

## PROVIDER Application for CONTINUING EDUCATION DESIGN II (ED II)

**Education Design II (ED II) Learner Directed:** An educational activity designed for completion by learners, independently, at the learner's own pace and time of the learner's choice. Examples may include but are not limited to: videotapes, audiotapes or selected reading materials with associated post tests; computer based activities; workbooks; and/or skills practice with return demonstration. Contact hours are awarded based on the average time it took to complete the activity during the pilot project. Activities intended to assist the participant to acquire, maintain and/or increase the level of competence in fulfilling assigned responsibilities specific to the expectations of the employer are considered in-service or orientation and do not qualify as continuing education.

**PROVIDER**

**TITLE OF ED II**

**SCHEDULED DATE(S)**

**LOCATION OF ACTIVITY**

Number of **contact hours** for which approval is being requested

*Please note: Sixty (60) minutes of learning time equals one (1) contact hour. Overview of objectives and evaluation time is included in calculating contact hours. Breaks and meals are not included.*

Is there a utilization or registration fee?  YES  NO If yes, indicate amount of fee \$

Nurse Planner completing this form (Please Print):

**Signature**  **Department**

**Address**   
Street or P.O. Box City State Zip

**Phone**  **Fax**

**Email**  **Date planning form submitted**

Would you like this ED II listed in the CE Calendar of *The MISSISSIPPI RN*, the publication of the MS Nurses Association?  
 YES  NO

**I. PLANNING**

**A. ASSESSMENT OF LEARNER NEEDS**

Describe how the need for this activity was determined, including how learner input was considered in the planning process (check all that apply):

- Problem or issue related to nursing practice
- Learner request (needs assessment verbally or written)
- Change in patient population or care requirements
- Review of nursing related literature
- Changes in legislation
- Findings from QA/QI activities
- Other

- Collection Method:**
- Survey
  - Informal
  - Discussion
  - Meeting
  - Observation
  - Other

**B. ASSESSMENT OF TARGET AUDIENCE**

Describe the target audience (may include other disciplines or professionals, but RNs are the primary focus). The audience may be described in terms of practice areas or other identifying characteristics as specialties or professionals caring for specific patient populations (elderly, diabetics, cardiac, etc.) Check to indicate inclusion of RNs in the target audience:  YES  NO

Level of Education:

Practice Area/Specialty:

Geographical Area Represented:

**A. QUALIFIED PLANNERS (Attachment A)**

1. The planning committee is made up of at least two (2) members. One member, the **Lead Nurse Planner**, is administratively responsible for planning and producing the educational activity while adhering to ANCC Accreditation Program criteria in the provision of continuing nursing education. The Lead Nurse Planner must be a registered nurse and hold a baccalaureate degree in nursing or higher.
2. Other designated planner(s) may work for the provider unit as staff members, consultants, or volunteers, and function as a **planning member of the target audience and/or content expert.** Complete an **Attachment A** for each member of the **planning committee.** Each **planner must complete and sign Attachment A, whether or not** they have any vested interest in the continuing education activity.

3. The planning members are as listed below:

Registered Nurse-Lead Planner	Content Expert	<input type="checkbox"/>
Name: <input type="text"/>	Target Audience	<input type="checkbox"/>
Contact No. <input type="text"/>	Responsible for adherence to ANCC Criteria	<input type="checkbox"/>

Nurse Planner(s)	Content Expert	<input type="checkbox"/>
Name: <input type="text"/>	Target Audience	<input type="checkbox"/>
Contact No. <input type="text"/>		

Other Planner(s)	Content Expert	<input type="checkbox"/>
Name: <input type="text"/>	Target Audience	<input type="checkbox"/>
Contact No. <input type="text"/>		

Other Planner(s)	Content Expert	<input type="checkbox"/>
Name: <input type="text"/>	Target Audience	<input type="checkbox"/>
Contact No. <input type="text"/>		

4. Each **presenter** must complete an **Attachment A.** Each presenter **must complete and sign all sections on Attachment A, whether or not** they have any vested interest in the continuing education activity. Presenters must have documented qualifications that demonstrate their education and experience in the content they are presenting. Presenters should participate in planning, evaluation and documentation of involvement in the own presentations.
5. **Commercial interest** is defined as an entity that has a “commercial interest” as any proprietary entity producing health care goods or services, with the exception of non-profit or government organization (ANCC, 2006 Accreditation Manual).
6. **Financial relationships** are defined by ANCC (2006) as those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include “contracted research” where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ANCC considers relationships of the person involved in the educational activity to include financial relationships of a family member. ANCC considers financial relationships in any amount occurring within the past 12 months as “relevant” in terms of creating a conflict of interest.

