



Do not complete this form.

You must submit your information [via our online system](#), or your application will not be processed.

Please note: This is a planning tool to help you know what to expect when you begin completing the responsive online application form. As you complete the online application the questions listed on this PDF may not be visible to you based on your individual answers. This is meant to mimic the online form, but not be a precise replica.

This guide is 8 pages total. The online application itself has 5 substantive sections & 6 “pages” to advance through:

Page 1 - **Application Form**

Page 2 - **Acknowledgements and Nurse Planner Information**

Page 3 - **Part A: Activity Information**

Page 4 - **Part B: Use of Educational Design Criteria**

Page 5 - **Part C: Additional Activity Documents**

Page 6 - **Part D: Identification, Mitigation, and Disclosure of Relevant Financial Relationships**

What to expect for the online Application Form

[Instructions & Guidelines](#)

Welcome to the MNA Individual Educational Activity Application. If you have any questions regarding this application, please email jennifer@mtnurses.org.

Please click "Next" to begin working on your application.

SAVE & CONTINUE EDITING

NEXT

What to expect in Acknowledgements and Nurse Planner Information

Recordkeeping Acknowledgement*

Provider must retain **all activity file documentation** (application **and application number**, certificate, applicable attachments, relevant financial relationship data, etc.), including names and credentials of learners and number of contact hours awarded to each participant **for 6 years**.

I acknowledge

Document Changes Acknowledgement*

If your activity is approved, information and documents must be presented to learners exactly as approved. **No changes** can be made to the disclosures, certificate, approved marketing materials, etc. after approval. If any changes do need to be made, please contact MNA directly.

I acknowledge

Language and Logo Use Acknowledgement*

It is **not** acceptable to refer to your activity with the terms “accredited” or “accreditation”, to reference ANCC other than in the prescribed statement, or to use the ANCC or MNA logos on any of your activity materials, including marketing.

I acknowledge

Standards for Integrity and Independence Acknowledgement*

The Nurse Planner attests that this activity has been planned in accordance with the Standards for Integrity and Independence.

- I acknowledge

Nurse Planner Role Acknowledgement*

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 MNA.

The nurse planner is accountable for all information provided in this application.

Nurse Planner information contact information for this activity:*

Name	
Credentials	
Email Address	
Phone Number	
State(s) of licensure for nurse planner	

Is the person completing this application the nurse planner?*

The nurse planner is not responsible for completing and submitting this application.

- Yes (if yes, please sign below)
- No (if no, please provide personal information below)

If yes to the above question, please sign to indicate acknowledgement of your accountability noted above.*

If no to the above question, please answer the following questions.

- I confirm the nurse planner has reviewed all information provided in this application and understands their accountability for this activity and its planning.*

Please enter your name and role below*

Full Name	
Title/Activity Role Description	

What to expect in Part A: Activity Information

Name of Applicant Organization: *

Title of Activity: *

Total Number of Contact Hours Planned: *

If activity is exactly 3 hours, an agenda is not required

Are you planning to offer pharmacotherapeutic (Rx) hours for this activity? [For more information regarding these hours, please visit this page.](#)

- Yes
- No

If yes, total Number of Rx hours Planned: *

Please explain the content and rationale for the Rx hours that will be awarded for this activity.*

If activity is equal to or less than 3 hours, please provide a start and end time: *

Start Time:

End Time:

Method used for calculating contact hours - Enduring:

- Time Based (60 mins = 1 contact hour)
- Mergener Formula
- Pilot Study
- Historical Data
- Other _____

If activity is 3 hours or longer - please submit an agenda: *

Please provide the agenda (or draft) that will be provided to learners. The agenda should show start times and end times for content sessions, as well as breaks and meals, as appropriate. Evaluation can be counted as part of learning time, as long as the agenda specifies an end time for the evaluation work.



Activity Start Date: *

Activity End Date: *

Activity Type (select one):

[See the "What information does the application ask for?" question on this page](#) for a description of these activity types.

A live activity can be in-person or virtual.

