

Association of Nurses in AIDS Care

Planning Form for Educational Activities 2014 Criteria

Note: This form is a tool designed to assist with planning educational activities and should not be used to submit activities for approval. Documentation is to be completed as part of the planning process, not retrospectively.

Demographic Data:

Title of Activity: _____ Date Form Completed: _____ Location: _____

Activity Type:

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

- Date of live activity: _____

_____ Provider-directed, learner-paced: Enduring material

- Start date of enduring material: _____
- Expiration/end date of enduring material: _____
- Subsequent review dates: _____

Nurse Planner contact information for this activity.

Name and credentials: _____

Contact Information: _____

The **Nurse Planner** must be a currently licensed registered nurse with a baccalaureate degree or higher in nursing, **and** be actively involved in planning, implementing and evaluating this continuing education activity.

Is this continuing education? Is this learning activity intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to improve the health of the public and RNs' pursuit of their professional career goals?

_____ Yes _____ No **If no, the activity is not eligible for contact hours.**

Assessment of Learner Needs:

A. Identify target audience:

- _____ All RNs
- _____ Advance Practice RNs
- _____ RNs in Specialty Areas (Identify specialty): _____
- _____ LPNs
- _____ Interprofessional (Describe): _____
- _____ Other - (Describe): _____

B. Type of needs assessment method used to plan this event? (Check all that apply)

- _____ Surveying stakeholders, target audience members, subject matter experts or similar
- _____ Requesting input from stakeholders such as learners, managers, or subject matter experts
- _____ Reviewing quality studies and/or performance improvement activities to identify opportunities for improvement
- _____ Reviewing evaluations of previous educational activities
- _____ Reviewing trends in literature, law and health care
- _____ Other - Describe: _____

C. Indicate source of supporting evidence for needs assessment data.

(Check all that apply. Accredited Provider must be able to access this data upon request.)

- _____ Annual employee survey

- ___ Literature Review
- ___ Outcome Data
- ___ Surveys results from stakeholders or learners
- ___ Quality Data
- ___ Requests (e.g., via phone, in person or by email)
- ___ Written evaluation summary requests
- ___ Other - Describe: _____

D. Findings of the needs assessment.

- ___ Needs assessment data supporting the need for this activity is attached or available upon request. (e.g., survey data, reference in literature, QI data, etc.)

E. Identify the appropriate gap for the intended target audience that this educational activity will address based on needs assessment data:

- ___ Gap in Knowledge (knows)
- ___ Gap in Skills (knows how)
- ___ Gap in Practice (shows/does)
- ___ Other - Describe: _____

Qualified Planners and Faculty/Presenters/Authors/Content Reviewers

Complete the table below for each person on the planning committee and include name, credentials, educational degree(s), role on the planning committee, and expertise that substantiates their role. 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 CNE 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 and Content Expert must be identified.**

A. Planning Committee:

Committee Member Name	Credentials	Degrees	Role on Committee	Expertise
			Select one.	
			Select one.	
			Select one.	
			Select one.	

___ Biographical/COI Form for each planning committee member is attached or stored at (list location):

Identification, evaluation and resolution of conflict of interest for planning committee members:

1. Conflict of interest evaluation for the Nurse Planner of this educational activity.
 - a. Nurse Planner’s name: _____
 - b. Does the Nurse Planner have a relationship with a commercial interest organization that is relevant to the content of this educational activity:

Yes* No

* if yes, Nurse Planner must be recused from this educational activity

- c. Individual responsible for reviewing conflict of interest information for Nurse Planner (Nurse Planner may not evaluate his/her own conflict of interest information): _____

2. The Nurse Planner is responsible for evaluating whether any planning committee member has a relationship with a commercial interest organization. For **each** planning committee member, the Nurse Planner must document the following (document on each planner's conflict of interest form):
 - No relevant relationship with a commercial interest exists. No resolution required.
 - Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined **not** to be pertinent to the content of the educational activity. No resolution required. (Documentation should reflect rationale for content not pertinent).
 - Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity. **Resolution is required.**

3. In reviewing the bio forms, did the Nurse Planner and/or planning committee suspect that there might be COI and/or potential for bias for any planning committee members that was not self-reported on the form?

Yes No

If yes, what was the concern? _____

What was done to resolve it? _____

4. Procedures used to resolve conflict of interest or potential bias, if applicable for this activity (document resolution process on each planner's conflict of interest form as applicable):
 - Not applicable since no conflict of interest.
 - Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
 - Not awarding contact hours for a portion or all of the educational activity.
 - Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
 - Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

5. Identify Content Reviewer if used as part of the resolution process on each planner's conflict of interest form. Conflict of interest must also be evaluated for the Content Reviewer.

