

NEW

ANCC/MNA CNE ACTIVITY REQUIREMENTS
OCTOBER 2017 UPDATE

MNA CNE Activity Requirement	What to submit now
Announcements/Marketing material	Nothing (unless reviewer finds a review of the activity marketing information is needed)
Commercial Support Agreement	Submit Commercial Support Agreement Provide evidence of Disclosure to participants: Name of the organization/individual providing commercial support for activity must be disclosed to participants
Joint Provider Agreement	Provide evidence of Disclosure to participants: Name of the organization/individual jointly providing activity with applicant or approved provider must be disclosed participants.
Sponsorship Agreement	Nothing - No form or disclosure required
Pre/Post Tests	Nothing - No evidence required to be submitted of pre/post testing
Conflict of Interest (COI) forms PLANNERS & PRESENTERS	<p>No "specific" Planner or Presenter COI forms required.</p> <p>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> <p>1. COI Interest Document Submit "COI INTEREST" Document (New Document as of 10/2017) for each activity planner and presenter.</p> <p>Two (2) Signatures required for COI Interest Document: <u>If COI Document belongs to a Planner or Presenter:</u> Signature of Planner or Presenter and Nurse Planner required</p> <p><u>If COI Document belongs to the Nurse Planner:</u> Signature of Nurse Planner and the individual who reviewed Nurse Planner's COI required.</p> <p>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> <p><u>Signature of Nurse Planner and the individual who reviewed Nurse Planner's COI required.</u></p>

<p>(continued) Conflict of Interest forms PLANNERS & PRESENTERS</p>	<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
<p>Biographical/Expertise PRESENTERS</p>	<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 NURSE PLANNERS</p>	<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 CONTENT EXPERT</p>	<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 PLANNERS (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 information required
<p>Method of Activity Evaluation</p>	<p>Does not have to reflect improvement however.... An appropriate method of evaluation must be created to 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>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 for Individual Activity Applicants and Approved Providers)</p>	<p>No response required</p>

Participants acknowledgement of receipt and/or review of the activity disclosures

Provide evidence showing participants will be able to confirm if the required **activity disclosures** were received or reviewed prior to the start of the CNE activity.

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