- Provider-directed, provider-paced (Please answer follow-up questions in Column A below)
- Provider-directed, learner-paced (Please answer follow-up questions in Column B below)
- Blended activity (Please answer follow-up questions in Column C below)
- A live activity that will be recorded (Please answer follow-up questions in Column D below)

Column A	Column B	Column C	Column D
<p>Live Activity Type: *</p> <ul style="list-style-type: none"> <input type="radio"/> In Person <input type="radio"/> Webinar <p>If in-person, please enter City/State where activity is being held: *</p>	<p>Start date/publication date of enduring material: *</p> <p>Expiration/end date of enduring material How long will this content be current and relevant to your learners? You are required to remove the enduring material from circulation to update content if needed during the 2-year period of approval. Please identify the date this will happen and include it in your activity information disclosure to learners. *Cannot exceed 2-year period of approval, but can be any length of time up to 2 years.</p>	<p>Describe pre or post activity material:</p> <p>Date of live portion of activity:</p> <p>Rationale for number of contact hours to be awarded for pre or post activity work:</p> <p>City/State for live portion of activity: If this will be held virtually, enter "webinar" in the field.</p>	<p>Start date/publication date of enduring material:</p> <p>Expiration/end date of enduring material How long will this content be current and relevant to your learners? You are required to remove the enduring material from circulation to update content if needed during the 2-year period of approval. Please identify the date this will happen and include it in your activity information disclosure to learners. *Cannot exceed 2-year period of approval, but can be any length of time up to 2 years.</p>

Additional comments to reviewers related to basic activity information. (if needed)

Use this field to add any additional comments you want to share with reviewers (i.e., a webinar that will be live AND recorded as an enduring activity; an activity that is intended to be repeated multiple times in multiple locations, etc.)

Is this activity receiving commercial support? *

- Yes
- No

If yes, please enter the name(s) of ineligible companies providing support. *

Commercial Support Agreement *

Enter the amount of money received OR Enter the type of in-kind contribution provided (Items donated, etc.) *

[Include a signed commercial support agreement with your application.](#)

 Upload a file

Is this activity being Jointly Provided? *

Joint providership means that two or more groups work together to plan and implement an activity to meet the needs of learners in both groups. Please be sure that marketing material and the certificate are issued in the name of the provider (you), not the joint provider(s) (the other group(s)). Please note, this is not the same meaning as "joint providers" in the CME realm.

- Yes No

If yes, please answer the below questions. If no, please move to the next page.

Please note that if commercial support is being given to a jointly provided activity, the primary provider organization (applicant) must manage all funds received.

The joint provider organization may not be an ineligible company.

Please enter the name(s) of joint provider organization(s). *

A member of the joint provider organization(s) must be on the planning committee. Name of individual: *

Individual(s) serving on the planning committee on behalf of the joint providers

What to expect in PART B: Use of Educational Design Criteria

A. What is the problem that has created the need for this activity? *

Please provide a **1 sentence** explanation of the current problem.

Example: Nurses are not aware of new guidelines from CDC regarding adult immunizations.

B. Evidence to validate the professional practice gap: *

*Describe **why** this is happening and how you know it could be better (new standards, new guidelines, research, etc.) Focus on the evidence that shows there's a problem, not on the purpose of content of the education.*

C. Educational need that's causing the problem: *

- Do learners need to get more information (knowledge)?
- Do they have knowledge but need to develop skills?
- Do they have knowledge and skills but are not using them in practice?

Check the level of intervention appropriate for this activity that will be completed *by the end of the activity* (not the long-term goal).

- Knowledge
 Skill
 Practice

D. Description of the target audience: *

- RN
 APRN
 Specific Subset of RNs (e.g. ED, Oncology, etc.) – **specify below**
 Interprofessional - **specify below**

You selected Specific Subset of RNs - please specify:

You selected Interprofessional - please list relevant professional groups:

E. The established professional competency(ies) and the professional source that developed the competency(ies)

Tying an activity to a specific competency helps validate the intent behind the education, showing why it is being provided. This focuses on identifying professional competencies that directly align with the practice gap, ensuring the NCPD activity is purposefully designed to bridge that gap. Ex. Gap: Nurses lack knowledge of the new ANA Code of Ethics. Competency referenced: Apply principles of professional nursing ethics and human rights in patient care and professional situations. (AACN Essentials, Domain 9:1a)

F. Measurable learning outcome(s): *

What do you expect the learner to know or do at the end of the activity and how are you going to measure success? Please do not submit a list of 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*. For example, “80% of participants will provide evidence of increased knowledge by stating at least one intended practice change related to care of the patient with CHF” or “100% of participants will demonstrate skill in interpersonal communication through role play”.