B. Faculty/Presenters/Authors

Faculty/Presenters/Authors must have documented qualifications that demonstrate their education and/or experience in the content area they are presenting. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. The qualifications must address how the individual is knowledgeable about the topic and how expertise has been gained. Faculty/Presenters/Authors do not have to be nurses, but nurses should address nursing care and nursing implications, as applicable. Bio/COI Forms must contain information specific to this activity. If using the Educational Planning Table, Faculty/Presenters/Authors should be included.

Faculty/Presenter/Author Name	Credentials	Degrees	Expertise

_____ Biographical/COI Form for each Faculty/Presenter/Author is attached or stored at (list location):

1. Describe how the needed qualifications of Faculty/Presenters/Authors are identified: (Check all that apply).
 - _____ Content expertise
 - _____ Demonstrated comfort with teaching methodology (e.g., web-based, etc.)
 - _____ Presentation skills
 - _____ Familiarity with target audience
 - _____ Other -Describe: _____
2. Planning committee assures the qualifications of the Faculty/Presenters/Authors are appropriate and adequate by:
(Check all that apply)
 - _____ Review of resume/CV of faculty/presenter/author.
 - _____ Recommendation by colleagues.
 - _____ Review of literature written by faculty/presenter/author.
 - _____ Observation of previous presentation by faculty/presenter/author.
 - _____ New faculty/presenter/author being mentored by: _____
 - _____ Other - Describe: _____

Identification, evaluation and resolution of conflict of interest for Faculty/Presenters/Authors:

1. The Nurse Planner is responsible for evaluating whether any Faculty/Presenter/Author has a relationship with a commercial interest organization. For **each** Faculty/Presenter/Author, the Nurse Planner must document the following (document on each Faculty/Presenter/Author's conflict of interest form):
 - No relevant relationship with a commercial interest exists. No resolution required.
 - Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined **not** to be pertinent to the content of the educational activity. No resolution required. (Documentation should reflect rationale for content not pertinent).
 - Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity. **Resolution is required.**
2. In reviewing the bio forms, did the Nurse Planner and/or planning committee suspect that there might be COI and/or potential for bias for any Faculty/Presenter/Author that was not self-reported on the form?

_____ Yes _____ No

If yes, what was the concern? _____
What was done to resolve it? _____
3. Procedures used to resolve conflict of interest or potential bias, if applicable for this activity (document resolution process on each Faculty/Presenter/Author's conflict of interest form as applicable):
 - Not applicable since no conflict of interest.
 - Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
 - Not awarding contact hours for a portion or all of the educational activity.
 - Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
4. Identify Content Reviewer if used as part of the resolution process on each Faculty/Presenter/Author's conflict of interest form. Conflict of interest must also be evaluated for the Content Reviewer.

Effective Design Principles

Use the **Educational Planning Table(s) or other method of documentation** to document items below (A-E) for each activity offered. (Addendum: Educational Planning Tables for both Live and Enduring Materials available at: www.nursecredentialing.org/accreditation under Accredited Providers. These tables are not required for documentation but may be used as a resource if desired.)

- A. **Identified Gaps:** What is missing (List any **gap** in knowledge, skills and/or practice based on the needs assessment) that identifies the need for this activity?

____ See Educational Planning Table OR
 ____ Gap in Knowledge (knows)
 ____ Gap in Skills (knows how)
 ____ Gap in Practice (shows/does)
 ____ Other - Describe: ____

- B. **Purpose** (Stated in relation to the outcome desired of the learner at the conclusion of the activity)

____ See Educational Planning Table OR
 Describe: ____

- C. **Educational Objectives:** Specific objectives for the learning activity are developed collaboratively by the planners and Faculty/Presenters/Authors (if applicable) and must relate to the purpose of the activity. Each objective should have one measurable action verb and should specify what the learner will know or do once the objective has been completed (the outcome of attaining the objective).

____ See Educational Planning Table OR
 Describe: ____

- D. **Quality of Content and Time Frames:** List the content for **each** objective on the Educational Planning Table.

____ See Educational Planning Table OR
 Describe: ____

Content must:

- Be congruent with purpose and objectives
- Include details beyond a restatement of objectives
- Reflect the intent of the objectives
- Be numbered consistently with the related objective
- Be evidence-based or based on the best available evidence

Content for this educational activity was chosen from:

____ Information available from the following organization/web site (organization/web site must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health): _____

____ Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years): _____

- ____ Clinical guidelines (example - www.guidelines.gov): _____
- ____ Expert resource (individual, organization, educational institution) (book, article, web site): _____
- ____ Textbook reference: _____
- ____ Other: _____

E. **Instructional Strategies Used:** List the methods and instructional strategies to be used by Faculty/Presenters/Authors to cover each objective on the Educational Planning Table. Teaching /learning strategies must be congruent with objectives and content.

