

## Mississippi Nurses Foundation

# ANCC Accreditation Self-Study Criteria for Approved Providers

### UNIT CRITERION 1 Goals and Organization

The documented beliefs and goals of the approved provider unit reflect the importance of continuing education for nurses and the needs and characteristics of the provider unit's potential learners. The provider unit is clearly defined and, in multi-focused organizations, supported by the administrative structure.

#### Key Elements:

##### 1. Goals and Beliefs

Beliefs and goals of the provider unit are relevant and appropriate to prospective learners.

#### Supporting Evidence:

- *State the goals and beliefs of the unit.* If the unit is part of a multi-focused organization, describe how the beliefs and goals of the provider unit link with the goals, mission, and functions of the total organization.
- Features of the provider unit that characterizes its scope:
  1. size
  2. geographical range
  3. target audience(s)
  4. content areas
  5. type of educational activities offered

##### 2. Scope and Administrative Support

Organizational structures and lines of authority support the operation of the provider unit.

#### Supporting Evidence:

*Submit an organizational chart, flow sheet, or similar kind of image* that depicts the organizational structure of the unit. Provide the name and credentials of the individual in each position identified on the organizational chart. If the unit is part of a multi-focused organization, submit an additional depiction that identifies the unit's lines of authority and structural location within the total organization.

## UNIT CRITERION 2 EDUCATIONAL DESIGN

Continuing nursing education activities are assessed, planned, implemented, and evaluated in accordance with adult learning principles and professional education standards and ethics. The educational design process includes procedures for protecting educational content from bias, providing learners appropriate information and documentation related to their participation, and maintaining records in a secure and confidential manner.

**Documentation Requirements:** *Sample Activities:* Key Elements below refer to three (3) continuing nursing education activities selected by the applicant. The three activities must have been planned, implemented, and evaluated. These activities are selected to be representative of the kinds of activities offered by the provider unit.

### Key Elements:

#### 1. Assessment of Learner Needs

Continuing education activities are developed in response to and with consideration for the unique educational needs of the provider unit's target audience.

#### Supporting Evidence:

- Needs Assessment, determination of target audience, and objectives, content, and teaching/learning strategies (**ED Planning Forms**)

#### 2. Qualified planners (**Biographical Data Form and Attachment A**) *Attachment A must be completed and signed by all planners whether or not there is commercial interest.* Each educational activity is planned collaboratively by at least one designated nurse planner and one other. Collectively, the members of the planning group should represent the relevant content expertise, the target audience, and responsibility for adherence to ANCC Accreditation criteria. Nurse planners contribute oversight and must be actively involved in both the planning and the analysis of evaluation data for the educational activity. **All three types of planners must be represented: content expert, target audience, and lead planner. Supporting Evidence:**

- Identify the nurse planner(s) and all other persons who participated in the planning process.

Registered Nurse-Lead Planner

Name:

- Content Expert
- Target Audience
- Responsible for adherence to ANCC criteria
- Signed Attachment A
- Bio Form/Resume
- Job Description

Nurse Planner

Name:

- Content Expert
- Target Audience
- Signed Attachment A
- Bio Form/Resume
- Job Description

Other Planner(s)

Name:

- Content Expert
- Target Audience
- Signed Attachment A
- Bio Form/Resume
- Job Description

Describe the role(s) played by the unit's designated nurse planner(s) and any additional key personnel or groups involved in the process of ensuring the quality of educational activities (**Attachment A and Biographical form update annually or if there is a change**). Describe how all designated nurse planners are kept up-to-date on the requirements for adhering to ANCC accreditation standards (email, letters, newsletter, phone calls, meetings, or other).

## ATTACHMENT A - Biographical/Vested Interest

**Name:**  *Check all that apply.*  
Lead Nurse Planner (Administrator)

**Title of Activity:**  er (target audience

**Date of Presentation:**  Presenter

**Biographical Data:**

Degree	Year	Institution

Present Employer	Title	Description

**Vested Interest**

I. Have you received anything of value from a commercial supporter, which may be perceived as direct or indirect interest in the subject(s) you are addressing in this education activity?