7. **Conflict of interest** is defined by ANCC (2006) as when an individual has an opportunity to affect the educational content with products or services from a commercial interest with which he/she has a financial relationship. ANCC considers "opportunity to affect the educational content" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used. **Off label** is defined by ANCC as using products for a purpose other than for which it was approved by the Food and Drug Administration.
8. An individual who refuses to disclose relevant financial relationship will be disqualified from being a planning committee member, a presenter, or an author of a continuing nursing education activity and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the activity.
9. All planners are kept up-to-date on the requirements for adhering to the ANCC accreditation criteria. Check all that apply:

Email  Letters  Newsletter  Phone calls  Meetings

# ATTACHMENT A

## Biographical/Vested Interest

*Check all that apply.*

**Name:**   Lead Nurse Planner (Administrator)

**Title of Activity:**  (  target audience/  ex  )

**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

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

<input type="checkbox"/> speaker's bureau	<input type="checkbox"/> major stockholder	<input type="checkbox"/> shareholder
<input type="checkbox"/> consultant	<input type="checkbox"/> large gift(s)	<input type="checkbox"/> grant/research support
<input type="checkbox"/> no relationship	<input type="checkbox"/> 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:

<input type="checkbox"/> planned objectives/content	<input type="checkbox"/> reviewed evaluation summary
<input type="checkbox"/> planned time frame	<input type="checkbox"/> will utilize evaluation to revise presentation as needed
<input type="checkbox"/> planned teaching strategies	<input type="checkbox"/> received up-to-date ANCC Accreditation standards
<input type="checkbox"/> attended committee meetings other	

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**

### CE Attestations for Presenters with Vested Interests

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**

## II. EFFECTIVE ACTIVITY DESIGN (Attachment B)

Objectives, content, teaching/learning resources, evaluation tool, and evaluation category must be in a four-column format to provide documentation on the Attachment B. **PILOT TESTING** must be completed prior to implementation of the educational activity to verify that the resources are appropriate and effective. Participants in the pilot study should be representative of the target audience. The number of participants will vary depending on the purpose of the activity and size of the target audience. All pilot testers should complete the full learning package and are not eligible for contact hours at the time of pilot testing.

### A. OVERALL PURPOSE *Purpose/goal must be included, as listed, on the evaluation form.*

Clearly state the overall purpose/goal for this activity:

Please **select any of the following** as it applies to how this activity will enrich the nurse's contribution to quality health care and pursuit of professional career goals:

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Expands the nurse's knowledge and skills in providing quality health care                            |
| <input type="checkbox"/> | Enhances the nurse's clinical skills in specialized health care areas                                |
| <input type="checkbox"/> | Enriches the nurse's opportunities for new career goals in the changing job market                   |
| <input type="checkbox"/> | Provides opportunities for the nurse to continue the process of life-long learning                   |
| <input type="checkbox"/> | Provides opportunities for the nurse to learn the newest techniques in providing quality health care |
| <input type="checkbox"/> | Other <input style="width: 700px;" type="text"/>   |

### B. OBJECTIVES

Objectives are derived from the overall purpose/goal of the activity. The objectives should clearly describe the learner's expected outcomes, be expressed in measurable terms, identify observable actions, and specify one outcome per objective. Start with an ACTION VERB that describes a specific behavior or activity by the learner.

### C. CONTENT

Each objective should have corresponding **content** written in outline form. The content should be in outline form, related to the activity and consistent with the objective without restating the objective.

### D. ACTIVITY DESCRIPTION and TEACHING/LEARNING RESOURCES

1. Describe and list the contents of the total learning package (tapes, workbooks, reading materials, etc.)
2. Explain how the learner is to utilize each piece of the package to complete the learning activity.
3. List the teaching/learning resources that support attainment of the educational objectives and corresponding content. The action indicated as the expected outcome determines the teaching strategies to be used. For example, a learning objective requiring return demonstration of psychomotor skill could have a video demonstration as the resource for the objective. Other examples of teaching/learning resources may include: handouts, audiotapes, computer-based materials, videos, workbooks, etc.