____ See Educational Planning Table OR
Describe: _____

F. **Learner Feedback:** Check the best description or describe how learners will be provided feedback.

- ____ Question and answers during activity.
- ____ Self-check questions.
- ____ Engaging learners in dialogue.
- ____ Return results of testing.
- ____ Return demonstration
- ____ Role play
- ____ Other - Describe: _____

G. **Successful Completion:** (Consistent with the purpose, objectives and teaching/learning strategies)

1. Criteria for successful completion for live and enduring material activities include:
(Check all that apply)

- ____ Attendance at entire event or session
- ____ Attendance for at least ____% of event
- ____ Attendance at 1 or more sessions
- ____ Completion/submission of evaluation form
- ____ Achieving passing score on post-test. (Passing score is: ____%)
- ____ Return demonstration
- ____ Other - Describe: _____

2. Rationale for method selected above to determine successful completion: (Check all that apply)

- ____ Method of evaluation selected
- ____ Importance of content knowledge
- ____ Importance of content application
- ____ Required by employer or organization
- ____ Other - Describe: _____

3. Partial Credit Awarded for Participation?

- ____ Contact hours awarded based on # of minutes attended
- ____ Contact hours awarded for 1/2 day (1/2 of total eligible contact hours)
- ____ Contact hours awarded based on # of sessions attended
- ____ No partial credit is awarded

H. **Verify Participation**

- ____ Attendance/participation will be verified through sign in sheets/registration form.
- ____ Signed attestation statement by participant verifying completion of entire or part of the activity.
- ____ Collection of participation verification via computer log
- ____ Other - Describe: _____

I. **Awarding Contact Hours**

A contact hour is a 60 minute hour. The contact hour may be taken to the hundredths; but may not be rounded up. (e.g. 2.758 should be 2.75 or 2.7, not 2.8)

1. **Live Events:** Calculate the number of contact hours based on the learning activity, clearly stating the time spent on welcome, introductions, pre/post tests, presentation, clinical experience, breaks and evaluation. Contact hours are calculated based on the components of the activity that are eligible for awarding CE credit.
2. **Enduring materials (print, CD, web-based, etc.):** Contact Hour Calculation

What was the method for calculating the contact hours? (Select one)

- Pilot Study
- Historical Data
- Complexity of content and data
- Other - Describe: _____

Show evidence (math calculation) of how contact hours were determined:

Evaluation

- A. Check or describe the methods of evaluation to be used: (Check all that apply)
- Evaluation Form
 - Pre and/or Post-test (Attach a copy if testing is to be used)
 - Return Demonstration
 - Case Study Analysis
 - Role Play
 - Longitudinal study with self-reported change in practice (long term method)
 - Data collection related to quality outcome measure (long term method)
 - Observation of performance in practice (long term method)
 - Other - Describe: _____ (Attach a copy)
- B. Upon completion of the activity, a summative evaluation is generated.
- C. The Nurse Planner and/or planning committee will review the summative evaluation to assess the activity's effectiveness and to identify how results may be used to guide future educational activities.

Accreditation Statement

The official ANCC accreditation statement must be provided to learners prior to the start of every educational activity and on each certificate of completion.

The accreditation statement must be displayed clearly to the learner and must be worded correctly according to the most current Accreditation Manual. The accreditation statement must stand alone on its own line of text. When referring to contact hours, the term "accredited contact hours" should **never** be used. An organization is *accredited or approved*; contact hours are *awarded*.

- A. Type of advertising to be used:
- Flyer/brochure
 - Memo/Letter
 - Meeting Notice
 - E-mail
 - Web site
 - Social Media
 - Other - Describe _____

_____ Copy of material(s) that demonstrate how the accreditation statement will be provided to learners prior to the start of the educational activity are attached.

Accredited Provider accreditation statement:

Accreditation Statement: The Association of Nurses in AIDS Care (ANAC) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Commercial Support and Sponsorship

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on , patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes health care goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-health care related companies.
- Commercial support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CNE activity. Providers of commercial support may not be providers or co-providers of an educational activity.
- A sponsor is identified as an organization that does not meet the definition of commercial interest. Sponsorship is financial, or in-kind, contributions given by an entity that is not a commercial interest, which is used to pay all or part of the costs of a CNE activity.