NO  YES  List the commercial supporter

I. If there is a commercial supporter, please describe your relationship:

speaker's bureau  major stockholder  shareholder  consultant

large gift(s)  grant/research support  no relationship

other  please describe

How will conflict of interest be resolved?

III. Describe professional experience or areas of expertise (including publications) related to the involvement in continuing nursing education.

IV. Identify how you took part in the planning and evaluation of this activity:

planned objectives/content  reviewed evaluation summary  planned time frame

will utilize evaluation to revise presentation as needed  planned teaching strategies

received up-to-date ANCC Accreditation standards  attended committee meetings

V. **Presenter:** During your presentation, will you include discussion of an unlabeled or the investigational use of a product, device or drug that has not been approved by the FDA, for the use being presented in this education activity?

NO  YES  \*Explain:

\*If yes, you must disclose this information during your presentation. Select which method:

verbally during presentation  handouts  audiovisuals  other

\*How will conflict of interest be resolved?

**Signature of Planner/Presenter**

**Date**

AMERICAN NURSES CREDENTIALING CENTER  
COMMISSION ON ACCREDITATION

**SAMPLE** Biographical Data Form  
*Do not attach any additional material.*

**Name:**

*Name and Degrees*

**Home  
Address:**

*Number and Street*

*City, State, Zip*

**Business  
Address:**

*Employer, Name/Department*

*Number and Street*

*City, State, Zip*

**Phone:**

**Email:**

**Present Position:**

*(Title and description)*

**Education (include basic preparation through highest degree held):**

<b>DEGREE</b>	<b>INSTITUTION (name, city, state)</b>	<b>MAJOR AREA of STUDY</b>	<b>YEAR DEGREE AWARDED</b>
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**Briefly describe your professional experience or areas of expertise (including publications) which contribute to your particular involvement with the accredited organization.**

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the office at 601-898-0890 as soon as possible.

1. I have disclosed to the MNF all relevant financial relationships, and I will disclose this information to learners verbally and in print. Agree  Disagree
2. The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence based and unbiased. Agree  Disagree
3. If I am presenting at a live event, I understand that a MNF monitor will be attending the event to ensure that my presentation is educational, and not promotional, in nature. Agree  Disagree
4. I will use generic names to the extent possible when discussing specific health care products or services. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company. Agree  Disagree
5. If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising. Agree  Disagree
6. If I have been trained or utilized by a commercial entity or its agent as a speaker for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity. Agree  Disagree
7. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company. All scientific research referred to, reported or used in the activity in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis. Agree  Disagree
8. I understand that MNF may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested. Agree  Disagree

***I have carefully read and considered each item in this attestation form, and have completed it to the best of my ability.***

***Signature***

***Date***

## UNIT CRITERION 2 EDUCATIONAL DESIGN

### 3. **Effective Design Principles (ED Planning Form)** *Approved Providers do not approve educational activity. Approved Providers assess learning needs, plan, implement, and evaluation educational activities.*

Each educational activity is developed with the following:

- a) assessment of learners' educational needs
- b) an identified purpose and explicit educational objectives for the learner
- c) content congruent to the activity's purpose and educational objectives
- d) teaching and learning strategies congruent to the activity's objectives and content
- e) criteria for judging successful completion of an activity
- f) a method determined for verifying participation in an activity

#### **Supporting Evidence**

Describe the following:

- the activity's purpose, learner objectives, and related content
- the activity's teaching-learning strategies used, including resources, materials, delivery methods, and learner feedback mechanisms
- the activity's rationale and criteria selected for judging successful completion
- the activity's method selected for verifying participation

**Submit a copy of three sample CE activities implemented within the past three years.**

### 4. **Contact Hour Credits**

Contact hours associated with the official accreditation statement are awarded to participants for those portions of the educational activity devoted to didactic or clinical experience or to evaluating the activity. Contact hours are calculated in a logical and defensible manner. **Beginning January 1, 2007, sixty-minute calculation** is used to equal one contact hour. If an activity (implemented *before* January 1, 2007) is repeated, the 50-minute calculation must be designated on the verification form/certificate.