G. Assessment method: *

How will you evaluate whether a learner has gained knowledge, improved skill, or has a plan to apply new knowledge and skills in practice by the end of the activity? You can collect this data in a number of ways – through end-of-activity discussion, observation of learner engagement during the activity, specific verbal or written responses to questions, or observation of skill performance – an evaluation form is not required but is one option. **Please describe the process you will use to see whether you’ve helped reach the outcome you identified in “E” above.**

H. Content of activity: *

A paragraph description or outline summarizing the overall content for the activity (note: if this is a conference, provide a description of how the sessions overall contribute to meeting the outcome for the conference – do not describe each session.)

I. Current supporting references or resources (within past 5-7 years): *

Please provide article or book authors, titles, and dates of publication. For web sites, provide the specific title and date of publication of the information, not just a link to the web site.

J. Active learning strategies: *

List the strategies, like discussion, role play, or skills practice, that indicate how learners will be actively involved in the learning experience (note: Lecture and PowerPoint are not learner engagement).

J. Criteria for awarding contact hours for live and enduring material activities: *

What does the learner have to do in order to earn a certificate? Must match disclosures given to participants - check all that apply.

- Attendance for the entire activity or conference
- Attendance at 1 or more sessions in a multi-session event (credit commensurate with participation)
- Completion/submission of evaluation form
- Successful completion of a post-test (e.g., attendee must score ###% or higher) – **specify score needed below**
- Successful completion of a return demonstration
- Other - Describe what other requirement(s) learners will need to meet before being awarded contact hours.

If needed, what is the required post-test score learners must earn to receive a certificate?

What to expect in PART C: Additional Activity Documents

Activity Group Members

Download the file below to outline your team and upload the saved file below. *Please list all planning committee members, presenters, and anyone involved in planning, implementing and evaluating the activity.*

File to download/complete: [CNE Individual Activity Group](#)

 Upload a file

Certificate or documentation of completion: *

Please upload the template that will be used for learner certificates. The certificate must include:

1. Name and address of provider of the activity (web address is acceptable)
2. Space for the name of the learner
3. Date and title of the activity
4. Number of contact hours awarded
5. Approval statement for awarding contact hours: *This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.*

 Upload a file

PREVIOUS SAVE & CONTINUE EDITING NEXT

What to expect in Part D: Identification, Mitigation, and Disclosure of Relevant Financial Relationships

For a guide regarding these processes, **please take a few moments** to read through this document: [Key Steps for the Identification, Mitigation, and Disclosure of Relevant Financial Relationships](#)

Will the content of this activity **only** address a nonclinical topic (e.g., leadership, communication skills training, preceptor)?

- No
- Yes

If you answered “Yes,” to the above question, then you should not identify, mitigate, or disclose relevant financial relationships for those with the ability to control the content of the activity and you can confirm below. **Please reference Column A in the guide table below.**

I attest to the fact that this activity content will address a nonclinical topic ONLY, so there is no need to identify, mitigate, or disclose relevant financial relationships for those with the ability to control the content for this activity.

First Name	Last Name	Credentials	Activity Role

If you answered “No,” then you need to complete the steps for identification, mitigation, and disclosure of relevant financial relationships.

You will need to collect and review [Financial Disclosure Form \(click here\)](#) from all members of the planning committee, faculty, and others. Remember, for additional information and guidelines, review the [Key Steps for the Identification, Mitigation, and Disclosure of Relevant Financial Relationships](#) document ([click here](#)).

Please upload [Financial Disclosure Forms](#) for each planner/presenter below.*

 Upload a file

Did any individual report a financial relationship on their Financial Disclosure Form?*

- No - **Please reference Column B in the guide table below.**
- Yes - **Please reference Column C in the guide table below.**

Mitigation Process

STEP 1: Review collected information about financial relationships (from Financial Disclosure Form) and exclude owners or employees of ineligible companies from participating as planners or faculty.

After collecting all financial relationships from prospective planners, faculty, and others, exclude any persons who are owners or employees of ineligible companies. Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

There are only three exceptions that allow for owners and/or employees of ineligible companies to participate as planners or faculty in approved continuing education.

