Individual Applicant Activity File Requirements

* Title and location 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 professional practice gap
* Evidence that validates professional practice gap
* Educational need that underlies the professional practice gap
* Description of target audience
* Desired measurable learning outcomes
* Description of evidence-based content with supporting reference or resources
* Learner engagement strategies used
* Criteria for awarding of contact hours
* Description of evaluation method (Evidence that change in knowledge, skills, &/or practices of target audiences was assessed)
* Names and credentials of all individuals in a position to control content (must identify who fills the roles of Nurse Planner and content experts).
* Demonstration of process for identifying relevant financial relationships with ineligible companies for all individuals in a position to control content (planners, presenters, faculty, authors, &/or content reviewers)
	+ Name of individual, nature of financial relationship within past 24 months
* Evidence of a mitigation of relevant financial relationship with persons in a position to control content, **if applicable**
* Number of contact hours awarded for activity & method of calculation
* Agenda, if activity is longer than 3 hours
* Documentation of completion &/or certificate 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
	+ Activity approval statement
	+ Space for participant name
* Evidence of disclosing to the learner:
	+ Activity approval statement
	+ Criteria for awarding contact hours
	+ Presence or absence of relevant financial relationships for all individuals in a position to control content (planning committee, presenters, faculty, authors, &/or content reviewers) and statement of mitigation as applicable
	+ Commercial support (if applicable)
	+ Expiration date (enduring material only)
	+ Joint Providership (if applicable)

o Materials associated with this activity e.g. agendas and certificates of completion must clearly indicate the Provider awarding contact hours and responsible for adherence to the ANCC criteria

* Commercial Support Agreement with signature and date **(if applicable)**
	+ Name of the Commercial Interest Organization (CIO)
	+ Name of the Provider
	+ Complete description of all the CS provided, including both financial and in-kind support
	+ Statement that the CIO will not participate in planning, developing, implementing or evaluating the educational activity
	+ Statement that the CIO will not recruit learners from the education activity for any purpose
	+ Description of how the CS must be used by the Provider (unrestricted use &/or restricted use)
	+ Signature of a duly authorized representative of the CIO with the authority to enter the binding contracts on behalf of the CIO
	+ Signature of a duly authorized representative of the Provider with the authority to enter the binding contracts on behalf of the Provider
	+ Date on which the written agreement was signed

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