#### **Supporting Evidence**

Identify and provide supporting documentation of the number and calculation of contact hours awarded for the activity.

### 5. **Activity Evaluation**

A clearly defined method, which includes learner input, is used to evaluate the effectiveness of each educational activity.

#### **Supporting Evidence**

Describe the method used to evaluate the activity and include supporting documentation.

### 6. **Accreditation Statements**

All communications, marketing materials, certificates, and other documents that refer to the provider's ANCC-accredited status contain the official accreditation statement which stands alone on a separate line, as follows:

*{Name of Approved Provider Unit} is an approved provider of continuing nursing education  
by the Mississippi Nurses Foundation, Inc., an accredited approver by the  
American Nurses Credentialing Center's Commission on Accreditation.*

#### **Supporting Evidence**

**Submit copies of the promotional materials developed for the activity.**

## 7. Documentation of Completion

Participants receive written verification of their successful completion of an activity, including, at a minimum:

- a) the name of the participant learner
- b) the name and address of the provider unit
- c) the title and date of the educational activity
- d) the official accreditation statement
- e) the number of contact hours awarded

### Supporting Evidence

Submit a copy of the certificate awarded to participants upon completion of the educational activity. On the Verification of Attendance Form, identify if using 50-minute or 60-minute contact hour calculation. See *Sample Verification of Attendance form*.

### **SAMPLE I VERIFICATION OF ATTENDANCE FORM** **Approved Provider Nursing Continuing Education** **Attendance Verification**

This participant has successfully completed this educational activity: Education Design #

Name of Participant:		Contact Hours:	
		<i>60-minute = one (1) contact hour</i>	
Provider of Educational Activity:		Title:	
Address of Approved Provider:		Date:	

*{Name of Approved Provider} is an Approved Provider of continuing nursing education  
by the Mississippi Nurses Foundation, Inc., an accredited approver  
by the American Nurses Credentialing Center's Commission on Accreditation.*

## 8. Commercial Support Guidelines

Commercial support, exhibits, or the presentation of research conducted by a commercial company is not permitted to affect the design and scientific objectivity of any educational activity. Commercially-supplied funds, for an educational activity, are given in the form of an educational grant or in-kind assistance and acknowledged in the brochures and/or printed material for the activity. The standards for disclosure and commercial support are adapted from the Accreditation Council for Continuing Medical Education (ACCME).

### Supporting Evidence

Describe:

- any commercial support or exhibits related to the educational activity
- how content integrity is maintained for educational activities that receive commercial support, if any (Commercial Support Agreement)

## 9. Conflict of Interest Guidelines

Conflict of interest disclosure statements are acquired from all planners and presenters to identify and resolve any potentially biasing financial relationships on the part of those who have an impact on the content of an educational activity.

### Supporting Evidence

- Submit copies of the conflict of interest disclosure statements completed by the activity planners and presenters. (Attachment A)
- Describe how conflict of interest is resolved (i.e.: audience informed on printed materials, disclosure during introduction of speaker, discussion/documentation with presenter or planner, altered control over content, removed from position of control).

## UNIT CRITERION 2 EDUCATIONAL DESIGN *continued*

### 10. Disclosures Provided to Activity Participants

- a. **Notice of requirements for successful completion:** Learners are informed in advance of the criteria to be used to determine successful completion of an educational activity. (Sign-in sheets/brochures are acceptable.)
- b. **Conflicts of interest:** Learners are informed of any influencing financial relationships or lack thereof disclosed by planners or presenters (Introduction of Speaker form).
- c. **Commercial support:** Learners are made fully aware of the nature of any commercial support related to an educational activity (Example: brochure, agenda, or during introduction).
- d. **Non-endorsement of products:** Learners are advised that accredited status does not imply endorsement by the provider or ANCC of any commercial products displayed in conjunction with an activity (Example: brochure or display sign or sign-in-sheet).
- e. **Off-label use:** Learners are notified when an educational activity relates to any product use for a purpose other than that for which it was approved by the FDA (Example: brochure, agenda, or during introduction of speaker).

