*Contact your provider unit’s primary nurse planner for assistance or the MNA Professional Development office at 406-422-1050 for assistance.*

Title of Activity:

Number of Contact Hours:

Number of Rx Contact Hours (If applicable - [See more information here](https://www.nursingworld.org/organizational-programs/accreditation/primary-accreditation/faqs/)):

Activity Type:

Provider-directed, provider-paced: Live (in person  or webinar )

* Date of activity:
* City/State of Activity if in-person event:
* Rationale for number of contact hours to be awarded:
* If 3 hours or less, please enter:
  + Start time
  + End time
* If longer than 3 hours, attach a copy of the full agenda

Provider-directed, learner-paced: Enduring material

* Start date of enduring material:
* Expiration/end date of enduring material:
* Rationale for number of contact hours to be awarded:

Blended activity

* Describe pre or post activity material:
* Date of live portion of activity:
* City/State of live portion of activity:
* Rationale for number of contact hours to be awarded:

Nurse Planner contact information for this activity.

Name and credentials:

Email Address:

The **Nurse Planner** must be a registered nurse who holds an active, unrestricted nursing license **AND** hold a baccalaureate degree or higher in nursing **AND** be actively involved in planning, implementing and evaluating this nursing continuing professional development educational activity based on educational resources provided by the Accredited Approver Program Director.

**Qualified Planners and Faculty/Presenters/Authors/Content Reviewers**

Complete for each person involved with the activity\* and include name, credentials, educational degree(s). Planning committees *must* have a minimum of a Nurse Planner and one other planner to plan each educational activity. The Nurse Planner is knowledgeable of the process and is responsible for adherence to the ANCC criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered. The nurse planner can also be the content expert, as long as there is at least one other person on the planning committee. **The Nurse Planner and Content Expert must be identified.**

*\*Involved individuals include activity planners, presenters, faculty, authors, and content reviewers (if used).*

|  |  |
| --- | --- |
| **Name of Individual/credentials/degrees** | **Role in activity** |
|  | Nurse Planner |
|  | Content Expert\* |

\*If Nurse planner is serving as content expert, list other planning committee member.

|  |  |  |
| --- | --- | --- |
| **Name of Individual/credentials** | **Role in activity** | **Planning committee member?** |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |

**Identification, Mitigation, and Disclosure of Relevant Financial Relationships**: Evidence of identification, mitigation (if applicable), and disclosure (if applicable) of relevant financial relationships must be maintained (see notation in attachments 1, 2 & 4) OR nurse planner can answer “yes” to the following question:

**Will the content of this activity ONLY address a nonclinical topic (e.g., leadership, communication skills training, preceptor)?** **Yes  No**

If you answered “**Yes**,” to the above question, then you **do not** identify, mitigate, or disclose relevant financial relationships for those with the ability to control the content of the activity and the nurse planner can sign below.

If you answered “**No**,” then you need to complete the steps for identification, mitigation, and disclosure of relevant financial relationships. Please complete requirements listed within attachments 1 and 2.

I attest to the fact that this activity content will address a nonclinical topic ONLY, so I do not need to identify, mitigate, or disclose relevant financial relationships for those with the ability to control the content for this activity.

**Nurse Planner Name**: Nurse planner electronic signature here. **Date**: Click or tap to enter a date.

**Educational Design Criteria**

1. **Description of the problem (professional practice gap)** (e.g., change in practice, problem in practice, opportunity for improvement) – Explain what is happening that creates the need for this activity (For example, “Nurses are not aware of new guidelines from CDC regarding adult immunizations”). One sentence is generally adequate to state the problem.
2. **Evidence to validate the existence of the problem** – Describe why--How do you know that the problem identified in (A) exists? What data do you have? Consider looking at what’s currently happening in your organization compared to national standards, guidelines, or evidence-based practice, trends in literature – what is vs. what could be – and why. (“Need” or “request” is not an adequate response.)
3. **Educational need** that underlies the professional practice gap – check the level of education this activity is designed to address *by the end of the activity* (not the long-term goal). The gap, evidence, outcome, content, and evaluation need to incorporate all options selected.

