**Individual Educational Activity Application**

Applicants interested in submitting an individual educational activity for approval must complete:

 [ ]  Individual Activity Applicant Eligibility Verification Form,

 [ ]  Individual Activity Applicant Eligibility Commercial Interest Addendum (if applicable),

[ ]  This form - Individual Educational Activity Application

**Applicant's Name:** Click or tap here to enter text.

**Provider's Name:** Click or tap here to enter text.

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 approval.

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

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

**Date of Activity:** Click here to enter a date.

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

**Activity Type:**

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

* Date of live activity: Click here to enter a date.
* Location of activity: Click here to enter text.
* Number of contact hours to be awarded and method of calculation Click here to enter text.

 [ ]  Provider-directed, learner-paced: Enduring material

* Start date of enduring material: Click here to enter a date.
* Expiration/end date of enduring material: Click here to enter a date.
* Number of contact hours to be awarded and method of calculation Click here to enter text.

[ ]  Learner-directed, learner-paced: Enduring material

* Start date of enduring material: Click here to enter a date.
* Expiration/end date of enduring material: Click here to enter a date.
* Number of contact hours to be awarded and method of calculation Click here to enter text.

[ ]  Blended activity

* 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.
* Number of contact hours to be awarded and method of calculation Click here to enter text.

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| **(FOR INTERNAL USE ONLY) Applicant – Please do NOT select an option****NARS Reporting Information***This section is included to assist with NARS data entry. Below is the list of terms and all information necessary to “open” and “close” an activity in the ANCC tracking system.* **NARS Activity Type:**[ ]  **Course**- A course is a live educational activity where the learner participates in person.[ ]  **Regularly Scheduled Series**- A regularly scheduled series (RSS) as a course that is [ ] planned as a series with multiple, ongoing sessions.[ ]  **Internet Live Course-** An Internet live activity is an online course available via the [ ] Internet at a certain time on a certain date and is only available in real-time.[ ]  **Journal Based CNE-** A journal-based CNE activity includes the reading of an article (or adapted formats for special needs).[ ]  **Other-** (Manuscript Review, Test writing item, Committee Learning, Performance Improvement, Internet searching and learning) |

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

Name, Degree, and Credentials: Click here to enter text.

RN License Number and State of Licensure: Click here to enter text.

Email Address: Click here to enter text.

The **Nurse Planner** must be a registered nurse who holds a current, unencumbered 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 continuing education activity.

Phone Number: Click here to enter text.

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

Describe the current state:



Describe the desired state:



Identified gap:



1. **Evidence to validate the professional practice gap (check all that apply)**

[ ]  Survey data from stakeholders, target audience members, subject matter experts or similar

[ ]  Input from stakeholders such as learners, managers, or subject matter experts

[ ]  Evidence from quality studies and/or performance improvement activities to identify
 opportunities for improvement

[ ]  Evaluation data from previous education activities

[ ]  Trends in literature, law and health care

[ ]  Direct observation

[ ]  Other—Describe: Click or tap here to enter text.

Please provide a brief summary of 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)**

Choose an item

1. **Description of the target audience. (You can select more than one target audience).**
2. Choose an item.
3. Choose an item.
4. Choose an item.
5. Choose an item.
6. **Desired learning outcome(s) *(What will the outcome be as a result of participation in this activity?).* Begin the statement with, “As a result of this activity, the learner will…”**



**Area of impact (check all that apply):**

[ ]  Nursing Professional Development [ ] Patient Outcome

[ ]  Other- Describe: Click or tap here to enter text.

1. **Outcome Measure(s) *(A quantitative statement as to how the outcome of this activity will be measured):***



1. **Content of activity: A description of the content with supporting references or resources**

[ ]  See Educational Planning Table **OR**

[ ]  Describe content and include time calculation for content.Click or tap here to enter text.

1. **Identify the evidence-based references/resources upon which this educational activity is based:** (In addition to selecting a check box, you must also list the specific references/resources.)

[ ]  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): Click or tap here to enter text.

[ ]  Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years): Click or tap here to enter text.

[ ]  Clinical guidelines (example - www.guidelines.gov): Click or tap here to enter text.

[ ]  Expert resource (individual, organization, educational institution) (book, article, web site): Click or tap here to enter text.

[ ]  Textbook reference: Click or tap here to enter text.

[ ]  Other: Click or tap here to enter text.

1. **Learner engagement strategies**

[ ]  See Educational Planning Table **OR**

[ ]  Integrating opportunities for dialogue or question/answer

[ ]  Including time for self-check or reflection

[ ]  Audience Response System

[ ]  Analyzing case studies

[ ]  Providing opportunities for problem-based learning

[ ]  Pre/Post Test

[ ]  Other: Click or tap here to enter text.

1. **Criteria for Awarding Contact Hours**

Criteria for awarding contact hours for live and enduring material activities include:

(Check all that apply)

[ ]  Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)

[ ]  Credit awarded commensurate with participation

[ ]  Attendance at 1 or more sessions

[ ]  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 - Describe: Click or tap here to enter text.