#### **Supporting Evidence**

Submit copies of the documents (e.g., promotional brochures, letters, program schedules, presentation materials) or describe the methods that were used to inform activity participants of the following, when applicable:

- requirements for successful completion
- conflicts of interest or lack thereof
- commercial support received
- non-endorsement of products
- off-label product use

### 11. Co-providerships

When educational activities are co-provided, an ANCC-accredited approved provider unit retains the following responsibilities:

- determination of the educational objectives and content
- selection of the content specialist planners and activity presenters
- the awarding of contact hours
- budget
- record-keeping procedures
- evaluation methods

If collaborating providers are all ANCC-accredited, one is designated to retain the provider responsibilities by mutual, written agreement. The unit designated to retain these responsibilities is referred to as the provider, and the other collaborating providers are referred to as co-providers.

#### **Supporting Evidence**

Describe how lead unit responsibilities are assigned and maintained for co-provided activities, in any co-providership agreement.

**Submit a copy of co-providership agreement if appropriate.**

**UNIT CRITERION 2**  
**EDUCATIONAL DESIGN**  
*continued*

**12. Record-keeping**

For each provided educational activity, the following documentation is kept in a secure and confidential manner for **six (6) years**:

**a. Planning**

- Description of the target audience
- The method and findings of the needs assessment
- Names, titles, and expertise of the activity planners and presenters
- Conflict of interest disclosure statements from planners and presenters
- Purpose, objectives, and content
- Instructional strategies, delivery methods, learner feedback mechanisms, and resources to be used
- Methods or process used to verify participation
- Notice to learners identifying how successful completion will be measured
- Marketing and promotional materials
- Division of responsibilities among co-providers, if any
- Means of ensuring content integrity with commercial support, if any

**b. Implementation:**

- Title, location, and date of the educational activity
- All evaluation tools used, including a summative evaluation
- Participant names and addresses
- Sample certificate of completion
- number of contact hours associated with official accreditation statement awarded to individual participants

**Supporting Evidence**

Describe the unit's record-keeping system, including:

- How activity records are consistently collected
- How they are stored and secured in a safe and confidential manner

## UNIT CRITERION 3 APPROVED PROVIDER UNIT EVALUATION

The provider unit engages in an ongoing evaluation process to analyze its overall effectiveness in fulfilling its beliefs, goals, and functions and in providing quality continuing nursing education. Plans and goals for the provider unit's future development in continuing nursing education are identified and re-evaluated on a regular basis.

### Documentation Requirements

Supporting evidence for this criterion should include examples of the evaluation data that are collected and explain how they have been used to increase the effectiveness of the provider unit. Applicants for re-accreditation should select data examples to be representative of the prior accreditation period.

### Key Elements:

#### 1. Approved Provider Unit Evaluation Process

An ongoing and systematic process is carried out at the overall unit-level to evaluate the following:

- a) administrative and operational procedures
- b) array of educational offerings, including those offered on a repeated basis for which participant input and evaluation data can be collected and analyzed over time
- c) outcomes and results
- d) progress toward goals for improvement

#### Supporting Evidence:

Describe the plan for implementing the unit's overall evaluation process. **See *Sample Approved Provider Unit Evaluation*.**

#### 2. Approved Provider Unit Evaluation by Participants

Designated nurse planner(s), other collaborating planners (content specialists and target audience representatives), activity presenters, learners, and additional unit staff as appropriate participate in the process used to evaluate the overall effectiveness of the unit.

#### Supporting Evidence:

Describe how nurse planners, other collaborating planners, activity presenters, learners, and additional unit staff, as appropriate, participate in the overall evaluation process. **Show *Sample Evaluation Form and the results*.**

#### 3. Approved Provider Unit Evaluation Results

Evaluation data are used to confirm, expand, or change the operations of the provider unit.