Knowledge  Skill  Practice

1. **Description of the target audience:** Must include RNs:
2. **Desired learning outcome(s)** – not objectives. Provide a **measurable** outcome statement that indicates what the learner will know, do, or be able to apply in practice **at the end of the activity**. This outcome must be directly related to the problem the education is designed to address (A) and the level of educational need (C). For example, “Participants will state at least one intended practice change related to care of the patient with CHF” or “Participants will pass a post-test with a score of 90% or higher to show knowledge of safe medication management”.
3. **Description of evaluation method**: Evidence that change in knowledge, skills and/or practices of target audience will be assessed (Relate this back to the desired learning outcome in “E” above – if you said participants would pass a post-test, then one of your evaluation strategies is a post-test). An evaluation “form” is not required; an evaluation process is required.
4. **Content of activity and use of best available evidence**: Provide a description of the content *and supporting references or resources* that help learners achieve the desired outcome (note: if planning an activity with several sessions or a conference, write a paragraph summary of the conference as a whole, showing how the sessions contribute to learner achievement of the overall outcome – it is not necessary to describe each session.) If awarding **Rx contact hours**: Provide content description relevant to advanced level pharmacology and prescribing if planning to award Rx hours.
5. **Learner engagement strategies:** How will learners be active participants in this experience? (Note: lecture and PowerPoint are not learner engagement strategies; Learner engagement strategies must be congruent with activity format and the underlying educational needs identified)
6. **Criteria for successful completion to earn contact hours:** Needs to relate to expected outcome (E) AND be enforceable at the time of the activity (must match activity information (J) given to participants).

(Check all that apply)

Attendance at the entire activity (100% attendance)

Attendance for a portion of the activity (1 or more sessions of a conference, certain percentage of the activity, etc.) Describe:

Active participation in activities/discussion

Completion/submission of evaluation form

Successful completion of a post-test (state minimum score:  %)

Successful completion of a return demonstration

Other - Describe:

1. **Activity Information**: Describe how the activity information will be presented to learners *prior to the start of the educational activity* (i.e., slide projected, read aloud, on agenda, etc.)(Document activity information as required in attachment 4)
2. This activity is receiving **commercial support** (financial or in-kind support from **ineligible** companies): Yes  or No

If yes include a signed commercial support agreement in the activity file. See the commercial support agreement template on the MNA web site.

Name of commercial support entity(ies):

Amount of money received:

In-kind services received:

(Vendors/exhibitors are people or organizations who pay for exhibit space at learning activities, which is different than commercial support. Refer to FAQs on the website for additional information.)

1. This activity is being **jointly provided**: Yes  or No

The joint provider organization **may not** be an ineligible company. When an activity is jointly provided, the activity must be designed to meet mutual needs of all groups. Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to ANCC criteria. A written agreement is not necessary. Please refer to the FAQs on the web site or contact MNA if you have questions about jointly providing.

Name(s) of joint providers:

Completed by Nurse planner electronic signature here. Date Form Completed:

**ADDITIONAL DOCUMENTATON REQUIRED IN THE ACTIVITY FILE**

|  |  |
| --- | --- |
| **Attachment 1** | Statement of exemption by the nurse planner (see exemption on page 2) **OR** collect and review ***Financial Disclosure Form*** from all members of the planning committee, faculty, and others   * Review the ***Key Steps for the Identification, Mitigation, and Disclosure of Relevant Financial Relationships*** document for additional information |
| **Attachment 2** | If a financial relationship is noted on the ***Financial Disclosure Form***, complete the ***Mitigation Worksheet*** for the activity   * The Nurse Planner cannot mitigate their own financial relationships. Another person with knowledge of the process is required to validate the nurse planner’s data. |
| **Attachment 3** | If the activity is longer than 3 hours, attach the agenda for the entire activity |
| **Attachment 4** | Activity Information-Evidence of required information provided to learners prior to the start of the educational activity:   1. Approved provider statement (always required) 2. Criteria for successful completion (always required and must be consistent with criteria for awarding contact hours as noted in “H” above) 3. Presence or absence of relevant financial relationships for all individuals in a position to control content (e.g., members of the Planning Committee, presenters, faculty, authors, and content reviewers). Refer to the ***Key Steps for the Identification, Mitigation, and Disclosure of Relevant Financial Relationships*** document for examples and additional information  * Do not include if content is nonclinical only  1. Commercial support (if applicable) 2. Expiration date (enduring materials only) 3. Joint Providership (if applicable)   **NOTE**: When an activity is jointly provided, materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to ANCC criteria |
| **Attachment 5** | Certificate or documentation of completion (Retrievable for 6 years–must contain activity title; date; provider name and address; space for participant name; approved provider statement; and number of contact hour awarded to each participant. (You are not required to submit the attendance list with the self-study application) |
| **Attachment 6** | ***Commercial Support Agreement*** or similar letter of agreement that outlines the support provided, how it will be used, and that the ineligible company has no control over educational content with signatures and dates. No logos, trade names, or product group messages for the organization can be provided. |
| **Attachment 7** | Summative evaluation that addresses whether the outcome was met and recommendations for future activities (not raw data from learners) added at the conclusion of the activity |