### E. EVALUATION TOOL

Methods evaluating what the participant has learned are documented under the "**evaluation tool**" section. Examples are: tests, interviews, attitude scales, observation of skill performance.

### F. EVALUATION CATEGORY

Methods to show how the participant has learned are documented under the "**evaluation category**" section. Examples are: learner satisfaction, knowledge, skills and attitude changes, change in practice.

### G. Describe the PILOT TESTING using the following guidelines:

1. Effectiveness of design and teaching/learning materials:
  2. Time required for pilot testing participants to complete the activity:
  3. Indicate titles of pilot testing participants representative of the target audience:
  4. Method/Rationale used for determining contact hours (*Total the number of hours that each pilot testing participant used to complete the activity and obtain an average in minutes and divide by sixty (60) to get the contact hours.*):

## ATTACHMENT B Educational Design II

Title of Activity:  Contact Hours:

Overall Purpose:

Objectives	Teaching/learning Resources	Evaluation Tool	Evaluation Category
List the educational objectives and corresponding content. Content is in outline form and specific.	List the teaching/learning resources by each objective. For example: audio visuals needed	Select what evaluation method will be used to evaluate this activity:	Select what evaluation category is the most appropriate for this activity:
<p>At the end of this activity the learner will be able to:</p> <p><b>Objective 1:</b></p> <p>Content:</p> <p>1.</p> <p>2.</p> <p><b>Objective 2:</b></p> <p>Content:</p> <p>1.</p> <p>2.</p> <p><b>Objective 3:</b></p> <p>Content:</p> <p>1.</p> <p>2.</p> <p>Etc.</p> <p><b>EVALUATION:</b></p>		<p>___ Post test</p> <p>___ Structured Interview</p> <p>___ Attitude Scale</p> <p>___ Direct Observation of Skill Performance</p> <p>___ Other _____</p>	<p>___ Learner satisfaction</p> <p>___ Knowledge</p> <p>___ Skill and Attitude Change</p> <p>___ Change in Practice</p> <p>___ Other _____</p>

TOTAL TIME IN MINUTES  divided by 60 =  contact hour(s)

### III. ACTIVITY EVALUATION

An evaluation process can provide information about the overall activity, as well as, the specific components. A clearly defined method for evaluation includes the following:

1. relationship of objectives to overall purpose/goal(s)
2. learner's achievement of each objective
3. expertise of each individual presenter
4. appropriateness of teaching strategies

A. Describe the method used to evaluate the activity:

B. Describe how the evaluation data will be used:

C. **Submit copy of the learner evaluation form.**

D. **After the educational activity, submit a summary of the learners' evaluation results.**

# SAMPLE EVALUATION

## Approved Provider Education Design II

**TITLE**

**Date**

**Location**

**Provided by**

**Overall purpose(s)/goal(s):**

**Objectives**

At the end of this activity, the participant should be able to:

1.

2.

3.

4.

5.

Etc.

*Please fill in one response per line.*

	Low/Poor		High/Excellent		Non-Applicable	
	1	2	3	4	5	N/A
1. To what extent was the overall purpose(s)/goal(s) of this activity related to the objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To what extent did the presenter address each objective of this activity?						
Objective 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 3: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 4: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 5: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To what extent were the teaching/learning resources effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you detect any commercial bias?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
If so, by whom?						
What made you feel there was bias?						
5. Indicate the time-in-minutes it took to complete this activity		Minutes				

**PLEASE MAKE WRITTEN COMMENTS ON REVERSE SIDE.**

**IV. DOCUMENTATION AND ACCREDITATION STATEMENTS**

### Verifying Participation and Successful Completion

Rationale and criteria for successful completion must be determined as part of the overall planning of the learning activity. Criteria for successful completion of objectives may be, but not limited to: achieve a predetermined score, correctly perform a return demonstration, etc. A deadline date for receiving credit may be appropriate. The learner is informed of the criteria prior to participation in the activity.

