

ACTIVITY DOCUMENT DESCRIPTIONS & EXPLANATIONS

Below is a guide to understanding the information required for your activity documents. Please provide the documents/attachments outlined below with a cover page before each attachment/section.

If not applicable to your activity, indicate N/A for the cover page for that section

Attachment	Document	What to provide
A	Eligibility Verification form	<p>Confirmation that applicant is eligible to apply for contact hours. This form must be submitted WITH the application packet each time an application is submitted for contact hour approval.</p> <p>Signature and date required</p>
B	Activity Application	<p>Complete application in its entirety and submit the information requested within the application as it relates to your activity.</p>
C	List of activity planners and presenters/authors and content reviewers	<ol style="list-style-type: none"> 1. Names and credentials of all individuals in a position to control content. 2. Nurse Planner (<i>with a BSN or higher</i>) and Content Expert must be identified. 3. Related experience/expertise for: <ol style="list-style-type: none"> a. Nurse Planner(s) b. Content Expert(s) c. Presenter(s)
D	Conflict of interest Review	<p>Evidence of conflict of interest information being collected and evaluated for activity Planners & Presenters. Below are examples of ways in which evidence can be provided.</p> <p><u>Example 1: COI Interest Document</u> Provide a COI document for each activity planner and presenter. Signature of Nurse Planner and planner or presenter required. (Signatures of 2 individuals required for each planner and presenter COI document)</p> <p><u>Example 2: Nurse Planner Attestation</u> Signed Statement from Nurse Planner attesting to having completed an evaluation of the presence or absence of a conflict of interest and/or potential bias for all activity planners and presenters and resolving any COI's found.</p> <p>Signed Statement from individual who evaluated the Nurse Planner's COI attesting to having completed an evaluation of the presence or absence of a conflict of interest and/or potential bias for the Nurse Planner.</p>

E Expertise for Planners & Presenters

Identify the relevant experience and/or expertise to the activity content for presenters.
Identify relevant experience and/or expertise to activity content and CNE activity planning, adult learning, ANCC criteria that deems them qualified in their role in the activity on the planning committee.

F Agenda/Schedule

An agenda or schedule if activity is more than 2 hours.
Agenda should show time for:

1. Activity title, Activity Location, Organization providing activity, Dates/Times/Presenter Information
2. Welcome/Introduction
3. Session Titles
4. Breaks

G Activity Disclosures

Evidence demonstrating how the required activity disclosures will be provided to learners prior to start of the educational activity.

This could be in the form of a PowerPoint slide, Webpage, brochure, page from agenda or disclosure handout.

The ANCC required activity disclosures are:

1. ANCC Accreditation statement **see note below*
2. Requirements to successfully complete activity and receive contact hours
3. Presence or absence of conflicts of interest and any financial relationships for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers)
4. Commercial support (if applicable)
5. Expiration date (enduring materials only)
6. Joint Providership (if applicable)

Note: Marketing Materials associated with the activity and certificates must clearly indicate the Provider/applicant who is responsible for awarding contact hours and adherence to ANCC criteria

REQUIRED: Provide evidence of participants' ability to respond to receiving and/or reviewing the above activity disclosures PRIOR to the start of the activity.

**H Contact hours calculation sheet
Show time calculation of each session**

NOTE: The term “CEU” is not used for Continuing Nursing Education. The correct term is “Contact Hours”

1. Number of contact hours requesting approval for. (One contact hour =60 minutes)
2. Show method of calculation (Provider must keep a record of the number of contact hours earned by each participant)
3. Contact hour Calculation should provide 2 totals:
 - Total number of contact hours for **every** session that will provide contact hours
 - Maximum amount of contact hours a participant can receive

Indicate if there are any sessions not included in contact hour total

Sample Format:

Date	Activity	Time	Minutes/Contact Hours
1/2/2020	Dementia	8:00-9:00 am	60min/1contact hour
1/2/2020	Exhibitors	9:05-9:35 am	No contact hours

Go to the **Continuing Education-CE Applications Page** on the MNA website for instructions on calculating contact hours for application review fee payment.

(For pharmacotherapeutic contact hour calculation see below)

I Educational Planning Table

A summary of educational content for Presenter/Author presentation.

