**APPROVED PROVIDER PLANNING FORM**

The **Nurse Planner** must be a registered nurse who holds a current, unrestricted nursing license (or international equivalent) **AND** hold a baccalaureate degree or higher in nursing (or international equivalent) **AND** be actively involved in planning, implementing, and evaluating this NCPD educational activity based on educational resources provided by the Accredited Approver Program Director.

**Nurse Planner contact information for this activity:**

Name and degree credentials (or international equivalent): Click here to enter text.

Email Address: Click here to enter text.

**Title of Activity:** Click here to enter text.

**Date Application Form Completed:** Click here to enter a date.

**Activity Type:**

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

* Date of live activity: Click here to enter a date.
* Location of activity

Provider-directed, learner-paced:  Enduring material web-based (i.e., online courses, e-books)  article  other (describe)

* Start date of enduring material: Click here to enter a date.
* Expiration/end date of enduring material: Click here to enter a date.

Learner-directed, learner-paced: may be live, enduring material, or blended.

* Start date of enduring material (if applicable): Click here to enter a date.

Expiration/end date of enduring material (if applicable):

Blended activity (activities that involve a “live” component in combination with a provider-directed, learner-paced component)

* Date(s) of prework and/or post-activity work: Click here to enter a date.
* Date of live portion of activity: Click here to enter a date.

1. **Description of the professional practice gap (PPG) (e.g., change in practice, problem in practice, opportunity for improvement):**

**Provide a brief description of the problem or opportunity for improvement this activity is designed to address for your learners:**

1. **Evidence to validate the professional practice gap (check all methods/types of data that apply):**

**Please provide a brief summary of the evidence and the data gathered that validates the need for this activity:**

1. **Educational need that underlies the professional practice gap (e.g., knowledge, skill and/or practices):**

**Check all that apply:**

Knowledge

Skill

Practice

1. **Identify or describe the target audience (must include the registered nurse):**

**Check all that apply:**

Registered Nurse (required)  MD  PA

LPN/LVN  CNA  Social worker(s)  Other (describe):

1. **Desired learning outcome(s):**

**Identify the desired learning outcome(s):**

1. **Description of evaluation method:**

**Describe the chosen evaluation method(s):**

Knowledge = post-test or evaluation survey with questions…..

Skills = demonstration, case study analysis

Practice = quality reports, observation with documentation, follow-up survey on how you changed your practice or how practice was impacted

1. **Description of evidence-based content with supporting references or resources:**

**Description of the evidence-based content including the supporting references or resources:**

**8. Learner engagement strategies:**

**Describe how the learner will be actively engaged in the educational experience (not lecture or ppt):**

1. **Number of contact hours awarded and calculation method:**

**Number of contact hours to be awarded and identification/description of how contact hours were calculated (include agenda if activity is longer than 3 hours):**

1. **Criteria for Awarding Contact Hours:**

**Criteria for Awarding Contact Hours (Check all that apply):**

Attendance 100% of activity

Credit awarded commensurate with participation.

Attendance at 1 or more sessions of a conference or multi-session activity

Completion/submission of evaluation form

Successful completion of a post-test (e.g., attendee must score      % or higher)

Successful completion of a return demonstration

Other – List or Describe:

**11. Documentation of completion and/or certificate of completion:**

* **Attach a sample certificate or documentation of completion transcript with the activity file.**
* **A sample certificate must include:**

**12. Names and credentials of all individuals on the planning team:**

**Planning Team Members**

Nurse Planner Name and Credentials

Content Expert Name

Names and Credentials (if applicable) for all other planning team members

**Standards for Integrity and Independence and Standards (13 – 15):**

**Before completing this section answer the following:**

**Refer to and review the Standards for Integrity and Independence and Standards for Integrity and Independence Approved Provider Toolkit provided to you by the Accredited Approver.**

**a. Is the activity nonclinical in nature (e.g., preceptor development, or leadership)? Yes  No**

* If yes, skip questions 13 - 14 and move to section 15.

**b.** **If no, answer sections 13 - 14.**

* Evidence of addressing can be shared in the provided template as an attachment.