#### Supporting Evidence:

- Describe how results of the overall program evaluation process have been used to confirm, expand, and improve the unit's operations
- Describe how evaluation is conducted over time for activities offered on a repeated basis and how it contributes to the continuous improvement of those activities

#### 4. Unit Goals for Improvement

Efforts toward improvement include addressing issues, identifying strategies for working on targeted goals, evaluating progress toward goals, and revising or establishing new goals.

#### Supporting Evidence:

Describe how the unit's goals for improvement over the period of accreditation have been addressed, what changes and progress have been made toward meeting those goals, and what new goals for improvement have been identified. **See *Sample Goal Evaluation Form*.**

***SAMPLE* APPROVED PROVIDER UNIT EVALUATION**

<b>What</b>	<b>Beliefs and Goals</b>	<b>Material Resources</b>	<b>Financial Resources</b>	<b>Activity Development</b>	<b>Policies and Procedures</b>
<b>When</b>					
<b>Who</b>					
<b>How</b>					

***SAMPLE* APPROVED PROVIDER GOALS EVALUATION**

**Year:**

<b>Established Goals</b>	<b>Achievement/Progress</b>	<b>New Goals/Objectives</b>
1.		
2.		
3.		

## UNIT CRITERION 4 UNIT OPERATIONS

The provider unit ensures the quality of continuing nursing education by following an established process involving a qualified nurse planner for developing, delivering, and evaluating the effectiveness of the educational activities it offers. Adequate resources support the provider unit's full range of functions.

### Key Elements:

#### 1. Resources

Sufficient human, material, and financial resources are available to carry out the administrative, educational, and supportive functions of the unit.

#### Supporting Evidence:

- For designated nurse planners and other key personnel involved in providing continuing nursing education or the overall administration of the unit, submit position descriptions that clearly identify job functions and biographical data summaries that demonstrate the qualification of current incumbents.
- Describe the material resources that support the functions of the unit.
- Briefly describe the unit's current sources of financial support and projections for how financial support will be sustained throughout the period of accreditation.

*\*Do not submit detailed budget reports.*

#### 2. Business Practices

Organization must adhere to all regional, state, and national laws and regulations and operate the business and management policies and procedures of its continuing nursing education program (as they relate to human resources, financial affairs, and legal obligation) so that its obligations and commitments are met.

#### Supporting Evidence:

- Describe the business and management operations and **policies and procedures** that ensure the organization's ability to meet all regulatory, financial, human resource, and legal obligations, including incorporation of ANA's (2000) *Scope and Standards of Practice for Nursing Professional Development*.
- **Provide an attestation statement** that the accredited unit complies with all applicable local, regional, state, or national laws and regulations. The attestation statement is to be signed by the leaders of the accredited unit.

**See Sample Attestation Statement**

***SAMPLE* ATTESTATION STATEMENT**

I, , an employee, officer or agent of

hereby attests that this continuing nursing

education unit adheres to all state, and federal laws and regulations. I further attest that the unit maintains and follows policies and procedures to ensure that its legal and ethical obligations and commitments (as they relate to human resources and financial affairs) are met.

**Name (print)**

**Signature**

**Date**

Mississippi Nurses Foundation  
**Approved Provider**  
**Self-Study Evaluation Checklist**

*Before submitting the self-study to the Foundation, use this review checklist to be sure all criteria have been met.* Approval as an Approved Provider is based on an in-depth analysis of several education activities to estimate the likelihood of a provider's ability to continue to plan and produce quality continuing nursing educational activities over a three (3) year period.