- A. **Select the method of verifying participation:**  sign-in sheets  self-reported attendance  
 return of evaluation tools  roll call  other
- B. **Select achievement of successful completion:**  
 achievement of objectives  evaluation  completion of the entire activity  
 return demonstration  discussion with presenters  other
- C. **Select the Feedback** mechanism used to provide learners an opportunity to compare their responses to the correct responses. Methods may be, but not limited to:  
 correct answer sheets with rationales  pre-test and post-test comparisons  
 direct feedback from an instructor on a skills checklist  other
- E. Participants must receive **written verification** (see sample) of:
1. successful completion of the educational activity
  2. name of learner
  3. number of contact hour(s) awarded
  4. name and address of provider of the educational activity
  5. title and date of the education activity
  6. official statement of approval identifying ANCC accredited organization:

***“This continuing nursing education activity was approved by the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”***

- D. Submit a sample of the verification form/certificate to be awarded to participants.
- E. All communications, marketing materials, certificates, and other documents that refer to the provider’s ANCC-accredited status, must contain the official accreditation statement which stands alone in print. All other information should be on a separate line or paragraph.

**Before an activity is approved, the following language is used: “An application for continuing nursing education credit has been submitted to the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”**

- F. **Submit a copy of any publication (brochure, flyer, etc.) related to this activity with the appropriate ANCC language.** All communications, marketing materials, certificates, and other documents that refer to the provider’s ANCC-accredited status must contain the official accreditation statement.

### **SAMPLE ATTENDANCE VERIFICATION FORM - PROVIDER** **Nursing Continuing Education Attendance Verification**

This participant has successfully completed this educational activity:	Educational Design # <input type="text"/>
Name of Participant: <input type="text"/>	Contact Hours: <input type="text"/> (60 minutes = 1 contact hour)
Provider of Educational Activity <input type="text"/>	Title: <input type="text"/>
Address of Provider: <input type="text"/>	Date: <input type="text"/>

***“This continuing nursing education activity was approved by the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”***

### V. **COMMERCIAL SUPPORT (You Must Select One of the Following)**

Commercial support is defined by ANCC (2006) as financial or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of an educational activity. 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. A

provider cannot be required by an entity with commercial interest to accept advice or services concerning presenters, authors, or other educational matters, including content, from the entity as conditions of contributing funds or services.

Select one of the following:

A.  **NO**, this activity **does not receive commercial support**.

**OR**

B.  **YES**, this activity **does receive commercial support**. The provider must make all decisions regarding the disposition and disbursement of commercial support. All commercial support associations with an activity must be given with the full knowledge and approval of the provider. Describe how the integrity of the activity will be maintained. The provider will maintain control of the educational content and disclose to the learners all financial relationships, or lack of, between the commercial supporter and the provider or presenters.

1. Learners are made aware of the nature of all commercial support of all education activities on all **promotional materials. Attach a copy.**
2. Funds should be in the form of an educational grant and must be acknowledged in printed material and brochures.
3. Arrangements for commercial exhibits will not influence the planning of or interfere with the presentation of the education activities.
4. Education activities are distinguished as separate from the endorsement of commercial products. When commercial products are displayed, participants will be advised that approval status as a provider refers only to its continuing education activities and does not imply ANCC Commission on Accreditation endorsement of any commercial products.
5. Education activities that present research conducted by commercial companies will be designed and presented with scientific objectivity.
6. Learners will be informed of any off-label use of a commercial product that is presented in education activities.
7. As a Mississippi Nurses Foundation Provider, our agency agrees to maintain control of the educational content and disclose to the learners all financial relationships or lack of, between the commercial supporter and the provider or presenters, and adhere to the above guidelines.  YES  NO

**IF commercial support is provided**, the terms, conditions, and purposes of the commercial support must be documented in a written agreement with the entity that includes its educational partners. *Attach a copy of the Letter of Agreement; you may use the attached sample).*

8. Commercial Information

Name of company: Nature of relationship to person & commercial interest: Representative: Address:
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9. Describe how conflict of interest is resolved. Conflict of interest is defined by ANCC as when an individual has an opportunity to affect the educational activity content with products or services from a commercial interest with which she/he has a financial relationship. ANCC considers "opportunity to affect educational content" to include content about special agents/devices, but not necessarily about the class of agents/drugs, and not necessarily content about the whole disease class.