- When the content of the activity is not related to the business lines or products of their employer/company
- When the content of the approved activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations
- When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used

For information, refer to the [Key Steps for the Identification, Mitigation, and Disclosure of Relevant Financial Relationships](#)

STEP 2: Determine relevant financial relationships.

Review the information for all persons not excluded in Step 1 and determine whether each person’s financial relationships with ineligible companies are relevant to the content of the education you are planning.

Financial relationships are relevant if the following three conditions are met for the prospective person who will control content of the education:

- A financial relationship, in any amount, exists between the person in control of content and an ineligible company.
- The financial relationship existed during the past 24 months.
- The content of the education is related to the products of an ineligible company with whom the person has a financial relationship

STEP 3: Choose a mitigation strategy for each person who has a relevant financial relationship and implement that strategy before the person assumes their role.

Using the lists below, identify which mitigation strategy(ies) will be used for all persons with relevant financial relationships who control the educational content of the educational activity. You may select multiple strategies but be sure to use strategies appropriate to the role(s) that each person has.

<p>Mitigation steps for planners (choose at least one):</p> <ul style="list-style-type: none"> ● Divest the financial relationship ● Recusal from controlling aspects of planning and content with which there is a financial relationship (Remove/revise the role of the individual so that the relationship is no longer relevant) ● Peer review of planning decisions by persons without relevant financial relationships ● Use other methods –make sure you describe the method 	<p>Mitigation steps for faculty and others (choose at least one):</p> <ul style="list-style-type: none"> ● Divest the financial relationship ● Peer review of content by persons without relevant financial relationships (nurse planner, planning committee member, content reviewer, etc.) ● Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines) ● Use other methods –make sure you describe the method
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STEP 4: Document the mitigation strategy(ies) you used for each person with a reported financial relationship.

[Use this template](#) to list the mitigation strategy(ies) employed for any planners/faculty/other who reported financial relationships.

Upload your completed list below.*



Activity Information Provided to Learners*		
Column A	Column B	Column C
For Nonclinical topics	For Clinical topics w/out relationships	For Clinical topics w/ relationships
<p>Evidence of required information provided to learners prior to activity must include:</p> <ol style="list-style-type: none"> Required: Approval statement for awarding contact hours: <i>This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.</i> Required: Criteria for successful completion as stated in Part B item J. Expiration date (enduring materials only) Commercial support (only if applicable) Joint Providership (only if applicable) 	<p>Evidence of required information provided to learners prior to activity must include:</p> <ol style="list-style-type: none"> Required: Approval statement for awarding contact hours: <i>This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.</i> Required: Criteria for successful completion as stated in Part B item J. Required: Absence of financial relationships to disclose for all individuals in a position to control content (e.g. members of the Planning Committee, presenters, faculty, authors, and content reviewers): [example language] <i>No individual with the ability to control the content of this activity has any relevant financial relationship with ineligible companies to disclose.</i> Expiration date (enduring materials only) Commercial support (only if applicable) Joint Providership (only if applicable) 	<p>Evidence of required information provided to learners prior to activity must include:</p> <ol style="list-style-type: none"> Required: Approval statement for awarding contact hours: <i>This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.</i> Required: Criteria for successful completion as stated in Part B item J. Required: Presence of financial relationships to disclose for all individuals in a position to control content (e.g. members of the Planning Committee, presenters, faculty, authors, and content reviewers): [example language] <i>There are no relevant financial relationships with ineligible companies for those with the ability to control the content of this activity except for speaker Nicolas Garcia, who was a consultant for XYZ Device company.</i> <i>All of the relevant financial relationships listed for this individual have been mitigated.</i> Expiration date (enduring materials only) Commercial support (only if applicable) Joint Providership (only if applicable)

How will the disclosures listed in the appropriate column above be presented to learners prior to the start of the activity? Will they be on the agenda, read aloud, shown on a slide before the activity starts, outlined on the course webpage, etc.? **Please select from the following menu how/when these will be presented to learners and attach evidence to your application submission - you will be prompted to upload evidence in an upcoming task.***

- Agenda (not previously attached)
- Agenda (previously attached) – **If you select this option, you will not be prompted to upload a file**
- Projected slide
- Read aloud (Script)
- Other – **if you select this option, please specify in the field that appears**

Activity Information for learners evidence: *

 Upload a file

PREVIOUS

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MARK AS COMPLETE