

NEW ANCC/MNA INDIVIDUAL ACTIVITY APPLICATION REQUIREMENTS OCTOBER 2017 UPDATE	
MNA Individual activity requirement	What to submit now
A.) Application & Eligibility Verification Form	Requirement remains the same-Required to submit
B.) List/Identify Planning Committee Members and Activity Presenters	Requirement remains the same- Required to submit
C.) Conflict of Interest forms/COI Review PLANNERS & PRESENTERS	<p>No “specific” Planner or Presenter COI forms required. Requirement:</p> <ol style="list-style-type: none"> 1. Provide the definition of a commercial entity to planners and presenters for review 2. Provide evidence that COI information was collected and evaluated. <p><u>MNA Guides available for evidence of COI review</u></p> <ol style="list-style-type: none"> 1. COI Interest Document Submit “COI INTEREST” Document (New Document as of 10/2017) for each activity planner and presenter. Signature of Nurse Planner and planner or presenter required. 2. Nurse Planner Attestation Document Nurse Planner attests to performing an evaluation of the presence or absence of a conflict of interest and/or potential bias and resolving any COI’s found for all activity planners and presenters. <p>If any conflicts of interest and/or potential bias for any planners or presenters exist:</p> <ol style="list-style-type: none"> 1. Nurse Planner provides an explanation of the method used to resolve all conflicts of interest and/or potential Bias to MNA. 2. Provide evidence of the following information being disclose to participants: <ul style="list-style-type: none"> ●Names of the individuals with the conflict of interest ●Name of commercial entity ●Type of relationship
Biographical/Expertise • PRESENTERS	<ul style="list-style-type: none"> ●No Presenter Bio forms and/or CV’s required ●Submit credentials for all Activity Presenters ●Submit statement regarding experience – <i>“Presenter is deemed experienced to present based on the following related experience/expertise”</i>

<p>Biographical/Expertise</p> <ul style="list-style-type: none"> NURSE PLANNERS 	<ul style="list-style-type: none"> ● No Nurse Planner Bio forms and/or CV's required ● Submit credentials for all Activity Nurse Planners ● Submit statement regarding experience – <i>“This individual deemed qualified as the Nurse Planner for this activity based on the following related experience and/or expertise.”</i>
<p>Biographical/Expertise</p> <ul style="list-style-type: none"> CONTENT EXPERT 	<ul style="list-style-type: none"> ● No Content Expert Bio forms and/or CV's required ● Submit credentials for all Activity Content Experts ● Submit statement regarding experience – <i>“This individual deemed qualified as the content expert for this activity based on the following related experience and/or expertise”</i>
<p>Biographical/Expertise</p> <ul style="list-style-type: none"> PLANNERS <p>(Other than Nurse Planner and Content Expert)</p>	<ul style="list-style-type: none"> ● No Planner Bio forms and/or CV's required ● Submit credentials for all activity Planners ● No biographical/expertise information required
<p>D.) Agenda/Schedule</p>	<p>Requirement remains the same-Submit with application</p>
<p>E.) Activity Disclosures</p>	<p>Requirement remains the same-Submit with application</p>
<p>F.) Contact Hour Calculation Sheet</p>	<p>Requirement remains the same-Submit with application</p>
<p>G.) Educational Planning Table</p>	<p>Requirement remains the same-Submit with application</p>
<p>H.) Evidence-Based References</p>	<p>Requirement remains the same-Submit with application</p>
<p>I.) Method of Evaluating Activity</p>	<p>Method used does not have to reflect improvement however.... An appropriate method must reflect where the learner is at the end of the activity in comparison to the beginning of the activity:</p> <ul style="list-style-type: none"> ● Measure if the learner needs identified in the activity have been met by signifying a change at the educational level (knowledge, skill, practice) has taken place and/or determines if participants are now able to do as the learner outcomes and objectives suggest. ● Evaluation should link back to the gap, the evidence, the learner outcomes and learner needs identified ● Determine if participant can be apply what was learned to their professional practice.
<p>J.) Method used to Verify Participation in Activity</p>	<p>(Requirement remains the same-Submit with application)</p>

Pharmacotherapeutic Contact Hour Information	Requirement remains the same-Submit with application – <i>if applicable</i>
Commercial Support Agreement	Agreement Required to submit (if applicable) Provide evidence of Disclosure to participants: Name of the organization/individual providing commercial support for activity must be disclosed to participants
Joint Provider Agreement	Agreement DOES NOT need to be submitted for review Provide evidence of Disclosure to participants: Name of the organization/individual jointly providing activity with applicant must be disclosed participants.
Sponsorship Agreement	Nothing required/needed. <ul style="list-style-type: none"> • Agreement DOES NOT need to be submitted for review • Disclosure to participants IS NOT required.
Pre/Post Tests	Nothing required/needed. <ul style="list-style-type: none"> • Copies of Pre/Post tests DO NOT need to be submitted.
Announcements/Marketing material	Nothing required/needed. (Unless reviewer finds a review of the activity’s marketing information is needed)
Response to previous accreditation denial: “Has the applicant ever been denied accreditation by ANCC or had its accreditation status suspended or revoked?” (Relates to Applicant Eligibility Verification document)	Response no longer a requirement
Participants acknowledgement of receipt and/or review of the activity disclosures	Provide evidence of participants’ ability to confirm they have either received or reviewed the required activity disclosures.

The Maryland Nurses Association is an accredited approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.