1. **Description of evaluation method:** How will change in knowledge, skills, and/or practice be evaluated at the end of this activity? (Refer back to identified practice gap and educational need – evaluation must occur at the level of need identified in “C” above.**) Evaluation Summary must be completed and returned within 30 days of educational offering.**



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| **Short-term evaluation options:** | **Long-term evaluation options:** |
| [ ]  Intent to change practice[ ]  Active participation in learning activity[ ]  Post-test[ ]  Return demonstration[ ]  Case study analysis[ ]  Role-play[ ]  Other – Describe: Click or tap here to enter text. | [ ]  Self-reported change in practice[ ]  Change in quality outcome measure[ ]  Return on Investment (ROI)[ ]  Observation of performance[ ]  Other – Describe: Click or tap here to enter text. |

1. **PENDING APPROVAL STATEMENT:** The following statement is REQUIRED for ALL Advertisements (flyers, brochures, emails, etc.) related to this activity (provide a copy with this document) that are dispersed PRIOR to your activities approval:

*This activity has been submitted to the International Association of Forensic Nurses for approval to award contact hours. The International Association of Forensic Nurses is accredited as an approver of nursing continuing professional development by the* *American Nurses Credentialing Center’s Commission on Accreditation.*

1. **ACTIVITY APPROVAL STATEMENT:** Approval letter will be emailed to Applicant once Individual Educational Activity has been approved by Accredited Approver Unit. Upon approval, the following statement is REQUIRED related to the approved activity:

*This nursing continuing professional development activity was approved by the International Association of Forensic Nurses, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.*

1. **STATEMENT OF UNDERSTANDING BY NURSE PLANNER**

On behalf of Click or tap here to enter text.I hereby attest that the information provided in this application is true, complete, and correct. I further attest, by my signature below that they will comply with all eligibility requirements and approval criteria throughout the approval period, and will notify the IAFN CE Manager promptly, if, for any reason while this application is pending or during any approval period it does not maintain compliance.

[ ]  **Electronic Signature (Required)** Date: Click here to enter a date.

Click here to enter text.

**Nurse Planner Name and Credentials**

**Individuals in a Position to Control Content**

Complete the table below for each person in a position to control content of the educational activity and include name, credentials, educational degree(s), role on the planning committee. **A minimum of 2 individuals must be included in planning the activity;** one must be a Nurse Planner and there must be at least one other planner. 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 (Content Expert). **The individuals who fill the roles of Nurse Planner and Content Expert must be identified.**

*Names and credentials of all individuals in a position to control content (must identify the individuals who fill the roles of Nurse Planner and content expert(s)).*

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| **Name of individual and credentials** | **Individual’s role in activity** | **Planning committee member? (Yes/No)** | **Name of commercial interest** | **Nature of relationship** | **Attached Financial Disclosure Form?** |
| *Example: Jane Smith, RN-BC* | *Nurse Planner* | *Yes* | *None* | *---* | *Yes* |
| *Example: Sue Brown, RNC* | *Content Expert* | *Yes* | *None* | *---* | *Yes* |
| *Example: John Doe, PhD* | *Presenter* | *No* | *Pfizer* | *Speakers Bureau*  | *Yes* |
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**MANDATORY DISCLOSURES**

To ensure high quality, unbiased educational activities ANCC requires that the learner have access to the disclosure statements below. It is required that the following language be provided at the start of the presentation.

1. None of the authors, presenters, or planning committee for this educational activity have relevant financial relationship(s) to disclose with ineligible companies.
2. Upon signing in on the attendance sheet, attending the course in its entirety (due to the criticality of the content) and completing the course evaluation, you will receive a certificate that documents the continuing nursing education contact hours for this activity.
3. This nursing continuing professional development activity was approved by the International Association of Forensic Nurses, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Typing your name below serves as an electronic signature acknowledging that you have read and understand this requirement, and will include the statements above at the start of the presentation.

**Completed by (Name & Credentials):** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**INDIVIDUAL EDUCATION ACTIVITY AGENDA/OUTLINE**

**If the activity is longer than 3 hours, outline the agenda of the education activity below.**

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| **Content** | **Date & Time (Minutes)** | **Presenter** |
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**ATTACHMENTS**

**Please provide evidence of the following:**

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| **Attachment 1** | Disclosure of Financial Relationships documentation from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and mitigation if applicable OR a statement that documentation is not required because the content of the activity has no relationship to products or services of a commercial entity (consumed by or used on patients) |
| **Attachment 2** | Sample of documentation of completion and/or certificate. |
| **Attachment 3** | Commercial Support Agreement with signature and date (if applicable) |
| **Attachment 4** | Evidence of required information provided to learners prior to start of the educational activity:* 1. Activity approval statement as issued by the accredited approver
	2. Criteria for successful completion in order to receive contact hours
	3. Presence or absence of financial relationships for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers) If financial relationships are present, disclosure must include name of person, type of relationship, and name of commercial entity.
	4. Commercial support (if applicable)
	5. Expiration date (enduring materials only)
	6. Name(s) of Joint Provider(s) (if applicable)

NOTE: (Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to ANCC criteria) |
| **Attachment 5** | Summative evaluation- submission after the activity has been completed per the Accredited Approver policy.  |

Completed by: Click here to enter text.

Date: Click here to enter a date.

**QUESTIONS?**

**Phone: 410.626.7805 ext. 116**

**Please upload completed IEA Application Form to
International Association of Forensic Nurses site**