**13. Demonstration of identification of financial relationships with ineligible companies for all individuals in a position to control content (planners, presenters, faculty, authors, and/or content reviewers) as described in the toolkit.**

a.Provide evidence that financial relationship data has been collected and analyzed **for all individuals in a position to control content** –this includes the planning team.

b. This might be in a table, on a spreadsheet, or other document e.g., email documentation.

**14. Evidence of mitigation of relevant financial relationships?**

* If a relevant financial relationship is identified, describe steps taken to mitigate the risk of undue influence in planning and/or providing the activity. Mitigation strategies might include (here is another place for a list of examples – with or without checkboxes!).

**15. Commercial Support Agreement:**

**REQUIRED DISCLOSURES TO LEARNERS (MUST BE INCLUDED IN THE ACTVITY FILE APPLICATION) (16 -21):**

* EVIDENCE OF WHAT IS REQUIRED INFORMATION THAT MUST BE PROVIDED TO LEARNERS PRIOR TO START OF THE EDUCATIONAL ACTIVITY.
* INCLUDE RELEVANT SLIDE(S), SCREEN SHOT(S), SCRIPT(S), OR OTHER EVIDENCE SHOWING WHAT THE LEARNERS WILL RECEIVE.

**DISCLOSURES ARE TO INCLUDE THE FOLLOWING:**

**16. Approval statement as issued by the accredited approver:**

* Verbiage should be consistent with the statement provided by the accredited approver (see number 11) and should match the approval statement on the sample certificate or document of completion.

**17. Criteria for awarding contact hours:**

* Criteria for awarding contact hours should be consistent with the criteria documented in the planning process.

**18.** **Presence or absence of relevant financial relationships for all individuals in a position to control content, including mitigation (if applicable):**

* **If you did not identify relevant financial relationships because the activity was non-clinical, no disclosure should be provided.**
* **If relevant financial relationships were identified the disclosure statement must include:** 
  + The names of individuals with relevant financial relationships
  + The names of the ineligible companies with which they have a relationship (Identify ineligible companies by their names only, do not include logos or trade names.)
  + The nature of the financial relationships
  + A statement that all relevant financial relationships have been mitigated. The mitigation steps do not need to be outlined.
  + **Example:** Samantha Turner is on the speakers’ bureau for ABC Pharmaceuticals. The relevant financial relationships have been mitigated. No relevant financial relationships were identified for any other individuals with the ability to control content of the activity.
* If no financial relationships were identified, the disclosure should inform the learners that no relevant financial relationships with ineligible companies were identified.
  + **Example:** Samantha Turner, Jessica Smith, and Eva Grace have no relevant financial relationship(s) with ineligible companies to disclose.
  + **Example:** None of the planners for this activity have relevant financial relationship(s) to disclose with ineligible companies.

**19. Commercial Support from ineligible organization/companies (if applicable):**

* If the educational activity received commercial support, there must be a disclosure to learners of the names of the ineligible companies that gave the support and the nature of the support.
* No logos, trade names, or product group messages for the organization can be provided in the disclosure.

**20. Expiration date for enduring activities or materials (if applicable):**

* If the activity is enduring, the expiration date must be provided to learners.

**21. Joint providership (if applicable):**

* **If the activity is jointly provided, there should be a statement that demonstrates that two or more groups were involved in the planning and development of the activity.**
* There is not a prescribed statement that must be used for disclosing joint providership.
* **Remember:** Joint providership occurs when two or more groups collaborate to develop an educational activity. The individual activity applicant is responsible for ensuring adherence to ANCC educational design criteria. The individual activity applicant name should be clear, and the **approval statement as issued by the accredited approver must be on** the certificate and disclosure, and it should be clear that the approved activity organization is providing the contact hours. If both or more than one organization has activity approval, one organization needs to take responsibility for being the provider of contact hours.

**Summative evaluation:**

**The summative evaluation contains two components:**

* + A summary of data highlighting whether the activity was effective in closing or narrowing the gap and achieving the educational activity outcome.
* An analysis of what was learned from the evaluation data and what can be applied to future activities.

**TIPS:**

* The summative evaluation does not simply include the data collected from the evaluations.
* There should be a clear analysis of the data from the NP and planning committee documented.
* There is no prescribed method for providing the summative evaluation information.
* Common delivery methods include a narrative format, SBAR format, SOAP note, or table with analysis information.