1. **Gap analysis:** Provide Gap analysis for presentation
2. **Content column:** A summary of the topics of the presentation or an outline of topics being discussed.
3. **Time:** Provide length (in minutes).
4. **Learner Engagement Strategies:** *Examples:* Q& A, case studies, video chat (online sessions) email...etc.
5. **Teaching Methods:** *Examples:* PowerPoint Slides, Lecture, Discussion, Demonstrations, Simulation, Video, Audiotape etc.
6. **Presenter/Authors: Names or authors.** Do not provide group names or acronyms not acceptable.
7. **Learner Outcome:** What will learners accomplish after participating in activity

Note: Time to administer Pre/Post tests, Q&A and take evaluations can be included in contact hours.

J Evidence Based References

List the References used for each Presenter/Speaker’s research for their session with the following detail included:

Title, release date, author and page number

<p>K Certificate of Successful Completion</p>	<p>Required information:</p> <ol style="list-style-type: none"> 1. Participant’s Name 2. Name and address of applicant/provider of the educational activity 3. Title and date of educational activity 4. Number of contact hours awarded 5. Include pharmacotherapeutic hours (<i>if applicable-see below for details</i>) 6. ANCC activity approval statement <i>*see note below</i>
<p>L Method of Evaluation</p>	<p>A method that evaluates the success of the activity by linking back to the identified gap, the evidence, the learner outcomes and learner needs identified and determines if the educational gap is now closed.</p> <ul style="list-style-type: none"> • Determine if the learner needs identified in the activity have been met • Determine comprehension of learner outcomes
<p>M Method used to verify participation</p>	<p>Required information:</p> <ol style="list-style-type: none"> 1. A unique identifier for each participant (i.e.: email or mailing address) 2. Number of RN’s attended <p>For live activities: Sign in sheet is acceptable For enduring activities: Participants would not sign a sign in sheet , therefore a link, screen shot of sign in webpage data log, spreadsheet with the fields participants complete to verify participation is acceptable.</p>
<p>N Commercial Support Agreement</p>	<p>Provide a written agreement between applicant/provider and commercial interest organization that specifies the dollar amount of the financial support or the description and estimated value of the in-kind support for the activity.</p> <p>The agreement should identify policy and procedures that adhere to the American Nurses Credentialing Center’s <i>Content Integrity Standards</i>.</p> <p>Additionally, the agreement signed by provider and commercial interest organization is required to be submitted.</p> <p>Note: Organizations providing commercial support may not provide or jointly-provide CNE activities.</p>
<p>O Provider Responsibility Agreement</p>	<p>This agreement outlines provider/applicants responsibilities with regard to activity announcements, activity record keeping, follow-up with MNA and activity quality reviews.</p> <p>Signature and date required.</p>

***ANCC ACCREDITATION STATEMENT - REQUIRED TO BE DISCLOSED TO PARTICIPANTS**

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

***ANCC ACTIVITY APPROVAL STATEMENT - REQUIRED TO APPEAR ON CERTIFICATE**

This continuing nursing education activity was approved by the Maryland Nurses Association an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation

Documentation for Pharmacotherapeutic Contact Hours

Documentation to submit for sessions requiring Pharmacotherapeutic Contact Hours

Pharmacotherapeutic
Contact Hours

Pharmacotherapeutic
Documentation

What to provide

ATTACHMENTS

Pharm1

**Presenters discussing
pharmacotherapeutics**

- Names and credentials of all authors presenting pharmacotherapeutic content
- Identify related pharmacotherapeutic experience/expertise

Pharm2

**Educational Sessions with
pharmacotherapeutic content**

Identify the sessions containing pharmacotherapeutic content

1. Provide the session learner outcomes
2. Length of time to discuss each outcome.
3. Identify the time spent discussing pharmacotherapeutic content separately.

(Note: Pharmacotherapeutic contact hours are only applicable for the time spent **specifically** on pharmacotherapeutic content within a presentation)

Pharm3

**Pharmacotherapeutic Contact Hour
Calculation Sheet**

Show how the number of pharmacotherapeutic contact hours were calculated for the activity.

Example:

Activity Date	Activity Title	Time	Length of Session	Pharm content of discussion/ Contact Hours
1/2/2020	Diabetes	8am - 10am	120min / 2hrs	60min/1 pharm contact hr

Session Outcomes:

1. Identify the different options available for treating Type II diabetes.
2. Discuss the types of medications used to treat Type II diabetes.