____ **5. Sample evaluation form.**
- _____ **6. Sample contact hour validation form/ certificate:**
 - _____ a. Successful completion of the activity
 - _____ b. Number of contact hours awarded
 - _____ c. Provider of the activity
 - _____ d. Address of provider of the activity
 - _____ e. Title, date and location of the activity
 - _____ f. NHNA approval statement (see pg. 4)
- _____ **7. Commercial Support Agreement (if appropriate)**
- _____ **8. Record keeping system statement is signed.**
- _____ **9. Appropriate application fee**
- _____ **10. Three copies of the complete application have been enclosed.**
- _____ **11. Reminder: Submit the following within 30 days after activity date**
 - a. Evaluation summary form
 - b. Evaluation of Activity Review Process to assist NHNA's CCE with our quality assurance process.

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Application for Continuing Education Review

Only typed forms are accepted

1. Title: _____
2. Date(s): _____
3. Location of Activity: _____
4. Number of Contact Hours Requested: _____
5. Is activity co-provided? ____ Yes ____ No (If yes, attach copy of agreement)
6. Nurse Planner: *An RN with overall responsibility for the planning, implementation, and evaluation of this activity utilizing the ANCC criteria.*

Name: _____

Work Phone: _____ Home Phone: _____

E-Mail: _____

(Attach completed "Biographical Data and Conflict of Interest Form")

7. Name and Address of Organization Sponsoring Program:

8. Description of the Target Audience:

9. Needs Assessment: Indicate how the needs assessment was accomplished. Describe how the need for this program was identified: i.e. new practice.

10. Planning Committee Members: Include credentials i.e. BSN, MSN, ARNP of each Planner, 11. Content Experts and Representative of Target Audience. Must include at least one designated Nurse Planner (an RN who has been active in the planning, implementation and evaluation process of the program) and one other planner, and must have content expert, someone who represents the target audience, and responsibility for adherence to the ANCC accreditation criteria
ATTACH BIOGRAPHICAL DATA AND CONFLICT OF INTEREST FORMS

	<u>Name</u>	<u>Credentials</u>	<u>Role on Planning Committee</u>
1.			
2.			
3.			
4.			

11. Purpose of this activity is:

12. Presenter(s): *Presenters will have knowledge and expertise in the content and take an active part in planning their presentation. Attach completed “Biographical Data and Conflict of Interest Forms” for each presenter.*

List Presenter(s)/Content Specialist(s): (If you need more space attach another sheet)

Name

Credentials

1.

2.

3.

4.

13. Describe how (Presenter(s)/Content Specialist(s) Faculty) are involved in planning and evaluating their presentation:

14. Describe how Disclosure of Conflicts of Interest/Commercial Support/Discussion of Off-Label Use will be made to the learners:

15. Activity Documentation Forms (See resource list for sample): *The 7-column documentation form must be completed. For learner-directed activities use same form but omit faculty column and list the teaching-learning resources in place of teaching strategies. Include a copy of your brochure/marketing materials.*

16. Describe the method used to evaluate the activity and attach a sample evaluation form: Sample form can be found in the resource list.

17. Describe criteria for verifying participation and successful completion (check all that apply) for example:

Participation

Sign in sheet

Successful Completion

Return of Evaluation

Post test _____

Other (please specify) _____

19. Describe how learners will be informed of requirements for successful completion of activity. (must be informed before or at the beginning of the activity).

20. Attach sample contact hour validation form/ certificate to be awarded to participants. Include copies of Commercial Support Agreement (if applicable).

21. Record keeping: Please read and sign the statement below.

I agree to ensure the records of this activity are kept for six years in a locked and confidential area accessible only by myself and other authorized individuals. The records for this activity will include: title of the activity, complete contact hour application, a sample brochure, a sample certificate, list of names and addresses of participants receiving contact hours, summary of participant evaluations, and co-providership agreement (if necessary).

Signature of RN: _____

Print name: _____