Agency:  Date:

Application:           New            OR           Renewal

Check one of the following as the Approved Provider Unit's authority:

A single-focused organization devoted to offering continuing nursing education

A distinct separately identified unit within a complex, multi-focused organization  
 (Example: staff development department within a larger organization)

Approver Unit reviewers must find evidence of each of the following criteria within the self-study. Check each item as to:    **A** = acceptable           or           **U** = unacceptable           or           **N/A** = non-applicable

CRITERION	A	U	N/A	COMMENTS
<b>I. Goals and Organization</b>				
<b>1. Goals and beliefs</b>				
a. State the beliefs and goals of the provider unit that are relevant and appropriate to prospective learners.				
b. If part of a multi-focused organization, describe how the beliefs and goals of the provider unit link with the goals, mission, and functions of the total organization.				
c. Describe features of the provider unit that characterize its scope such as its size, geographical range, target audience(s), content areas, and the type of educational activities it offers.				
d. If part of a multi-focused organization, describe the relationship of these scope dimensions to the total organization.				
<b>2. Scope and administrative support</b>				
a. Submit an organizational chart/flow sheet and lines of authority that support the operation of the provider unit.				
b. Provide the name and credentials of every person occupying a position on the organization chart.				

CRITERION	A	U	N/A	COMMENTS
c. If part of a multi-focused organization, submit an additional depiction that identifies the provider unit's lines of authority and structural location within the total organization				
<b>II. Educational Design</b>				
<b>1. Assessment of learner needs</b>				
a. Describe the process of activity planning, including the needs assessment				
b. Determination of target audience				
c. Development of objectives, content, and teaching-learning strategies in response to the needs assessment				
<b>2. Qualified planners</b>				
a. Each educational activity is planned collaboratively by at least one designed nurse planner. (Lead Nurse Planner must have a baccalaureate in nursing.) List nurse planner(s) with signed Attachment A.				
b. List other planner(s) as Context Expert or Target Audience Representative with signed Attachment A and Bio Data Form				
c. Describe the role(s) played by the provider unit's designated nurse planner(s) and any additional key personnel or groups involved in the process of ensuring the quality of educational activities				
d. Describe how all designated nurse planners are kept up-to-date on the requirements for adhering to ANCC accreditation standards				
<b>3. Effective design principles</b>				
3 Samples of CE Activities				
a. An identified purpose and explicit educational objectives for the learner				
b. Content congruent to the activity's purpose and educational objectives				
c. Teaching and learning strategies congruent to the activity's objectives and content				
d. Criteria for judging successful completion				
e. A method determined for verifying participants				

CRITERION	A	U	N/A	COMMENTS
<b>4. Contact hour credits</b> a. Identify and provide supporting documentation of the number and calculation of contact hours awarded for the activity. <b>Beginning 1/1/07, use 60 minutes = 1 contact hour for new activities planned.</b> Activities planned before 1/1/07, use 50 min. = 1 contact hour.				
b. Identify type of contact hour on the verification form (50-minute or 60-minute contact hour)				
<b>5. Activity evaluation</b> a. Describe the method, which includes learner input, used to evaluate the effectiveness of each educational activity.				
b. Submit a copy of the evaluation tool				
<b>6. *Accreditation statements</b> a. All communications, marketing materials, and other documents that refer to the provider's ANCC-accredited status contain the official accreditation statement: <b><i>"{Name of Approved Provider} is an approved provider of continuing nursing education by the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center's Commission of Accreditation."</i></b>				
b. Submit copies of the promotional materials developed for the activities				
<b>7. Documentation of completion</b> Participants receive written verification of their successful completion of an activity, which includes, at a minimum: <ol style="list-style-type: none"> <li>a. The name of the participant learner</li> <li>b. The name and address of the provider unit</li> <li>c. The title and date of the educational activity</li> <li>d. *Official ANCC accreditation statement that stands alone</li> <li>e. The number of contact hours awarded (50-min or 60-min contact hour)</li> </ol>				