SHOW DOCUMENTATION FOR ALL SELECTED AREAS:

- Audience informed on printed materials  Disclosure during introduction of speaker
- Discussion/documentation with presenter or planner  Evaluation of bias on evaluation form
- Nursing Planner in audience

**SAMPLE COMMERCIAL SUPPORT AGREEMENT**

Date:

This educational activity  is being supported by:  
*Title of activity*

*Name of Commercial Supporter*

The **Commercial Supporter** agrees to provide the following services:

**Unrestricted educational grant** for support of the CE activity in the amount \$ \_\_\_\_\_.

**Restricted educational grant** to reimburse expenses for:

a. Speaker(s) to include:    \_\_\_ all expenses    \_\_\_ travel only    \_\_\_ consulting fee only  
\_\_\_\_\_ other \_\_\_\_\_

Support for catering functions (specify) \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

Other (e.g. equipment loan, brochure distribution, etc.) in the amount of \$ \_\_\_\_\_

Written policies and procedures and documentation governing honoraria and reimbursement of out-of-pocket expenses for planners, presenters, and authors are on file with the continuing education provider. The **Continuing Education Provider**

will ensure that the following decisions are made free from control of a commercial interest:

- Identification of educational activity needs;
- Determination of educational objectives;
- Selection of presentation of content;
- Selection of all persons and organizations that will be in a position to control the content of the educational activity;
- Selection of educational methods;
- Evaluation of the educational activity.

It is understood that:

1. Learners will be made aware of the nature of all commercial support of all education activities on all promotional materials. **Attach a copy.**
2. Funds should be in the form an educational grant and must be acknowledged in printed material and/or brochures.
3. Arrangements for commercial exhibits will not influence the planning of or interfere with the presentation of education activities.
4. Education activities are distinguished as separate from endorsement of commercial products. When commercial products are displayed, participants will be advised that accredited status as a provider refers only to its continuing education activities and does not imply ANCC Commission on Accreditation endorsement of any commercial products.
5. Education activities that present research conducted by commercial companies will be designed and presented with scientific objectivity.
6. Learners will be informed in the presentation is about the off-label use of a product (using products other than \_\_\_\_\_ that for which it was approved by the Food and Drug Administration.)

Commercial Supporter Signature

Date

Educational Provider Signature

Date

## VI. DISCLOSURES PROVIDED TO ACTIVITY PARTICIPANTS

Please select the appropriate answer and submit copies of documentation.

1. **Notice of requirements for successful completion:** Learners are informed, in advance verbally and/or in written form, of the

criteria to be used to determine successful completion of an educational activity.

YES  NO

2. **Conflicts of interest:** Learners are informed of any influencing financial relationships, or lack thereof, disclosed by planners or presenters at the beginning of the educational activity which is documented in writing.

YES  NO

3. **Non-endorsement of products:** Learners are advised verbally and/or in written form that accredited status does not imply endorsement by the provider or ANCC of any commercial products displayed in conjunction with an activity.

YES  NO

## VII. RECORD KEEPING SYSTEM

The Provider must keep the following information on file for a minimum of **six (6) years**:

### A. Planning

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

### B. Implementation

1. Title, location, and date of the educational activity
2. All evaluation tools used, including a summative evaluation
3. Participant names and addresses
4. Sample certificate of completion
5. Number of contact hours associated with official accreditation statement awarded to individual participants

- C. As a Mississippi Nurses Foundation Provider, our agency agrees to maintain records for each education activity for six (6) years in a secure and confidential manner, including the above essential information.

YES  NO

- D. Describe the **record-keeping and storage system** to include the following:

1. ***New records are consistently collected and retention of records;***

2. ***Confidentiality;***

3. ***Filing, storage and easy retrieval of records by authorized individuals.***

## VIII. CO-PROVIDERSHIP

If two or more individuals, organizations, or agencies work together to plan, develop, implement, and evaluate an educational activity, then the activity is being co-provided. An entity with a commercial interest cannot take the role of non-accredited partner in a co-provider relationship.

