

| NEW ANCC/MNA INDIVIDUAL ACTIVITY APPLICATION REQUIREMENTS | |
|--|---|
| OCTOBER 2017 UPDATE | |
| MNA Individual 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 | 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 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 forms 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> <p>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.</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>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> |
| Biographical/Expertise 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 |

| | |
|---|---|
| | <ul style="list-style-type: none"> ●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> |
| Biographical/Expertise 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> |
| Biographical/Expertise PLANNERS (other than Nurse Planner and Content Expert) | <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 |
| Method of Activity Evaluation | <p>Does not have to reflect improvement however....</p> <p>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. |
| 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) | No response required |
| 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.