CRITERION	A	U	N/A	COMMENTS
<b>8. Commercial support guidelines</b>				
a. Describe any commercial support or exhibits related to the educational activity				
b. Describe how content integrity is maintained for educational activity that receives commercial support				
c. Submit a copy of the commercial support agreement				
<b>9. Conflict of interest guidelines</b>				
a. Submit a signed copy of conflict of interest disclosure statements from planners and presenters (Attachment A)				
b. Describe the process for identification and handling of conflict of interest for individuals involved in the peer review and application process				
<b>10. Disclosures</b> are provided to activity participants ( <b>Submit copies of documents or describe the methods used such as brochure, letter, or agenda</b> ) including:				
a. Notice of requirement for successful completion				
b. Conflict of interest				
c. Commercial support				
d. Non-endorsement of products				
e. Off-label use				
<b>11. Co-Providerships</b>				
a. Describe how the lead provider unit responsibilities are assigned and maintained for a co-provided activity				
b. Submit a copy of co-providership agreement to include:				
1. Determination of the educational objectives and content				
2. Selection of the content specialist, planners, and activity presenters				
3. The awarding of contact hours				
4. Record-keeping procedures				
5. Evaluation methods				

CRITERION	A	U	N/A	COMMENTS
<p><b>12. Record-keeping</b>  Describe how specific documentation for each educational activity provided is consistently collected and stored in a secure and confidential manner for a period of <b>six (6) years</b> including:</p> <p>a. Planning</p> <ul style="list-style-type: none"> <li>• Description of target audience</li> <li>• The method and findings of the needs assessment</li> <li>• Names and titles, and expertise of the activity planners and presenters</li> <li>• Conflict of interest disclosure statements from planners and presenters</li> <li>• Purpose, objectives, and content</li> <li>• Instructional strategies, delivery methods, learner feedback mechanisms, and resources to be used</li> <li>• Methods or process used to verify participation</li> <li>• Notice to learners identifying how successful completion will be measured</li> <li>• Marketing and promotional materials</li> <li>• Division of responsibilities among co-providers, if any</li> <li>• Means of ensuring content integrity with commercial support, if any</li> </ul>				
<p>b. Implementation:</p> <ul style="list-style-type: none"> <li>• Title, location, and date of the educational activity</li> <li>• All evaluation tools used, including a summative evaluation</li> <li>• Participant names and addresses</li> <li>• Sample certificate of completion</li> <li>• No. of contact hrs. awarded with official ANCC statement</li> </ul>				

CRITERION	A	U	N/A	COMMENTS
<b>III. Unit Outcomes Evaluation</b> <b>1. Provider unit evaluation process</b> Describe the plan for implementing the provider's unit overall evaluation process to include: a. administrative and operational procedures				
b. array of educational offerings, including those offered on a repeated basis for which participant input and evaluation data can be collected and analyzed over time				
c. outcomes/goals and results				
d. progress toward goals for improvement				
<b>2. Provider unit evaluation participants</b> Describe how nurse planner(s), other collaborating planners (content specialists and target audience representatives), activity presenters, learners, and additional staff participate in the evaluation process.				
<b>3. Provider unit evaluation results</b> a. Describe how results of the overall program evaluation process have been used to confirm, expand and improve the provider unit's operation				
b. Describe how evaluation is conducted over time for activities offered on a repeated basis and how it contributes to the continuous improvement of those activities				
<b>4. Provider unit goals for improvement</b> Describe how the provider unit's goals for improvement over the period of accreditation have been addressed, what changes and progress have been made toward meeting those goals, and what new goals for improvement have been identified.				

CRITERION	A	U	N/A	COMMENTS
<b>IV. Unit Operations</b>				
<b>1. Resources</b>				
a. Submit position descriptions and biographical data for nurse planners and other key personnel involved in providing continuing nursing education or the overall administration of the unit.				
b. Describe the material resources that support the functions of the provider unit				
c. Describe the provider unit's current sources of financial support and projections for how financial support will be sustained throughout the period of accreditation. (Do not submit detailed budget reports.)				
<b>2. Business practices</b>				
a. Describe the business and management operations and policies and procedures that ensure the organization's ability to meet all regulatory, financial, human resource, and legal obligations ( <b>Submit a copy of signed Attestation Statement</b> )				
b. Describe how ANA's (2000) " <i>Scope and Standards of Practice for Nursing Professional Development</i> " is incorporated in the business practices				

**ACTION                      DATE                      COMMENTS FOR NOTIFICATION REVIEW FORM**

Approved

Approved Pending

Deferred

Signature of Reviewer