### A. Select one of the following:

1. This activity is **not co-provided**.  **OR**
2. This activity is **co-provided**.  When educational activities are co-provided, an ANCC accredited provider unit is responsible for ensuring adherence to all ANCC criteria and retains responsibility for:
- a) determination of the educational objectives and content
  - b) selection of the content specialist planners and activity presenters
  - c) the awarding of contact hours
  - d) record-keeping procedures
  - e) 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.

### B. Submit a copy of the co-providership agreement, if applicable. See sample below.

## **SAMPLE CO-PROVIDERSHIP AGREEMENT**

Title of Educational Activity _____	
Date _____	Location _____
<b>Name of Provider Agency</b> _____	
<b>Name of Contact Person</b> _____	
Address _____	Phone _____
_____	Email _____
_____ ( <i>Lead-approved Provider Unit</i> ) is responsible for ensuring adherence to all ANCC criteria and retains responsibility for ANCC accredited provider unit:	
<ol style="list-style-type: none"><li>1. Determination of the educational objectives and content</li><li>2. Selection of the content specialist planners and activity presenters</li><li>3. The awarding of contact hours</li><li>4. Record-keeping procedures</li><li>5. Evaluation methods</li></ol>	
<b>Name of Co-Provider Agency</b> _____	
<b>Name of Contact Person</b> _____	
Address _____	Phone # _____
_____	Email _____
_____ Signature of Provider Representative	_____ Date
_____ Signature of Co-Provider Representative	_____ Date

# CHECKLIST – Educational Design II (ED II)

Provider

(used by the Mississippi Nurses Foundation for application review)

Date of Application Review:  Foundation Approval Number:

Provider:  Date of Activity:

Title:

Registration Fee Stated:  Yes  No  No Fee Charged

Contact Hours Requested:  Contact Hours Approved:

Provider Fee Paid:  Yes  No  Pending Receipt for:

Approver Unit reviewers must find evidence of each of the following criteria in the application.  
 Check each item: **S** = Satisfactory or **U** = Unsatisfactory or **N/A** = Non-Applicable. Please make comments as necessary.

CATEGORY	FACTORS	S	U	N/A	COMMENTS
<b>Introduction Information</b>	45-day deadline met				
	Application received 10 days before approver unit meeting				
	Letter of Exception, if applicable				
	Dates and Locations stated				
	Signature of Submitter				
	Current forms used				
<b>I. PLANNING</b> <b>A. Assessment of Learner Needs /Target Audience</b>	Description of needs assessment for activity				
	Learner input considered in planning process				
	Target audience described				
	"RN" included in target audience				
<b>B. Qualified Planners and Content Specialists</b> <i>Attachment A</i>	Lead Nurse Planner: Attachment A completed and Signed Vested Interest Statement				
	Planner(s): Attachment A completed and Signed Vested Interest Statement				
	At least one planner is a nurse with a BSN degree				
	Presenter(s): Attachment A completed and Signed Vested Interest Statement				
<b>II. EFFECTIVE ACTIVITY DESIGN</b> <b>A. Purpose/Goal(s)</b>	Overall Purpose clearly and broadly stated				
	How activity enriches nurses' contribution to health care				
	How activity promotes professional career goals				
<b>B. Objectives</b> <i>Attachment B</i>	Required FOUR-column format utilized				
	Derived from overall purpose/goal(s)				
	Expressed in measurable or behavioral (observable) terms				
	Specifies one outcome per objective				
<b>C. Content</b> <i>Attachment B</i>	Each objective has corresponding content				
	Content outline describes each objective without restating				
<b>D. Activity Description and Teaching/Learning Resources</b> <i>Attachment B</i>	Description of the contents of the total learning package listed				
	Explanation of how the learner will utilize each piece of the learning package				
	Resources listed for each objective (Attachment B)				
	Resources support the achievement of objectives				