If no commercial support or sponsorship received, select A.

If commercial support or sponsorship is received, complete items B, C, D and E and attach the signed and dated agreement(s).

- A. _____ This activity has no commercial support or sponsorship.
- B. Commercial support/sponsorship has been provided by the following: (List name of organization(s) providing commercial support or sponsorship.)

Name of Organization	Funding or In-Kind Donation	Type of Organization (commercial interest or non-commercial interest)

- C. Content integrity has been/will be maintained by: (Check all that apply)
- _____ The commercial support/sponsorship policy/procedure has been discussed with those providing commercial support or sponsorship.
- _____ The commercial support/sponsorship policy/procedure has been shared in writing with those providing commercial support/sponsorship.
- _____ Faculty/Presenters/Authors have been informed of the policy/procedure re: commercial support and/or sponsorship and agree to not promote the products or entity providing the financial or in-kind support.
- _____ In conjunction with above, the session will be monitored and violators of policy will not be asked to present again.
- _____ Other - Describe: _____
- D. The following precautions have been taken to prevent bias in the educational content: (Check all that apply).
- _____ Commercial support/sponsorship and bias has been discussed with each presenter.
- _____ Each Faculty/Presenter/Author has signed a statement that says s/he will present information fairly and without bias.
- _____ In conjunction with the above, the session will be monitored and violators of policy will not be asked to present again.

____ Other - Describe: _____

- E. ____ Signed commercial support or sponsor agreement attached and includes:
- Statement that the provider of commercial support or sponsorship may not participate in any component of the planning process of an educational activity, including:
 - Assessment of learning needs

 - Determination of objectives
 - Selection or development of content
 - Selection of presenters or faculty
 - Selection of teaching/learning strategies
 - Evaluation
 - Statement of understanding that the commercial support or sponsorship will be disclosed to the participants of the educational activity
 - Statement of understanding that the provider of commercial support or sponsorship must agree to abide by the provider's policies/procedures
 - Amount of commercial support or sponsorship and description of in-kind donation
 - Name and signature of the individual who is legally authorized to enter into contracts on behalf of the provider of commercial support or sponsorship
 - Name and signature of the individual who is legally authorized to enter into contracts on behalf of the provider of the educational activity
 - Date the agreement was signed

Disclosures Provided to Participants

Learners must receive disclosure of required items prior to the start of an educational activity. In live activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring materials (print, electronic, or Web-based activities), disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may not occur or be located at the end of an educational activity. If a disclosure is provided verbally, an audience member must document both the type of disclosure and the inclusion of all required disclosure elements.

A. Disclosures always required:

1. Successful Completion: Purpose and/or objectives and criteria for successful completion (**Note**: Not applicable or n/a is not an acceptable response)
 - ____ Information on advertising material.
 - ____ Written information on handouts for activities/directions (Attach copy).
 - ____ Verbal statement and someone in the audience will witness and document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)
 - ____ Other - Describe: _____ (Attach copy)
2. Absence or Presence of Conflict of Interest for planners and faculty/presenters/author/content reviewers: (Check all that apply)
 - ____ Planners disclose **no** conflict of interest relative to this educational activity
 - ____ Faculty/Presenters/Authors/Content Reviewers disclose **no** conflict of interest relative to this educational activity

** **Lack** of conflict of interest disclosed to learners by:

- ____ Information provided in advertising.
- ____ Information provided on handouts. (Attach copy)
- ____ Information provided in print at the start of the non-live activity (Attach copy)
- ____ Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)
- ____ Other - Describe: _____ (Attach copy)

- Planners disclose a conflict of interest relative to this educational activity
 [List name(s): _____]
- Faculty/Presenters/Authors/Content Reviewers disclose a conflict of interest relative to this educational activity [List name(s): _____]

** **Presence** of conflict of interest disclosed to learners by:

- Information provided in advertising.
- Information provided on handouts. (Attach copy)
- Information provided in print at the start of the non-live activity (Attach copy)
- Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)
- Other - Describe: _____ (Attach copy)

B. Disclosures required, if applicable:

3. Commercial support:

- Not applicable
- Information provided in advertising.
- Information provided in handouts. (Attach copy)
- Information provided in print at the start of the non-live activity (Attach copy)
- Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)
- Other - Describe: _____ (Attach copy)

4. Sponsorship:

- Not applicable
- Information provided in advertising.
- Information provided in handouts. (Attach copy)
- Information provided in print at the start of the non-live activity (Attach copy)
- Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)
- Other - Describe: _____ (Attach copy)

5. Expiration date for awarding enduring materials contact hours:

- The expiration date must be visible to the learner **prior** to the start of the educational content.
- Not applicable - not enduring material
- Learners notified how long contact hours will be awarded for the activity on **advertising**.
- Learners notified how long contact hours will be awarded for the activity on **directions page**.

Documentation of Completion

Learners receive documentation of successful completion of the educational activities.

Document/certificate must include:

- Name and address of provider of the educational activity (Web address acceptable)
- Title and date of completion of educational activity
- Number of contact hours awarded
- Official accreditation statement
- Name of learner

Co-Providership

If activity will **not** be co-provided, select A;

If activity will be co-provided, select B and **attach signed and dated agreement**.

- A. ____ This activity will not be co-provided.
- B. Co-providership of this activity has been arranged with: List organization(s) name(s): ____
 ____ Name of Accredited Provider is prominently displayed in all marketing material and certificates
 ____ The name(s) of the organization(s) acting as the co-provider(s)
 ____ Statement of responsibility of the Accredited Provider, which must include the following:
- Determination of educational objectives and content
 - Selecting planners, presenters, faculty, authors and/or content reviewers
 - Awarding of contact hours
 - Recordkeeping procedures
 - Developing evaluation methods and categories
 - Management of commercial support or sponsorship
- ____ Name and signature of the individual legally authorized to enter into contracts on behalf of the Accredited Provider
 ____ Name and signature of the individual legally authorized to enter into contracts on behalf of the co-provider(s)
 ____ Date the agreement was signed

Recordkeeping

- A. Recordkeeping requirements for each activity file:
- Title and location (if live) of activity
 - Type of activity format: live or enduring
 - Date live activity presented or, for ongoing enduring activities, date first offered and subsequent review dates
 - Description of the target audience
 - Method of the needs assessment
 - Findings of the needs assessment
 - Names, titles, and expertise of activity planners
 - Role held by each Planning Committee member (must include identification of the Nurse Planner and Content Expert(s))
 - Names, titles, and expertise of activity presenters, faculty, authors, and/or content reviewers
 - Conflict of interest disclosure statements from planners
 - Resolution of conflicts of interest for planners, if applicable
 - Conflict of interest disclosure statements from presenters, faculty, authors, and/or content reviewers
 - Resolution of conflicts of interest for presenters, faculty, authors, and/or content reviewers, if applicable
 - Evidence of gap in knowledge, skill, or practice for the target audience
 - Purpose of activity
 - Objectives of activity
 - Content of activity: an Educational Planning Table or other documentation showing up to three hours of content (**Note:** If more than three contact hours were awarded for the activity, documentation demonstrating a minimum of three hours of content along with the schedule and advertising for the **full** activity must be submitted for review. The **entire** content of the activity must be maintained in the provider's secure files with all other recordkeeping components.)
 - Instructional strategies used
 - Evidence of learner feedback mechanisms
 - Rationale and criteria for judging successful completion
 - Method or process used to verify participation of learners
 - Number of contact hours awarded for activity, including method of calculation (Accredited Provider must keep a record of the number of contact hours earned by each participant.)
 - Template of evaluation tool(s) used
 - Marketing and promotional materials

- Means of ensuring content integrity in the presence of commercial support (if applicable)
- Commercial support agreement with signature and date (if applicable)
- Means of ensuring content integrity in the presence of sponsorship (if applicable)
- Sponsorship agreement with signature and date (if applicable)
- Evidence of disclosing to the learner:
 - Purpose and/or objectives and criteria for successful completion
 - Presence or absence of conflicts of interest for all members of the planning committee, presenters, faculty, authors, and content reviewers
 - Sponsorship or commercial support (if applicable)
 - Expiration date (enduring materials only)
 - Evidence of verbal disclosure (if applicable)
- Documentation of completion must include:
 - Title and date of the educational activity
 - Name and address of provider of the educational activity (Web address acceptable)
 - Number of contact hours awarded
 - Accreditation statement
 - Participant name
- Division of responsibilities among co-providers (if applicable)
- Co-provider agreement with signature and date (if applicable)
- Summative evaluation
- List of participant names with unique identifier (The provider must maintain all participant data in a safe and secure manner.)

B. _____ Records filed and stored at (list location): _____

Note: Activity file records must be maintained in a retrievable file (electronic or hard copy) accessible to authorized personnel for 6 years.

Completed By: (Name and Credentials)	Date

This educational activity will be used to evaluate the Accredited Provider's impact on:

- Nursing Professional Development – indicate outcome measure: _____
- Patient Outcome – indicate outcome measure: _____
- Other: _____
- None of the above