CATEGORY	FACTORS	S	U	N/A	COMMENTS
<b>E. Evaluation Tool</b> <i>Attachment B</i>	Methods evaluating what the participant has learned are documented				
<b>F. Evaluation</b> <i>Category Attch B</i>	Methods showing how the participant has learned are documented				
<b>G. Pilot Testing</b>	Description of pilot testing including: 1. effectiveness of design and teaching/learning materials				
	2. time required for pilot testing participants to complete the activity				
	3. titles of pilot testing participants representative to the target audience				
	4. method/rationale used for determining contact hours				
<b>III. ACTIVITY EVALUATION</b>	Describe method used to evaluate activity and how this evaluation data will be used				
	Copy of learner's evaluation attached				
	Evaluates relationship of objectives to purpose/goal(s)				
	Evaluates achievement of each objective				
	Evaluates effectiveness of teaching/learning resources				
	Time required by learner to complete the activity				
	Evaluates commercial bias				
<b>IV. DOCUMENTATION OF ACCREDITATION STATEMENTS</b>	Method for verifying participation				
	Method for achieving successful completion				
	<b>Sample of verification</b> of attendance form which participants receive include: a. successful completion of educational activity b. name of the learner c. number of contact hours awarded (identifying calculation of hours) d. title of activity and date of educational activity e. official approval statement (ANCC) <b><i>"This continuing nursing education activity was approved by the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation."</i></b>				
	<b>Sample of promotional materials (brochure, flyer, letter, email, etc.) with appropriate ANCC approval statement.</b> <b>Before an activity is approved</b> , the following language is used: <i>"An application for continuing nursing education credit has been submitted to the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation."</i>				
	<b>Commercial Support Agreement</b> (attach a copy)				
	Learners are aware of nature of commercial support				
	Funds are in the form of an educational grant and acknowledgement in printed materials/brochures				
	No influence of planning/presentation by commercial exhibits				
	Educational activities are separate from endorsement of commercial products (No implication of ANCC Commission on Accreditation endorsement of any commercial products)				
	Research activities are designed and presented with scientific objectivity				
	Learners are informed of any off-label use of commercial products				

CATEGORY	FACTOR	S	U	N/A	COMMENTS
<b>VI. DISCLOSURES PROVIDED TO ACTIVITY PARTICIPANTS</b>	Notice of requirements for successful completion				
	Conflicts of Interest				
	Commercial Support				
	Non-endorsement of products				
	Off-label use				
<b>VII. RECORD KEEPING SYSTEM</b>	A statement describing the collection, confidentiality, and maintenance of listed records for six (6) years				
	<b>Planning</b> – target audience, needs assessment, Attachment A for each planner and presenter – with signed vested interest statement, Attachment B, notice to participants regarding successful completion, marketing/promotional materials, co-providership agreement if any, and commercial support agreement, if any				
	<b>Implementation</b> – title, location, and date of educational activity, evaluation tools used, participants' names and addresses, sample certificate of completion (verification form), number of contact hours with official ANCC accreditation statement				
<b>VIII. CO-PROVIDERSHIP</b>	Statement of <b>non-Co-Providership</b>				
	<b>Co-Providership</b> policy (attach signed copy of agreement): a. Objectives and content are applicant's responsibility b. Content specialist planners and activity presenters are applicant's responsibility c. Contact hours determined/awarded by applicant d. Budget is applicant's responsibility e. Record-keeping procedures are applicant's responsibility				

Contact Hours Approved:  Signature of Evaluator:

ACTION	DATE	COMMENTS FOR NOTIFICATION REVIEW FORM
<input type="checkbox"/> Approved	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Pending	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Deferred	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Denied	<input type="text"/>	<input type="text"/>

**Mississippi Nurses Foundation  
Evaluation Summary – Education Design II**

Provider:

CE #:

Title of Activity:

Date of Activity:

Likert Scale:

Low/Poor

High/Excellent

Not Applicable

1	2	3	4	5	N/A
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1. Relevance of purpose/goals to objectives:

1	2	3	4	5	N/A

2. Learner achievement of objectives:

1	2	3	4	5	N/A

3. Teaching/learning resources effectiveness:

1	2	3	4	5	N/A

4. Commercial Bias:

YES	NO

5. Average time in minutes to complete this activity:

Number of RNs receiving Verification of Attendance forms:

Number of Non-RNs receiving Verification of Attendance forms:

Number of total participants receiving Verification of Attendance forms:

This educational activity approved for  contact hours.

Total contact hours awarded to RNs (  contact hrs  number of RNs) =

Total contact hours awarded to all participants (  contact hrs  total part.

Printed publicity was utilized:  Yes or  No. All printed publicity related to this activity must be attached.

Action plan for negative evaluations:

Written comments: