



INTERNATIONAL
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**Forensic
Nurses**

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IAFN Approver Unit Toolkit

2025



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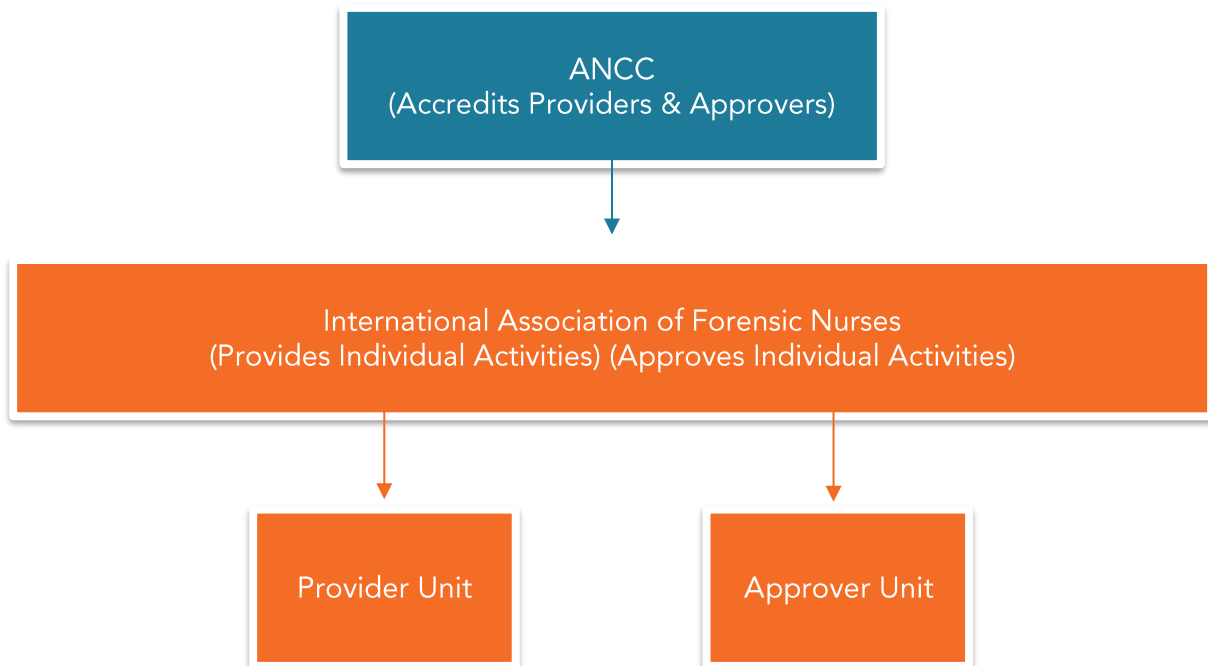
INTRODUCTION

The International Association of Forensic Nurses (IAFN) is dedicated to supporting forensic nurses worldwide. Our vision is a world where all patients have access to forensic nursing care. A key strategy of our organizational plan is to *Invest in Forensic Nurses* by enhancing professional development through expanded training, certification, and mentoring opportunities.

The American Nurses Credentialing Center's Commission on Accreditation (ANCC COA) accredits Approver Units that demonstrate the ability to approve contact hours for and monitor individual nursing continuing professional development (NCPD) activities in accordance with ANCC standards. IAFN is proud to be accredited as an approver of nursing continuing professional development contact hours by the ANCC COA.

IAFN strongly supports planned nursing continuing professional development as a way for nurses to meet professional standards, maintain competence, promote the advancement of nursing, and foster ongoing professional growth. Our ANCC accreditation aligns with and supports our mission, vision, and strategic goals by ensuring forensic nurses have access to high-quality continuing education that enhances their expertise and benefits their peers and patients.

This toolkit is designed to guide you through the process of developing individual activities and applying for approval through the IAFN Approver Unit. It is based on the criteria outlined in the *ANCC NCPD Accredited Approver Unit Policy and Operations Manual* and the *Standards for Integrity and Independence in Accredited Continuing Education* from the Accreditation Council for Continuing Medical Education (ACCME).



ANCC Accreditation Statement: 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.

CHAPTER 1: APPROVER UNIT POLICIES & PROCEDURES

I. Approver Unit Definitions

Accredited Approver Program Director (AA-PD): A registered nurse who holds a current, active license with no practice restrictions (or international equivalent) and a graduate degree, with either the baccalaureate or graduate degree in nursing (or international equivalent), who has the authority within an Accredited Approver to ensure adherence to the ANCC NCPD Accreditation Program criteria in the provision of NCPD.

Nursing Continuing Professional Development (NCPD) Activities: Learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, with the end goal of improving the health of the public or an RN's pursuit of their professional goals.

Nurse Peer Reviewer (NPR): A registered nurse who holds a current, unrestricted nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in evaluating each Approved Provider or Individual Activity Applicant within an Accredited Approver to evaluate adherence to the ANCC criteria.

IAFN Approver Unit (IAFN AU): An entity within the International Association of Forensic Nurses authorized by the American Nurses Credentialing Center to review, evaluate, and approve NCPD activities for contact hours. The approver unit ensure that all submitted activities meet ANCC Accreditation Criteria, adhere to IAFN policies and procedures, and uphold the standards of excellence, integrity, and evidence-based practice that define forensic nursing education.

Individual Activity Applicant (IAA): A person or organization seeking approval for an NCPD activity to award CNE credit. An IAA includes a *Provider Organization* and a designated *Point of Contact*. The *Point of Contact* may or may not also serve as the Nurse Planner for the activity.

Nurse Planner (NP): A registered nurse who holds a current, active license with no practice restrictions and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in all aspects of planning, implementing, and evaluating each NCPD activity. The NP is responsible for ensuring that appropriate educational design principles are used and that processes are consistent with the requirements of the ANCC NCPD Accreditation Program.

Contact Hour: A unit of measurement that describes 60 minutes of an organized learning activity.

Nursing Activity Reporting System (NARS): The online platform utilized to store accurate demographic information for the Accredited Approver and utilized to complete the annual reporting activity data requirements.

Seal of Approval (Seal/SoA): A prestigious designation granted to individuals or organizations that submit their SANE didactic or clinical skills lab curricula for review and evaluation against the IAFN SANE Education Guidelines and related best-practice documents. The Seal signifies that a course meets IAFN's highest standards for quality and credibility. Approved program may display the Seal on their course materials, indicating to learners that the curriculum meets the educational standards and eligibility requirements for the corresponding SANE Certification Exam.

II. Application Processes

Applications to award contact hours for NCPD activities are accepted and reviewed year-round. Applications should be submitted **at least six weeks before** the activity start date. Applications submitted less than six weeks in advance will incur an expedited fee in addition to the standard application fee. Applications submitted less than two weeks prior to the activity start date will be reviewed and approved at the discretion of the IAFN Accredited Approver Program Director (AA-PD).

Applicant Eligibility

Prospective IAAs may apply for approval of contact hours for their NCPD activities if:

1. They have a Nurse Planner who meets each of following qualifications:
 - Holds a current, unrestricted nursing license (or international equivalent)
 - Holds a baccalaureate degree or higher in nursing (or international equivalent)
 - Is actively involved in planning, implementing, and evaluating this educational activity in adherence to all ANCC Accreditation Program Criteria
2. They are not categorized as an ineligible company per the Standards for Integrity and Independence in Accredited Continuing Education.
 - Ineligible companies are those whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.

Application Review Process

1. **Submission:**

The IAA completes and submits all required materials through the IAFN website.

2. **Assignment and Review:**

The AA-PD assigns a unique IAFN Activity Approval Number. Application review begins within 2 business days by the AA-PD or an assigned NPR.

3. **Initial Review Outcome:**

After the initial review, one of three outcomes will be communicated:

- a. **Approval:** The application meets all criteria and is approved.
- b. **Decision Deferred:** The application contains deficiencies. The AA-PD or NPR will email the IAA outlining what additional information is needed. IAAs should respond promptly to avoid delays.
- c. **Denial of Approval:** The IAA is found ineligible under ANCC or IAFN Approver Unit criteria. The AA-PD will contact the IAA to explain the decision.

4. **Formal Notification of Approval:**

Upon approval, the AA-PD will send a formal letter that includes:

- a. IAFN Activity Approval Number
- b. Approved Number of ANCC Contact Hours
- c. Activity Title
- d. Two-Year Approval Period
- e. Post-Approval Survey Requirements

5. **Final Documentation:**

The AA-PD will enter the approved activity into the NARS platform, per ANCC requirements.

6. **Post Approval:** Once an activity is approved, the IAA must submit a Post Approval Survey within the timeline specified in the approval letter. The survey includes sections to upload the required Post Activity Analysis following your activity and to report any future offerings of the same activity.

Retroactive Approval

Retroactive approval—approval of contact hours after an NCPD activity has occurred—is not permitted under ANCC Accreditation Criteria. Applications seeking retroactive approval will be denied.

Withdrawal and Resubmission of an Application

An IAA may withdraw an application at any time before the review complete by submitting written notice to the IAFN Approver Unit.

- If review has started, fees are non-refundable.
- If review has not started, the application fee (minus an administration fee) will be refunded.

All submitted materials and related correspondence will be retained for 6 years, as required by ANCC. If the IAA later chooses to reapply, the submission will be treated as a new application and a new fee will apply.

Recordkeeping

As required by ANCC, the IAFN Approver Unit will retain 1 copy of the complete application, all related correspondence, and review actions for 6 years. Only authorized personnel have access. These files may be reviewed by the ANCC COA during IAFN reaccreditation.

III. Post Approval Requirements

Length of Approval

The approval period for an NCPD activity is 2 years from the first date the activity is scheduled to take place, and this period is outlined on the approval letter.

Post Approval Survey

Once an IAA NCPD activity is approved, the IAA must submit a Post Approval Survey through the IAFN website according to the timelines specified in the approval letter, which is based upon activity type:

- **LIVE:** Within 30 days of initial activity and each repeated occurrence, and when activity is scheduled again and the new dates have not yet been reported to the IAFN Approver Unit
- **ENDURING:** Within 30 days prior to the activity's expiration
- **BLENDED:** Within 30 days of each live session and/or assignment of post-work enduring material, and when activity is scheduled again and the new dates have not yet been reported to the IAFN Approver Unit.
- **CHANGES TO ACTIVITY:** Within 30 days of any substantive changes to your activity

Following initial activity approval, most communication with the IAFN Approver Unit will occur via the Post Approval Survey portal with the IAFN Activity Approval Number serving as the identifier. If any information submitted by the applicant requires further information, the AA-PD will reach out for clarification. The Post Approval Survey has three submission options:

1. **Submit Post Activity Analysis:** Use this option after holding your activity to submit the Post Activity Analysis. This option also requires you to indicate intent to repeat the activity and report future dates.
2. **Report Activity Dates:** Use this option if you previously submitted a Post Activity Analysis but future offerings weren't yet determined at that time, or if you have scheduled more offerings since your last survey submission. This helps the IAFN Approver Unit monitor your activity and send automated reminders for Post Approval Survey submissions.
3. **Notify of Change to Activity:** Use this option to report any of the following changes to your activity, and understand that depending on the nature of the changes, a new application may be required:
 - a. Changes to activity, including name/content/learning outcomes/length
 - b. Change in ownership
 - c. Change in nurse planner
 - d. Change in contact person
 - e. Provide financial disclosures for individuals new to your activity in a position to control content

Repetition of Activity

An IAA may repeat an approved activity as often as desired within the two-year approval period, provided that:

- Plans to repeat are communicated via the Post Approval Survey
- No substantive changes are made to activity content or learning outcomes

Contact hours cannot be awarded for activities held after the approval expiration date. To continue offering the activity, the IAA must submit a reapproval application.

Reapproval

When an approved activity is near expiration and the IAA wishes to continue to offer the activity and award contact hours after the expiration date, they must submit for reapproval. The reapproval process is the same as the original application process. If all required criteria are again met, the approval will be granted for another two-year period. Applications for reapproval follow the same fee schedule as initial approval applications. It is recommended to begin the reapproval process at least 6 weeks prior to the activity's expiration.

Suspension and Revocation of Approval

Approval may be suspended and/or revoked as a result of any one of the following actions:

- Failure to follow criteria, rules, or requirements in the Individual Activity Application Manual
- Verified complaints or concerns from consumers or others, confirmed through IAFN Approver Unit investigation
- Refusal to cooperate with an investigation into the activity by the IAFN Approver Unit
- Misrepresentation of the activity during or after the application process
- Failure to submit required Post-Activity Surveys
- Failure to report substantive changes to the activity within 30 days

Reconsideration and Appeals

If an IAA disagrees with a decision by the IAFN Approver Unit, they may request a reconsideration in writing within 30 days of receiving the decision.

If the IAA is not satisfied with the reconsideration outcome, they may submit a written appeal within 30 days of that determination.

- A reasonable processing fee may apply
- The IAFN Approver Unit will conduct an internal review and may consult the ANCC Approver Unit Community
- The IAA will be notified of the final decision within 30 days of the appeal submission, and the appeal decision is final.

IV. Application Types & Associated Materials

The IAFN Approver Unit offers three types of applications, along with templates for all required and conditionally required materials for each. These templates can be found on the IAFN Approver Unit webpage by visiting www.forensicnurses.org, hovering over the **Education** tab, and selecting **Apply for Contact Hours/Seal of Approval** from the dropdown menu.

The *Interactive IAFN Approver Unit Toolkit*, also accessible on the IAFN Approver Unit webpage, provides detailed guidance for completing all application materials and is designed to help you meet approval criteria successfully on your first submission.

The following page outlines the three available application types and their associated materials that are available on the IAFN Approver Unit Webpage.

Application Types

1. Contact Hour ONLY: For activities not eligible for Seal, but seeking contact hour approval through IAFN	2. Contact Hour w/Seal of Approval: For Seal-eligible courses seeking both contact hours and the Seal from IAFN	3. Seal of Approval ONLY: For Seal-eligible courses seeking the Seal from IAFN, and obtaining contact hours from another agency
Required Pre-Approval 1. AU Application 2. Certificate of Completion 3. Disclosures to Learners Conditionally Required Pre-Approval 4. Course Agenda/Outline 5. Commercial Support Agreement 6. Joint Providership Agreement 7. Ancillary Activity Management Tool Required Post Approval 8. Post Activity Analysis	Required Pre-Approval 1. AU Application 2. Certificate of Completion 3. Disclosures to Learners 4. Course Agenda/Outline 5. Applicable Seal of Approval Content Outline Conditionally Required Pre-Approval 6. Commercial Support Agreement 7. Joint Providership Agreement 8. Ancillary Activity Management Tool Required Post Approval 9. Post Activity Analysis	Required Pre-Approval 1. Seal ONLY Application 2. Course Agenda/Outline 3. Certificate of Completion 4. Applicable Seal of Approval Content Outline 5. List of All Citations 6. Evidence of Contact Hours or Academic Credit Required Post Approval 7. Post Activity Analysis

Additional Application Materials & Resources

- | | |
|--|--|
| <ul style="list-style-type: none"> • IAFN Approver Unit Toolkit-PDF • AU Application Checklist (Appendix A) • Financial Relationship Disclosure Collection Tool (Appendix B) <ul style="list-style-type: none"> ◦ Resource: Standards for Integrity and Independence in Accredited Continuing Education • Citation List Template • Mergener Formula for Word Count Contact Hour Calculations | <ul style="list-style-type: none"> • Financial Disclosure Supplemental Form • Seal of Approval Content Outlines: <ul style="list-style-type: none"> ◦ Adult/Adolescent SANE Didactic ◦ Pediatric/Adolescent SANE Didactic ◦ Combined Adult/Adolescent/Pediatric SANE Didactic ◦ Adult/Adolescent SANE Clinical Skills Lab |
|--|--|

Seal of Approval Eligibility

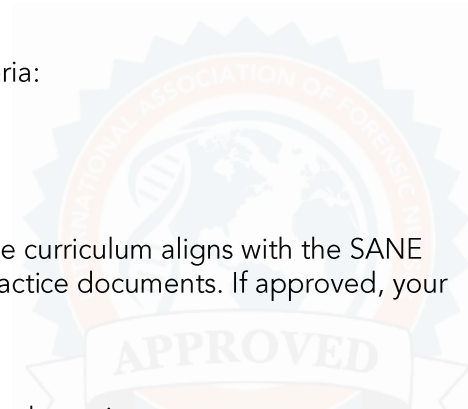
IAAs seeking contact hours for any of the following Seal of Approval-eligible courses must meet additional criteria:

- Adult/Adolescent (AA) SANE Didactic Courses OR Pediatric/Adolescent (PA) SANE Didactic Courses
- Combined Adult/Adolescent/Pediatric (AAP) SANE Didactic Courses
- Adult/Adolescent SANE Clinical Skills Lab (AACSL)

In alignment with IAFN's Mission, Vision, and Values, contact hours for these courses will only be approved if the curriculum aligns with the SANE Education Guidelines—including required content and minimum instructional hours—and other related best-practice documents. If approved, your course will receive the Seal of Approval for display on all course materials.

Support and Expectations

If you're committed to aligning your course with the SANE Education Guidelines, IAFN offers mentorship during the review process to support you. However, if you choose not to revise your curriculum to meet these standards, please seek contact hour approval from another agency. IAFN will not approve contact hours for Seal-eligible courses that fall short of the required guidelines.



Why Seek the Seal of Approval?

- Promotes standardized, evidence-based education for SANEs/SAFEs
- Aligns your course with most current IAFN SANE Education Guidelines
- Assures attendees that your course meets eligibility requirements for the related SANE Certification Exam(s)
- Enhances visibility and credibility, with your course featured on the [IAFN-Approved SANE Didactic & Clinical Skills Lab Courses Webpage](#), as well as having the Seal visible on your materials



V. Fee Schedule

The fee schedule below applies to all application types offered by the IAFN Approver Unit, and fees are the same regardless if it is an initial or renewal application. The IAFN Finance Department will issue an invoice and link for payment after the review of your application has begun.

- If IAFN is approving contact hours for your application, the fee will be calculated based on the number of contact hours awarded.
- For Seal of Approval ONLY applications, fees are calculated to the minimum number of instructional hours required by the SANE Education Guidelines, regardless of whether your course exceeds that minimum.
- Pre-calculated fees for Seal of Approval ONLY applications are provided at the bottom of the fee schedule.

Item	Rate	Notes
Base Fee (0.25-3.0 Contact Hours)	\$100	Covers applications up to 3.0 contact hours
Additional Fee Per Contact Hour >3.0	\$25	Partial contact hours are rounded up to the nearest whole number and not prorated
Expedited Application Fee	\$450	Applied to applications submitted less than 6 weeks before activity
Examples	Total Fee	Breakdown
4.25 Contact Hours ONLY	\$150	\$100 (base) + \$50 (2.0 contact hours)
4.25 Contact Hours ONLY-Expedited	\$600	\$100 (base) + \$50 (2.0 contact hours) + \$450 (expedited)
42.0 Contact Hours w/Seal (Adult/Adolescent SANE Didactic)	\$1075	\$100 (base) + \$975 (39.0 contact hours)
16.0 Contact Hour w/Seal (Adult/Adolescent Clinical Skills Lab)	\$425	\$100 (base) + \$425 (13.0 contact hours)
Pre-Calculated Seal of Approval ONLY Application Fees		
40-Hour Adult/Adolescent OR Adolescent/Pediatric SANE Didactic	\$1025	\$100 (base) + \$925 (37.0 hours)
64-Hour Combined Adult/Adolescent/Pediatric SANE Didactic	\$1625	\$100 (base) + \$1525 (61.0 hours)
16-Hour Adult/Adolescent SANE Clinical Skills Lab	\$425	\$100 (base) + \$325 (13.0 hours)

VI. Questions & Mentorship

The IAFN Approver Unit is committed to supporting applicants throughout every stage of the application process. Whether you are seeking clarification about requirements, need guidance on completing specific sections of the application, or would like feedback on your materials before submission, the Approver Unit is available to assist you. Their goal is to ensure that applicants feel confident, informed, and well-prepared as they work toward meeting approval criteria.

The IAFN Approver Unit can be contacted directly by email at ce@forensicnurses.org, or phone at 410.626.7805 ext.141.

CHAPTER 2: COMPLETING YOUR APPLICATION TO MEET REQUIREMENTS

Each section of this chapter corresponds to a specific form used by the IAFN Approver Unit. These forms are either required or conditionally required depending on the application type.

This chapter is designed to:

- Clarify the ANCC approval criteria;
- Guide Nurse Planners in developing effective NCPD activities; and
- Provide step-by-step instructions for completing each form accurately to support approval on the first submission
 - All examples provided throughout chapter will be based upon an example NCPD activity titled “Expert Witness Testimony 101” that is intended to be repeated during the approval period

IAAs should review only the sections relevant to their application type or those identified as required during the application process. For reference, the chart in *Chapter 1, Section IV: Application Types & Associated Materials* outlines which forms apply to each type.

The following list comes directly from the **NCPD Activity File Requirements** outlined in the *ANCC NCPD Accredited Approver Policy and Operations Manual, Version 1.0 (2nd Ed.)*. The IAFN Approver Unit has developed its forms to ensure all required elements are addressed according to the standards set forth regarding education design processes by the ANCC. Activities cannot be approved until all items are complete and compliant with ANCC standards. The list below is provided to promote transparency in the approval process. Applicants are not required take any further action provided all required application materials are completed and submitted.

1	Applicant eligibility verification
2	Title of activity
3	Location of activity
4	Type of activity format (e.g., live vs. enduring)
5	Nurse Planner name and credentials
6	Date live activity was presented OR for ongoing enduring activities, date first offered and subsequence review dates
7	Identify the target audience
8	Description of professional practice gap
9	Evidence that validates the professional practice gap
10	Educational need(s) that underly the professional practice gap (knowledge, skill, and/or practice)
11	The established professional competency(ies) and the professional source that developed the competency(ies)
12	Desired learning outcome(s)
13	Description of the assessment method
14	Activity learning strategies used
15	Description of the evidence-based content
16	References or resources used to support the evidence-based content
17	Attestation that the activity meets the expectations of all three elements of Standard 2
18	Number of contact hours awarded for the activity, including the method of calculation • If the activity is longer than three hours, an agenda must be provided for the entire activity
19	Documentation of completion and/or certificate • Title of educational activity • Date of the educational activity • Name and address of the provider of the educational activity (web address or email address is acceptable) • Number of contact hours awarded • Approval statement • Space for learner’s name

20	Demonstration of identification and mitigation of financial relationships with ineligible companies for all individuals in a position to control content (planners, presenters, faculty, authors, and/or content reviewers) • If applicable, include: ◦ Name of individual ◦ Evidence that the individual is provided with the definition of an ineligible company ◦ A list of financial relationships, within the past 24 months, in any amount that exists between the individual and the ineligible company (if any) • If not applicable (due to exceptions outlined in the Standards for Integrity and Independence in Accredited Continuing Education Standard 3): ◦ Include a statement in planning documentation that financial relationships were not identified and mitigated because the educational activity was exempt ◦ Provide a list of the names and credentials of all individuals in position to control
21	Evidence of mitigation of relevant financial relationships with ineligible companies (if applicable)
22	Commercial support agreement with date (if applicable)
23	Evidence of disclosures to learners: • Approval statement of the provider awarding contact hours • Criteria for awarding contact hours statement • Presence or absence of relevant financial relationships with all individuals in a position to control content (if applicable) • Expiration date statement (if applicable, for enduring education only) • Joint Providership statement (if applicable) • Commercial Support (if applicable)
24	Summative Evaluation • Note: A summative evaluation is not required for Individual Activity Applicants, however, a Post Activity Analysis is required to be completed each time a live activity is held, or within 30 days of enduring activity expiration, to assist with demographic data collection and NARS reporting.

I. Approver Unit (AU) Application

The AU Application has been updated to allow applicants to address most NCPD activity file requirements within a single document. The information below explains each section of the AU Application and includes tips and resources to support accurate completion.

Section A: Applicant Eligibility & Demographics

This section collects information about the Provider Organization, Point of Contact of Organization, and the Nurse Planner. It also includes the required documentation confirming that the Individual Activity Applicant (IAA) is eligible to award contact hours for the activity. Follow the instructions provided on the form to ensure accurate completion, and to review eligibility from the *Standards for Integrity and Independence in Accredited Continuing Education*, visit the [Eligibility Rule](#).

Section FAQs

What is the difference between the Provider Organization, Point of Contact, and Nurse Planner?

- The **Provider Organization** is the agency or institution offering the NCPD activity.
- The **Point of Contact** is the representative of the Provider Organization (either the Nurse Planner or another Planning Committee member) who serves as the primary liaison with the IAFN Approver Unit throughout the application process and the two-year approval period.
- The **Nurse Planner** is responsible for ensuring appropriate educational design principles are applied and that all processes meet ANCC NCPD Accreditation Program requirements.
- If the Point of Contact is not the Nurse Planner, they must collaborate closely with the Nurse Planner to complete all application materials.

What if my Provider Organization does not reflect any of the organizations listed as exempt in Section A, Part 3?

Do not select any boxes in Part 3, and proceed to Part 4 and answer the questions. If you answer Yes to any of the questions in Section A, Part 4, do not proceed with filling out the application materials until you follow up with the IAFN AA-PD by emailing ce@forensicnurses.org to clarify eligibility.

Can the Provider Organization Point of Contact complete the Electronic Attestation in Section A, Part 5, since they are the liaison with the IAFN Approver Unit?

No. The Electronic Attestation must be completed in collaboration with the Nurse Planner, who holds ultimate responsibility for all items outlined in the Statement of Understanding. While the Post Approval Survey requirements listed in the attestation are the responsibility of the Nurse Planner, the Nurse Planner may complete the Post Activity Analysis, and the Point of Contact may submit the analysis on their behalf through the Post Approval Survey link.

Section A Example Documentation

See next two page



Applicants interested in obtaining ANCC Contact Hours for an individual activity through the IAFN Accredited Approvers Program must complete this application in full and provide the required attachments that correspond with their activity type/findings. Templates, examples, and tips for completing these forms can be found on forensicnurses.org > Education Tab > Apply for Contact Hours/Seal of Approval Dropdown > Interactive IAFN Approver Unit Toolkit

SECTION A: APPLICANT ELIGIBILITY & DEMOGRAPHICS

PART 1: APPLICANT DEMOGRAPHICS	
Provider Organization Name	State Attorney General's Office
Full Street Address	1234 ABC Drive, Some City, Some State 56789
Organization Type	☐ Constituent Member Associations of ANA ☐ College or University ☐ Healthcare Facility ☐ Health-Related Organization ☐ Multidisciplinary Educational Group ☐ Professional Nursing Education Group ☐ Specialty Nursing Organization ☒ Other: Government Agency
Point of Contact Name & Credentials	Jane Smith, BSN, RN, SANE-A
Title/Position	State Forensic Nursing Coordinator
Email Address	janesmith@stateattorneygeneral.gov
Phone Number	555-555-5555

To be eligible for contact hours, this activity must have a **Nurse Planner (NP)** that is a registered nurse who holds a current, unrestricted nursing license (or international equivalent) **AND** holds a baccalaureate degree or higher in nursing (or international equivalent) **AND** is actively involved in planning, implementing, and evaluating this educational activity in adherence to all ANCC Accreditation Program Criteria.

PART 2: NURSE PLANNER DEMOGRAPHICS	
Name & Credentials	Jane Smith, BSN, RN, SANE-A
Email Address	janesmith@stateattorneygeneral.gov
Phone Number	555-555-5555
Unencumbered Nursing License Number & State/Region	12345, Some State

Part 3 is intended to collect information about the applicant organization's corporate structure. Some organization types are automatically exempt from ANCC's definition of an ineligible company. 501c applicants are not automatically exempt, and must be screened. If one of the following types represent your organization, select the corresponding box, and proceed directly to SECTION A, PART 5. If not, continue on to SECTION A, PART 4.

PART 3: ORGANIZATIONS EXEMPT FROM ANCC DEFINITION OF INELIGIBLE COMPANIES			
☐	Ambulatory Procedure Centers	☐	Health Professional Membership Organization
☐	Blood Banks	☐	Hospital or Healthcare Delivery System
☐	Diagnostic Laboratories (that don't sell proprietary products)	☐	Infusion Center
☐	EHR Company or Software or Game Developer	☐	Insurance or Managed Care Company
☒	Government or Military Agency	☐	Nursing Home or Rehabilitation Center
☐	Group Medical Practice or Health Law Firm	☐	Publishing or Education Company
☐	Pharmacy (Not manufacturing proprietary compounds)	☐	School of Medicine/Nursing or Health Science University

Approver Unit (AU) Application

For Activities Seeking Contact Hours

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Part 4 only needs to be completed by applicant organizations who are not exempt so the International Association of Forensic Nurses can assess the applicant's eligibility. **NOTE:** Companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients are ineligible for ANCC accreditation per the *Standards for Integrity and Independence in Accredited Continuing Education*.

PART 4: ELIGIBILITY SCREENING	
1. Does your organization, or a part of your organization, produce, market, sell, resell, or distribute healthcare products used by or on patients?	☐ Yes ☐ No
2. Does your organization advocate for an ineligible company?	☐ Yes ☐ No
3. Does your organization have a non-primary business function that includes producing, marketing, selling, reselling, or distributing healthcare products used by or on patients and/or advocating for, or on behalf of an ineligible company?	☐ Yes ☐ No
4. Does your organization have a parent company or sister company that: - o A "parent company" is a separate legal entity that owns or fiscally controls an organization - o A "sister company" is a separate legal entity which is a subsidiary of the same parent company that owns or fiscally controls and organization	
4a. produces, markets, sells, resells, or distributes healthcare products used by or on patients?	☐ Yes ☐ No
4b. advocates for, or on behalf of, an ineligible company?	☐ Yes ☐ No
If you answered YES to any questions in SECTION A, PART 4, your organization would likely be defined by the <i>Standards for Integrity and Independence in Accredited Continuing Education</i> as an ineligible company . To clarify eligibility of your organization, please email the IAFN Accredited Approvers Program Director at ce@forensicnurses.org .	

Part 5 is the final statement of understanding relative to your provider organization's eligibility and activity reporting requirements. Once complete, you may proceed to SECTION B of this application.

PART 5: STATEMENT OF UNDERSTANDING		
I hereby certify that the information provided on and with this application is true, complete, and correct. I further attest, by my attestation below, that the Provider Organization listed in SECTION A, PART 1 will comply with all eligibility requirements and approval criteria throughout the entire approval period, and that the applicant will notify International Association of Forensic Nurses promptly, if, for any reason, while this application is pending or during any approval period, the applicant does not maintain compliance. I understand that any misstatement of material fact submitted on, with, or in furtherance of this application for activity approval shall be sufficient cause for International Association of Forensic Nurses to deny, suspend, or terminate approval of this individual activity and to take other appropriate actions.		
I understand that if the following statement does not reflect the activity being submitted, it is not eligible for approval: This is a continuing education/nursing continuing professional development learning activity intended to build upon the educational and experiential bases of the professional RN for enhancement of practice, education, administration, research, or theory development, to improve the health of the public and RNs' pursuit of their professional career goals.		
Lastly, I will comply with the post approval reporting requirements of the International Association of Forensic Nurses by submitting the Post Approval Survey within the timeframe that correlates with my activity type: - o LIVE: Within 30 days of initial activity and each repeated occurrence, and when activity is scheduled again and the new dates have not yet been reported to the IAFN Approver Unit - o ENDURING: Within 30 days prior to the activity's expiration - o BLENDED: Within 30 days of each live session and/or assignment of post-work enduring material, and when activity is scheduled again and the new dates have not yet been reported to the IAFN Approver Unit		
Electronic Attestation	Completed by Nurse Planner Name & Credentials	Date
☒	Jane Smith, BSN, RN, SANE-A	10/27/2025

Section B: Activity Summary

This section provides the foundation for the NCPD under development by the Provider Organization and Nurse Planner, and outlines key information the IAFN Approver Unit will need to submit your activity to the ANCC NARS platform.

General Tips

- The **Title of Activity** must be identical on all documents
- If the course is online/virtual, type "Online" for the **Location of Activity**
- The **Date(s) of Activity** must reflect the first offering date, as this becomes the start date of your approval
 - This field cannot be left blank or marked "TBD" in initial applications
 - Repeat offering dates are not required with the initial submission; they will be provided later through Post Approval Surveys

Activity Type Tips

Live Activities: Provider-directed, provider-paced

- *Examples:* Live webinar, in-person conference, regularly scheduled series (e.g., "Monthly Grand Rounds").

Enduring Activities: Provider-directed, learner-paced

- *Examples:* Pre-recorded presentations available anytime, or journal-based activities where learners read peer-reviewed articles and answer questions

Blended Activates: Combine a live component with an enduring component

- *Examples:* Learners complete two hours of pre-recorded materials, then attend a 16-hour in-person clinical skills lab before earning contact hours.

Expiration Date Tips

The expiration date is typically two years from the start date, unless the activity is offered only once. No contact hours can be awarded following the expiration date.

- **Single live event example:**
 - A conference held November 3-5, 2025, with five days to claim contact hours
 - Expiration Date is November 10, 2025
 - Approval Period is November 3-10, 2025. No contact hours can be awarded after November 10, 2025
- **Enduring or repeating activity example:**
 - First offering November 3, 2025
 - Expiration Date is November 2, 2027
 - Approval Period is November 3, 2025 to November 2, 2027

Contact Hours & Calculation Method Tips

The **Number of Contact Hours** must reflect the actual education time (in decimal notation) and exclude breaks, lunches, or ancillary activities like exhibit halls. The calculation method must be defensible. Acceptable methods include:

- **Time-based:** 60 minutes = 1.0 contact hours
- **Mergener Formula:** used for independent/self-study courses based upon word count and difficulty (*Excel spreadsheet with built in formulae available on IAFN Approver Unit Webpage*)
- **Pilot Study:** A representative group completes the course, records times spent, and the average time determines the contact hours.
- **Historical Data:** Uses average completion times from previous offerings.

Contact hours must be rounded to the nearest quarter hour. Use the table below for guidance:

Exact number of content minutes past the hour or before the hour	Number of exact contact hours	Round up or down to the nearest quarter hour	Number of rounded contact hours
1-8	X.02-X.13	Down	X.0
9-14	X.15-X.25	Up	X.25
15-22	X.25-X.37	Down	X.25
23-30	X.38-X.5	Up	X.5
31-38	X.57-X.63	Down	X.5
39-45	X.65-X.75	Up	X.75
46-53	X.77-X.88	Down	X.75
54-60	X.9-X.0	Up	X.0

Section B Example Documentation

SECTION B: ACTIVITY SUMMARY

PART 1: ACTIVITY DEMOGRAPHICS	
Title of Activity	Expert Witness Testimony 101
Activity Type	☒ LIVE: In person or web-based activity ☐ ENDURING: Online courses, article review, etc. ☐ BLENDED: Mix of Live and Enduring
Location of Activity	Some City, Some State
Date(s) of Activity	December 8-9, 2025
Expiration Date	December 7, 2027
Number of Contact Hours	12.0
Contact Hour Calculation Method	☒ Time-based ☐ Mergener Formula ☐ Pilot Study ☐ Historical Data ☐ Other: Click or tap here to enter text.
Target Audience	☒ RNs (required) ☐ LPN/LVNs ☐ PAs ☐ MD ☐ Social Workers ☐ CNA ☐ Other: Click or tap here to enter text.
NOTE TO APPLICANTS SEEKING CONTACT HOURS FOR SANE DIDACTICS OR CLINICAL SKILLS LABS: In alignment with our Mission, Vision, and Values, IAFN will only approve hours for these courses if they reflect the SANE Education Guidelines and best-practice guiding documents. If approved, you will receive the Seal to place on your course materials. If you are committed to meeting these guidelines, IAFN will provide mentorship in the review process. If you don't wish to adjust your curriculum to meet the guidelines, please seek hours from another agency.	

Section C: Activity Development

This section is where IAAs outline their educational design process (EDP) so the IAFN Approver Unit can verify their NCPD activity meets the criteria and operational expectations outlined by the ANCC to ensure the activity being planned is high-quality and designed to improve the professional practice of nursing and to positively impact patient, system, and/or population outcomes.

Part 1: Professional Practice Gap

Planning begins by identifying when educational intervention is needed to address a change in practice standards, an existing practice problem, or an opportunity for improvement. Once an educational intervention is deemed appropriate, the Nurse Planner can start the planning process. The professional practice gap is the difference between current practice and the desired the state. The Nurse Planner describes this gap in a narrative statement, supports it with evidence that validates the gap, and identifies the underlying educational need(s) that the NCPD activity will address. Once these items have been outlined, they will guide Part 2 of this section.

Part 2: Competencies, Learning Outcomes, and Assessment Methods

Competency Identification

- *Competence:* The foundational abilities required for nursing practice in a given context.
- *Competency:* The ability to apply knowledge, skills, and/or abilities, including intellectual behaviors that are required to meet performance and outcomes in professional practice in a given context (Dodge, Bushway, &

Long, 2018).

- Your identified competency should reflect the knowledge, skill, and practice ability nurses need to meet current standards and respond to evolving healthcare demands within the context of your NCPD activity focus. Competencies should be specific, measurable, and achievable and clearly link to your professional practice gap and underlying education need(s).
- Resources for established competencies: Nursing and/or Forensic Nursing Scope and Standards, Essentials: Core Competencies for Professional Nursing Education, SANE Education Guidelines, etc.

Learning Outcomes

- What a **learning outcome IS**: A statement describing the overall goal for learners at the end of the educational activity, is quantifiable and able to be measured, and is based on the professional practice gap, underlying education need, and identified competencies.
- A **learning outcome IS NOT** a learning objective, defined as: A statement defining the content of an educational activity that highlights the topics that will be discussed during the presentation.
- There should be an outcome that addresses each of the underlying educational needs, meaning that if your activity has an underlying need of knowledge, skills, and practice, then your activity should have an overall learning outcome addressing each.

Assessment Methods

- An assessment method utilized needs to measure the achievement of the desired learning outcome. Assessments may be formative and integrated within the educational activity.
- The assessment method utilized must reflect the underlying educational need of the activity.
 - For example, saying learners will complete a multiple-choice post test as an assessment method for skill is **NOT** acceptable, because skill is demonstrating how to **do something**, and this assessment method is demonstrating they **know something** (knowledge).
- Assessment may include but are not limited to both short- and long-term methods, outlined below:

KNOWLEDGE	SKILL	PRACTICE
• Polling • Multiple choice • True or false • Verbal response • Written tests • Self-report	• Return demonstration • Case study • Role play • Simulation • Essay demonstrating application of knowledge and skill • Computer-based simulations	• Long-term report of <i>actual</i> change in practice • Change in quality outcome measure • Observation of performance in practice NOTE: <i>Intent</i> to change practice is not an acceptable assessment method for measuring impact or change in practice.

Part 3: Active Learning Strategies

To promote meaningful learning, move beyond simple engagement by designing activities that require learners to actively acquire knowledge, develop skills, and practice competencies. Incorporate opportunities for discussion, debate, and problem-solving to deepen understanding and retention, ensuring each activity is directly aligned with identified competencies, learning outcomes, and educational needs. Create focused environments that minimize distractions and discourage multitasking, as these behaviors significantly reduce learning effectiveness. Finally, be intentional with technology use—limit laptops or devices to tasks essential for learning, since off-task activity can impair performance for everyone involved. Examples of **Active Learning Strategies** include, but are not limited to:

Tabletop Exercises	Small-group discussions that walk through a scenario or problem in a low-stakes setting to apply knowledge and decision-making.
Simulations/Role Play Scenarios	Learners act out real-world situations to practice skills, communication, and critical thinking in a realistic environment.
Think-Pair-Share Exercises	Learners first reflect individually, then discuss ideas with a partner, and finally share insights with the larger group.
Jigsaw Discussion	Groups are assigned different parts of a topic to focus on and then teach to others, ensuring shared responsibility for learning.
Guided Reflection	Learners pause to think critically about what they've learned, how it applies to practice, and what gaps remain.

Polling/Audience Response System	Learners respond to real-time questions or prompt via clickers or apps, encouraging participation and immediate feedback.
Analyzing Case Studies	Learners examine realistic scenarios to identify problems, apply concepts, and propose solutions.
Muddiest Point	Learners identify the concept or topic they found most confusing, guiding targeted clarification and discussion.
Story Mapping	Learners visually outline the sequence and connections within a story, process, or case to enhance understanding and recall.

Part 4: Evidence-Based Content

Description of Content

Don't overthink this section: What is going to be covered in the activity. Think of this as an abstract to your agenda or learning objectives, or a breakdown of your overall learning outcome. You can do a narrative response, outline, list, etc.

References/Resources to Support the Content

- Ensure all educational content is fair, balanced, and evidence-based, supporting safe and effective care.
- Base all recommendations for practice on current science, clinical evidence, and sound reasoning.
- Reference only scientific research that meets accepted standards for study design, data collection, analysis, and interpretation.
- Clearly identify new or emerging topics as such, allowing for open discussion without promoting unproven or non-evidence-based practices.
- Avoid inclusion of unscientific or unsafe diagnostic or therapeutic approaches; all content should align with accepted evidence and best practices.
- Provide relevant, up-to-date references or resources (e.g., peer-reviewed studies, clinical guidelines, or systematic reviews) to substantiate key points and learning content.
- Reference/resource list cannot just be URLs, as they often become broken. Provide enough information so the source can be found.

Section C Example Documentation

SECTION C: ACTIVITY DEVELOPMENT	
PART 1: PROFESSIONAL PRACTICE GAP	
1. Description of the professional practice gap: What is the problem or opportunity that has created the need for this activity?	
Forensic nurses often lack formal training in delivering expert witness testimony. While they possess specialized clinical expertise, many report difficulty with courtroom communication, understanding legal procedures, and responding to cross-examination, which can compromise the credibility and effectiveness of their testimony. There is a need for structured education to build knowledge and skill in courtroom dynamics, legal expectations, and ethical considerations, enhancing confidence and professionalism when providing expert testimony.	
2. Evidence that validates the professional practice gap: What data (quantitative, qualitative, anecdotal) supports the need for this educational activity? Note: It is not sufficient to state the evidence to support is that there was a "request" or that the education is "mandated."	
Summary of data gathered and why education is needed: A survey conducted amongst regional forensic nurses demonstrated that over 40% of respondents feel "somewhat confident" or "not confident" in general courtroom procedures and responding to cross-examination.	Data Sources: ☒ Survey from stakeholders, target audience, and SME ☐ Input from learners, managers, healthcare team ☐ Evidence from quality studies and/or performance ☐ Activities to identify opportunities for improvement ☐ Evaluation data from previous activities ☐ Trends in literature ☐ Direct observation ☐ Other:
3. Underlying education need(s) of the professional practice gap:	
☒ Knowledge: What do the learners not know? ☒ Skill: What do the learners not know how to do? ☐ Practice: What are the learners unable to implement or integrate into their practice setting?	

PART 2: COMPETENCIES, LEARNING OUTCOMES, & ASSESSMENT METHODS

1. Established professional competency(ies) & professional source that developed them:

Must align with the professional practice gap and underlying education need(s)

Established competency(ies):

2.3g: Communicate findings of a comprehensive assessment

3.5h: Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global

4.2 Lead the translation of evidence into practice

Source that developed competency(ies):

(i.e., specialty organization, ANA scopes and standards, state practice act, etc.)

The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021)

2. Desired learning outcome(s):

Must be measurable and align with the professional practice gap, underlying educational need(s), and identified competencies. An outcome must be identified to address each underlying education need.

As a result of this activity...

-Participants will be able to accurately describe at least three key components of courtroom procedures, legal expectations, and ethical considerations relevant to providing expert witness testimony, as demonstrated by achieving a score of 80% or higher on a post-activity knowledge assessment.

-Participants will be able to effectively demonstrate courtroom communication techniques, such as presenting assessment findings clearly and engaging professionally with legal stakeholders, by successfully completing a simulated testimony exercise with a performance score of 4 or higher on a 5-point competency rubric.

3. Description of assessment method(s):

What will be used to assess/measure achievement of the learning outcome(s) and demonstrate a change in knowledge, skills, and/or practice as a result of the activity. Note: Intent to change practice is not an acceptable method for measuring impact or change in practice.

-Knowledge Assessment: Participants will complete a post activity knowledge assessment consisting of 10 multiple-choice and short answer questions designed to measure understanding of courtroom procedures, legal expectations, and ethical considerations. Questions will assess comprehension and application of key concepts presented during the activity. A passing score of 80% or higher will indicate achievement of the learning outcome.

-Skill Assessment: Participants will engage in a simulated expert witness testimony exercise where they present forensic findings to a mock courtroom panel (faculty and peers acting as attorneys and judges). Performance will be evaluated using a standardized competency-based rubric assessing clarity and accuracy in communicating assessment findings, appropriate professional demeanor and use of courtroom protocol, and ability to respond effectively during cross-examination. Each criterion will be scored on a 5-point scale (1=need improvement; 5=exemplary. A minimum average score of 4 will indicate demonstration of competency in communication skills.

PART 3: ACTIVE LEARNING STRATEGIES

1. Active learning engagement strategies to be utilized include:

Q&A and PowerPoint are not considered active learning strategies.

☐ Tabletop Exercises

☒ Simulations/Role Play Scenarios

☐ Think-Pair-Share Exercises

☐ Jigsaw Discussion

☐ Guided Reflection

☐ Polling/Audience Response System

☐ Analyzing Case Studies

☐ Muddiest Point

☒ Story Mapping

☐ Other: Click or tap here to enter text.

PART 4: EVIDENCE-BASED CONTENT (STANDARD 1)	
1.	Description of evidence-based content being taught: You may describe using an outline format, abstract, or a narrative response. -Courtroom Dynamics and Legal Frameworks: Terminology; trial types; witness roles; courtroom processes; key stakeholders -Qualifying as an Expert: Developing a professional curriculum vitae; understanding and participating in pretrial prep and voir dire -Effective Communication and Testimony Delivery: Verbal and nonverbal communication; clarity and professionalism; strategies for addressing cross-examination -Ethical and Professional Conduct: Courtroom etiquette; maintaining integrity; demonstrating objectivity, credibility, and impartiality -Translating Clinical Skills to the Courtroom: Applying forensic nursing expertise with legal framework; forming and articulating defensible expert opinions
2.	References or resources used to support the evidence-based content: The list must include evidence-based references or resources that were published within the past 5-7 years, OR that are recognized as foundational guidelines in the field. Each source must be cited with enough information to be traceable—submitting only a URL is not acceptable. If provided space is not sufficient, you may submit on a separate document or on the IAFN-provided <i>Citation List Template</i> found on the website. Campbell, T., & Jackson, H. (2021). Effective courtroom communication for forensic nurse experts: Strategies for testimony success. <i>Nursing & Law Review</i>, 29(4), 210-223 Evans, C., & Laird, M. (2023). The impact of forensic nurse expert testimony on legal outcomes in sexual assault cases. <i>Journal of Legal and Ethical Nursing</i>, 12(1), 45-57 IAFN. (2024). Ethical expert witness testimony. <i>Journal of Forensic Nursing</i>, 20(1), E8-E9 OWW. (2018). National training standards for sexual assault medical forensic examiners. U.S. Department of Justice Office on Violence Against Women (2nd Ed).

Section D: Commercial Bias & Relevant Financial Relationships

This section of the application covers attestation relative to commercial bias as well as the identification, mitigation and disclosing of relevant financial relationships for the NCPD activity.

Part 1: Commercial Bias & Marking Attestation Statement

For Part 1, applicants must mark an "X" in the attestation box agreeing that they have read, understand, and agree to the expectations listed. To review directly from the *Standards for Integrity and Independence in Accredited Continuing Education*, visit [Standard 2](#).

SECTION D: COMMERCIAL BIAS & RELEVANT FINANCIAL RELATIONSHIPS	
The ANCC adopted the <i>Standards for Integrity and Independence in Accredited Continuing Education</i>. Individual Activity Applicants are required to adhere to these standards. While the standards use the term "accredited," it is important to note that the education offered as an Individual Activity Applicant is categorized as "approved," not "accredited."	
PART 1: COMMERCIAL BIAS & MARKETING ATTESTATION STATEMENT (STANDARD 2) The planning, development, and delivery of accredited continuing education must fully adhere to the following elements designed to protect learners from commercial bias and marketing: Independence from Commercial Interests: All decisions related to the planning, faculty selection, delivery, and evaluation of this accredited education activity have been made independently, without any influence or involvement from the owners or employees of any ineligible company. Absence of Marketing and Sales: The accredited education activity is entirely free from marketing or sales of products or services. Faculty involved in the activity will not actively promote or sell any products or services that serve their professional or financial interests during the accredited education. Protection of Learner Information: The names and contact information of learners participating in this activity will not be shared with any ineligible company or its agents, unless explicit, written consent has been obtained from the individual learner.	
☒	I attest that this activity meets the expectations of all three elements designed to protect learners from commercial bias and marketing.

Part 2: Identification & Mitigation of Relevant Financial Relationships

[Standard 3](#) of the *Standards for Integrity and Independence in Accredited Continuing Education* requires applicants of clinical activities to demonstrate the identification and mitigation of financial relationships with ineligible companies for all individuals in a position to control content, and if applicable, document the mitigation strategy implemented. For non-clinical activities, applicants need only provide the names, credentials, and roles for all individuals in a position to control content. Both activity types have their own disclosure requirements outlined in the *Disclosures to Learners* section of this toolkit.

Pertinent Definitions:

- **Relevant Financial Relationship:** When an individual has a financial relationship with an ineligible company and the educational content is related to the business lines or products of the ineligible company.
- **Ineligible Company:** Organizations whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.
- **Nature of Financial Relationship:** Examples include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options **MUST** be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies **MUST** be disclosed by the principle or named investigator even if that individual's institution receives the research grant and manages the funds.
- **Bias:** Tendency or inclination to cause partiality, favoritism, or influence.
- **Commercial Bias:** Favoritism or influence shown toward a product or company in relation to an offering
- **Prospective Roles in Activity:** Nurse Planner, Planning Committee, Faculty/Presenter/Author, Content Reviewer, Other: *List Role*

Applicants can follow the steps below for assistance in meeting the requirements of Section D, Part 2:

Step 1: Identify if Activity is NON-CLINICAL or CLINICAL in Nature

- If Non-Clinical: Applicants can mark the box next to NON-CLINICAL on the application, complete columns 1-2 of Section D, Part 2, and then proceed to Section E of the AU Application.
- If Clinical: Applicants can mark the box next to CLINICAL on the application, and proceed with the steps below.

Step 2: If CLINICAL, Collect Information

- Complete Columns 1 and 2 for all individuals in a position to control content
- Request all individuals disclose all financial relationships that they have had in the **past 24 months** with **ineligible companies**. Individuals must be provided with the definition of ineligible companies and the timeframe of 24 months for disclosure. To assist with this, IAFN provides a *Financial Relationship Disclosure Collection Tool (Appendix B)* that can be used to collect this information. Or, IAAs can utilize their own method as long as it is defensible and either submitted with the application or described in the space provided in Section D, Part 2.
 - **NOTE:** If the tool provided is used, **DO NOT SUBMIT EACH FORM WITH YOUR APPLICATION**, simply describe in the space provided how the form was utilized, including how it was shared with individuals, reviewed, and filed.
- Once all disclosures are received, if no individuals have relevant financial relationships, the applicant can put N/A in Columns 3, 4, and 5 and then proceed to Section E of the AU Application. If there are relationships disclosed, proceed to Step 3.

Step 3: Exclude Owners or Employees of Ineligible Companies

- Review all of the financial relationship information submitted by individuals and identify those who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in the approved education. There are three exceptions to this exclusion criteria—employees of ineligible companies can participate as planner or faculty in these specific situations:
 - When the content of the activity is not related to the business lines or products of their employer/company.
 - When the content of the approved activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
 - When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

Step 4: Identify Relevant Financial Relationships

- Financial relationships are relevant if all of the following three conditions are met for the individual who is able to control content:
 - A financial relationship, in any amount, exists between the person and an ineligible company.
 - Content of the education is related to the products of an ineligible company with whom the person has a financial relationship.
 - The financial relationship existed during the past 24 months.
- For individuals found to have relationships that are not relevant, put N/A in columns 3, 4, and 5. For each relationship that is relevant, complete Columns 3 and 4 for the corresponding individual with the relationship then proceed to Step 5.

Step 5: Mitigate Relevant Financial Relationships

- Choose a mitigation strategy for each relevant financial relationship, implement that strategy before the individual assumes their role, and document the mitigation steps taken in column 5. Once this is complete, applicants can proceed to Section E of the AU Application.
- Mitigation strategies include:
 - Excluding the individual from participating in all parts of the educational activity
 - Ending the relationship between the individual and ineligible company
 - Recusal from controlling aspects of planning or approving content with which there is a financial relationship
 - Peer review of planning/approval decisions/content by persons without financial relationships
 - Attestation that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adheres to evidence-based guidelines)
 - Revising the role of the individual with the relevant financial relationship so the relationship is no longer relevant to the educational activity

Section D, Part 2 Example Documentation

See next page



Approver Unit (AU) Application

For Activities Seeking Contact Hours

Research. Educate. Lead.

Our Relevant Financial Relationship Disclosure documentation is based upon the *Standards for Integrity and Independence in Accredited Continuing Education*. For guidance on collection, identification, mitigation, and disclosure of relevant financial relationships, please reference the *Interactive IAFN Approver Unit Toolkit* on the IAFN Website.

PART 2: IDENTIFICATION & MITIGATION OF RELEVANT FINANCIAL RELATIONSHIPS (STANDARD 3)

1. Is this activity Clinical or Non-Clinical?

☐ **NON-CLINICAL:** Content is not related to patient care, such as leadership or communication skills training

- Complete columns 1 & 2 below for all individuals in a position to control content.

☒ **CLINICAL:** Content is related to patient care and management

- Complete all columns below for all individuals in a position to control content
- Either describe below (or attach form/tool used) the process/mechanism used to obtain relevant financial relationship disclosures from all individuals. The method must include how individuals were provided the definition of ineligible companies and informed to provide all relationships within past 24 months.

IF CLINICAL-Description of Collection Methodology (Please be detailed if not attaching form/tool used):

To collect this information, I utilized the IAFN provided Financial Relationship Disclosure Collection Tool. I emailed it to each of the individuals involved in this activity and requested they fill it out and email it back to me. Once I received them all, I reviewed them, used the disclosed information to fill out the chart below, and then saved the forms in my personal activity file.

2. Collection, Identification, and Mitigation of Relevant Financial Relationships Within Past 24 Months

COLUMN 1: Individual Name & Credentials	COLUMN 2: Role in Activity	COLUMN 3: Name of Ineligible Company(ies)	COLUMN 4: Nature of Relationship	COLUMN 5: Mechanism Implemented to Mitigate Relationship
Example: Jane Smith MSN RN SANE-A SANE-P	Nurse Planner	N/A	N/A	N/A
Example: Sarah Jones MSN RN SANE-P	Planning Committee, Presenter	ABC Company	Consultant	Peer Review
Jane Smith, BSN, RN, SANE-A	Nurse Planner, Presenter	N/A	N/A	N/A
Sarah Jones, BSN, RN, SANE-A, SANE-P	Planning Committee, Presenter	N/A	N/A	N/A
John Doe, JD	Presenter	N/A	N/A	N/A
Lisa Lane, JD	Presenter	N/A	N/A	N/A
Kristin Kent, MSN, RN, SANE-A	Presenter	Forensic Cameras LLC	Education Coordinator	Peer Review of Content by NP
Gail Grant, JD	Presenter	N/A	N/A	N/A
Nancy Luther, MSN, RN, SANE-P	Presenter	N/A	N/A	N/A
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Section E: Application Attachments

This section of the AU Application lists two required materials and five questions used to determine if additional conditional attachments are needed based on application type. Examples of the required and conditional attachments filled out appear later in this chapter. Below explains how to answer the five questions accurately.

Course Agenda/Outline: Is educational activity ≥ 3 hours?

Any activities equal to or greater than 3 hours require an agenda or outline to be submitted that outlines topics, presenters, and timeframes of the presentation. This is so the IAFN Approver Unit can calculate the time to ensure the length of the activity is approved for the correct number of contact hours. See *Section IV. Course Agenda/Outline* for tips on agenda development and to see an example.

Commercial Support Agreement: Does this activity receive commercial support?

Under [Standard 4](#) from the *Standards for Integrity and Independence in Accredited Continuing Education*, applicants that choose to accept commercial support, which is financial or in-kind (non-monetary donation of goods or services) support from ineligible companies, are responsible for ensuring that the education remains independent of the ineligible company and that support does not result in commercial bias or commercial influence in the education. If your activity receives commercial support, you must submit a completed Commercial Support Agreement with your application that is dated prior to the activity start date. See *Section V. Commercial Support Agreement* for an example.

Joint Providership Agreement: Is this activity jointly provided?

When an applicant is planning an activity in conjunction with another organization, this is called joint providership and it requires a Joint Providership Agreement being signed by representatives of both organizations that outlines the responsibilities of each organization within the activity. In a joint providership, the applicant's organization is the "Provider Organization" who holds final accountability for the activity, and the other organization is the Joint Provider." See *Section VI. Joint Providership Agreement* for an example.

Ancillary Activities-Marketing Materials: Does this activity have ancillary activities (i.e., marketing or exhibits with ineligible companies) offered in conjunction with the education?

Under [Standard 5](#) of the *Standards for Integrity and Independence in Accredited Continuing Education*, applicants must manage ancillary activities offered in conjunction with accredited continuing education, which includes ensuring that learners can easily distinguish between accredited education and other activities. Standard 5 only applies when there is marketing by ineligible companies or non-approved education associated with the approved continuing education. If your activity has ancillary activities, you must include with your application evidence of how you are managing them. See *Section VII. Ancillary Activity Management Log*.

Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:

- Influence any decisions related to the planning, delivery, and evaluation of the education.
- Interfere with the presentation of the education.
- Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
- Ineligible companies cannot provide access to, or distribute, approved education to learners

Applicants must ensure that learners can easily distinguish between approved education and other activities.

- Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
- Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
- Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.

- Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
- Ineligible companies may not provide access to, or distribute, accredited education to learners.

Seal of Approval Content Outline: Is your educational activity one of the following courses?

In alignment with our Mission, Vision, and Values, IAFN will only approve hours for the courses listed within this section of the AU Application if they reflect the SANE Education Guidelines and best-practice guiding documents. Applicants committed to meeting these guidelines must complete the content outline associated with their course type, which are *available on the IAFN Approver Unit Webpage*, and submit it with it with their application materials. For a snippet example of one of these forms completed, see *Section IX: Seal of Approval Content Outlines (AA, PA, AAP, or AACSL)*. Applicants who are seeking contact hours for a Seal-eligible course but do not wish to adjust their curriculum to reflect the guidelines must seek contact hours from another agency.

Section E Example Documentation



**INTERNATIONAL
ASSOCIATION OF
Forensic
Nurses**

**Approver Unit (AU)
Application**

For Activities Seeking Contact Hours

Research. Educate. Lead.

SECTION E: APPLICATION ATTACHMENTS

The following chart outlines additional attachments required for every application, along with attachments that may be required dependent upon the circumstances of your activity. Templates, examples, and tips for completing these forms can be found on forensicnurses.org > Education Tab > Apply for Contact Hours/Seal of Approval Dropdown

REQUIRED ATTACHMENTS:	
Certificate of Completion	Certificate of completion must include: 1. Title of the educational activity o Seal applications must clearly state SANE/SAFE and population addressed 2. Date of the educational activity 3. Name of the provider of the educational activity 4. Address of the provider of the educational activity o (street, web or email address is acceptable) 5. Number of contact hours awarded o (use decimal notation, i.e., 2.5, 2.75, 3.0 etc.) 6. Activity approval statement 7. Space for participant name
Disclosures to Learners	Evidence of disclosure statements that are provided to learners: 1. Activity approval statement (REQUIRED) 2. Criteria for awarding contact hours (REQUIRED) 3. Applicable relevant financial relationships statement(s) (REQUIRED) 4. Expiration date for enduring material (IF APPLICABLE) 5. Commercial support (IF APPLICABLE) 6. Joint providership (IF APPLICABLE)
PLEASE ANSWER THE FOLLOWING QUESTIONS TO DETERMINE NEED OF ADDITIONAL ATTACHMENTS:	
Course Agenda/Outline	1. Is educational activity ≥3 hours? ☒ YES ☐ NO IF YES: • Submit an agenda or outline that specifies the time allocations as evidence to support the number of contact hours being awarded
Commercial Support Agreement (STANDARD 4)	2. Does this activity receive commercial support? ☒ YES ☐ NO IF YES: • Submit the dated commercial support agreement in your application materials • Include a commercial support disclosure in your disclosures to learners
Joint Providership Agreement	3. Is this activity being jointly provided? ☒ YES ☐ NO IF YES: • Submit a signed joint providership agreement in your application materials • Include a joint providership disclosure in your disclosure to learners
Ancillary Activities: Marketing Materials (STANDARD 5)	4. Does this activity have ancillary activities (i.e., marketing or exhibits with ineligible companies) offered in conjunction with the education? ☐ YES ☒ NO IF YES: • Submit for review the ancillary activity management tool in order to demonstrate compliance with <u>Standard 5</u> of the Standards for Integrity and Independence in Accredited Continuing Education.
Seal of Approval Content Outline	5. Is your educational activity one of the following courses? ☐ YES ☒ NO • Adult/Adolescent SANE Didactic or Pediatric/Adolescent SANE Didactic • Combined Adult/Adolescent/Pediatric SANE Didactic • Adult/Adolescent SANE Clinical Skills Lab IF YES: • Provide a completed Seal of Approval Content Outline for the course you are applying for with your application materials.

Reviewed 10/2025

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II. Certificate of Completion

Every application seeking contact hours is required to include a sample certificate of completion that will be provided to their learners at the completion of the activity. There are seven elements required to be present on the certificate of completion that is submitted with the initial application:

- Title of the activity
- Date of the activity
- Name of the provider of activity
- Address of the provider of activity (street, web, or email address are acceptable)
- Number of contact hours awarded (using decimal notation)
- IAFN Approver Unit activity approval statement
- Space for the participant's name

The IAFN Approver Unit provides a *Certificate of Completion Template* available for download on the IAFN Approver Webpage to assist applicants in meeting the criteria. This template can be adjusted/designed however applicants wish as long as all of the required criteria are present:

Certificate of Completion Template

Replace this text with the logo/name of provider organization Replace this text with street, web, or email address of provider organization	NOTE TO APPLICANTS: This is a template that you can use and design as you wish, however, ALL items highlighted in yellow are required to be present on your certificate, whether you utilize this template or your own.
Certificate of Completion	
Participant Name	
ACTIVITY TITLE: Replace text with your activity title	
ACTIVITY DATE(S): Replace text with the date(s) of your activity	
CONTACT HOURS: Replace with # of contact hours awarded using decimal notation	
This nursing continuing professional development activity was approved by International Association of Forensic Nurses, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.	
<i>*If obtaining Seal of Approval Only, and getting contact hours from another organization, replace the IAFN Approval Statement with the statement for the agency approving contact hours.</i>	

1 State Attorney General's Office
2 1234 ABC Drive, Some City, Some State 56789

Certificate of Completion

3 LEARNER NAME

Activity Title: Expert Witness Testimony 101 **4**
Contact Hours: 12.0 **5**


Jane Smith, BSN, RN, SANE-A
State Forensic Nursing Coordinator

December 8-9, 2025 **6**
Date

This nursing continuing professional development activity was approved by International Association of Forensic Nurses, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. **7**

1. Name of the provider of activity
2. Address of the provider of activity
3. Space for learner name
4. Title of the activity
5. Number of contact hours to be awarded
6. Date of the activity
7. Activity approval statement

III. Disclosures to Learners

Every application seeking contact hours is required to submit evidence of disclosures to learners that are applicable to the activity type. These disclosures must be presented to learners **BEFORE** the start of the activity. There are six possible disclosures to learners required or conditionally required by the ANCC:

- **Activity Approval Statement:** Always required
 - This statement cannot be edited and must be presented exactly as written to learners
- **Criteria for Awarding Contact Hours:** Always required
 - This statement is what you require of your learners in order for them to be awarded the contact hours
- **Applicable Relevant Financial Relationship Statement(s):** Always required
- **Expiration Date for Enduring Material:** If applicable
- **Commercial Support Statement:** If applicable
- **Joint Providership Statement:** If applicable

The IAFN Approver Unit provides a *Disclosures to Learners Template* available for download on the IAFN Approver Webpage to assist applicants in meeting the criteria. This template can be adjusted/designed however applicants wish as long as all of the required criteria that are applicable to their activity type are accounted for.

Disclosure to Learners Template

Mandatory Learner Disclosures

Activity Approval

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

Criteria to Receive Contact Hours

REQUIRED- Type your criteria for awarding contact hours disclosure here

Relevant Financial Relationship Disclosures

REQUIRED- Utilize, and edit as necessary, the disclosures relevant to your activity. Delete those that are not applicable

- None of the authors, presenters, or planning committee for this educational activity have relevant financial relationship(s) to disclose with ineligible companies.
- [INDIVIDUAL NAME] is [NATURE OF RELATIONSHIP] for [INELIGIBLE COMPANY NAME]. This relevant financial relationship has been mitigated.
- None of the other authors, presenters, or planning committee for this educational activity have relevant financial relationship(s) to disclose with ineligible companies.
- Financial relationships were not identified and mitigated for this educational activity because it is exempt based upon the exceptions under Standard 3 by the *Standards for Integrity and Independence in Accredited Continuing Education*.

Activity Expiration Date

IF APPLICABLE- If your activity contains enduring material, edit the statement below to reflect your activity. If not applicable, you may delete this section

This activity includes enduring material with an expiration date of [MONTH DAY, YEAR], after which contact hours will no longer be awarded.

Commercial Support

IF APPLICABLE- If your activity receives commercial support, edit the statement below to reflect your activity. If not applicable, you may delete this section

This activity received commercial support from [INELIGIBLE COMPANY NAME] for [NATURE OF SUPPORT]. All content was developed independently, and no commercial influence affected the planning or delivery of this activity.

Joint Providership

IF APPLICABLE- If your activity is being jointly provided by multiple organizations, edit the statement below to reflect your activity. If not applicable, you may delete this section.

This activity is jointly provided by [APPLICANT ORGANIZATION NAME], which holds final accountability for the activity, and [Joint Provider Organization Name], which participated in the planning of the activity.

Mandatory Learner Disclosures

- 1 ▶ This nursing continuing professional development activity was approved by International Association of Forensic Nurses, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- 2 ▶ Upon signing the attendance sheet, remaining present both days for the entirety of the activity, participating in simulated testimony exercises, and completing the post activity knowledge assessment, you will be provided a certificate of completion awarding contact hours.
- 3 ▶ Kristin Kent is an Education Coordinator for Forensic Cameras LLC. This relevant financial relationship has been mitigated.
▶ None of the other authors, presenters, or planning committee for this educational activity have relevant financial relationship(s) to disclose with ineligible companies.
- 4 ▶ This activity is jointly provided by State Attorney General's Office, which holds final accountability for the activity, and Regional Medical Center, which participated in the planning of the activity.

1. Activity approval statement disclosure-Always required
2. Criteria to receive contact hours disclosure-Always required
3. Relevant financial relationship disclosures-Always required
4. Joint providership disclosures-Applicable to this activity
5. Expiration date of enduring material-Not applicable to activity
6. Commercial support disclosure-Not applicable to activity

IV. Course Agenda/Outline

This section provides a customizable sample agenda/outline to support your application through the IAFN Approver Unit and to inform participants of the activity schedule. Use of this template is optional; however, activities lasting *three hours or more must include an agenda* with specific time allocations to justify the requested contact hours.

For enduring materials or blended activities that include pre- or post-work (e.g., recorded sessions), list the duration of each recording instead of start and end times, and clearly label them as pre- or post-work with the session title.

If your activity occurs over multiple days, duplicate the agenda chart as needed. Be sure to include breaks and lunch for clarity, but exclude them from the total contact hour calculation.

Course Agenda/Outline Template

Provider Organization Name

Activity Title: Type here

Activity Date OR Day 1: Activity Date		
Title of Session	Speaker	Time
Example: Trauma-Informed Approach 101	Jane Doe, BSN, RN, SANE-P	0800-0900

Course Agenda/Outline Documentation Example-Adapted to Activity

See next page





State Attorney General's Office

Expert Witness Testimony 101

Date: December 8-9, 2025

Time: 0800-1600

Location: State Attorney General's Office, Conference Room 1 & Courtroom 2

DAY 1: December 8, 2025 0800-1600		
Title of Session	Speaker	Time
Sign-In & Introductions		0800-0830
Overview of Court Systems	Jane Smith	0830-0930
Fact vs. Expert Witness	Sarah Jones	0930-1030
Break		1030-1045
Developing Your CV	Jane Smith	1045-1145
Pre-Trial Preparations	John Doe	1145-1230
Lunch (on own)		1230-1330
Professional Conduct & Court Etiquette	Lisa Lane & Gail Grant	1330-1430
The Art of Impartiality	Sarah Jones	1430-1515
Break		1515-1530
Forming An Opinion Part 1: Development	Nancy Luther	1530-1600
DAY 2: December 9, 2025 0800-1600		
Sign-In & Day 1 Recap		0800-0830
Forming An Opinion Part 2: Articulation	Nancy Luther	0830-0930
Do's & Don'ts of Direct & Cross Examination	John Doe	0930-1030
Break		1030-1045
Mock Court: Expert Witness Testimony	Gail Grant: Judge John Doe: Prosecutor Lisa Lane: Defense Jane Smith: Evaluator Sarah Jones: Evaluator Kristin Kent: Evaluator Nancy Luther: Evaluator	1045-1230
Lunch (on own)		1230-1330
Mock Court: Expert Witness Testimony	Gail Grant: Judge John Doe: Prosecutor Lisa Lane: Defense Jane Smith: Evaluator Sarah Jones: Evaluator Kristin Kent: Evaluator Nancy Luther: Evaluator	1330-1515
Break		1515-1530
Summary of Learning & Knowledge Assessment	Jane Smith	1530-1600

For questions about activity, please contact janesmith@stateattorneygeneral.gov

- The applicant noted in the AU application their contact hour calculation method was time-based. The IAFN Approver Unit can verify appropriate number of hours are approved by reviewing agenda.
 - This agenda calculates to, excluding breaks/lunch, 720 minutes/60 minutes = 12.0 contact hours

V. Commercial Support Agreement

Applicants...

- **CANNOT** use commercial support to pay for travel lodging, honoraria, or personal expenses of individual learners or groups of learners in approved education.
- **CANNOT** allow ineligible companies to pay directly for any of the expenses related to the education or the learners.
- **CAN** use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
- **CAN** Allow commercial support to be used to defray or eliminate the cost of the education for all learners.

Examples of in-kind support:

(Must not include corporate logo, trade name, or product group messages)

- Educational Materials/Supplies: Handouts, notebooks, pens, or participant folders
- Equipment or Technology: Loaned medical devices, computers, simulators, or audiovisual tools
- Meeting Space/Venue: Conference room or facility use at no cost
- Food and Beverages: Refreshments or meals for participants
- Software or Online Platform Access: Donating licenses or subscriptions for virtual learning or assessments

Commercial Support Agreement Documentation Example-Adapted to Activity

See next two pages



An **ineligible company**, as defined by the *Standards for Integrity and Independence in Accredited Continuing Education*, are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. **Commercial support** is financial or in-kind contributions given by an ineligible company that are used to pay for all or part of the costs of an NCPD activity. **NOTE:** Organizations providing commercial support may not provide or jointly provide an educational activity.

SECTION A: COMMERCIAL SUPPORT DETAILS

Activity Title	Expert Witness Testimony 101
Activity Location (if live)	Some City, Some State
Activity Date (if live)	December 8-9, 2025
Name of Ineligible Company	Medical Supplies & Co.
Name of Provider Organization	State Attorney General's Office
Total Amount of Commercial Support	☐ Financial: Click or tap here to enter text. ☒ In-Kind Only
Complete description of all commercial support provided, including both financial and in-kind support:	Medical Supplies & Co. is providing State Attorney General's Office with 25 legal pad notebooks that do not contain any corporate logos, trade names, or product group messages. Pads are being provided to Nurse Planner who will hand them out at activity.
*Ineligible companies may request that funds be used to support a specific part of an educational activity. The individual activity applicant may choose to accept the restriction or not accept the commercial support. The individual activity applicant maintains the responsibility for all decisions related to the activity as described below.	If support includes financial, please check all that apply: ☐ Unrestricted: Funding provided without any conditions or influence from the commercial supporter ☐ *Restricted: Funding provided with conditions or direction on how the money must be used • Speaker honoraria • Speaker expenses • Meals • Other: Click or tap here to enter text.
TERMS & CONDITIONS	
1. All organizations must comply with the Standards for Integrity and Independence in Accredited Continuing Education .	
2. This activity is for educational purposes only and will not promote any proprietary interest of an ineligible company providing financial or in-kind support.	
• The ineligible company will not recruit learners from the educational activity for any purpose	
3. The provider organization is responsible for all decisions related to the educational activity. The ineligible company providing financial or in-kind support may not participate in any component of the planning process or implementation of any educational activity, including:	
• Assessment of learning needs and professional practice gap • Learning outcomes and evaluation methods • Selection or development of content • Selection of planners, presenters, faculty, authors, and/or content reviewers • Selection of teaching/learning strategies	
4. The provider organization will make all decisions regarding the disposition and disbursement of commercial support in accordance with the Standards for Integrity and Independence in Accredited Continuing Education.	
5. All commercial support associated with this activity will be given with the full knowledge and approval of the provider organization. No other payments shall be given to any individuals involved with the supported educational activity.	
6. Commercial support will be disclosed to the participants of the educational activity.	
7. Ineligible companies may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place, or at the conclusion of an educational activity, regardless of the format of the educational activity.	

SECTION B: STATEMENT OF UNDERSTANDING

An "X" in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement to the terms and conditions listed in the Commercial Support Agreement above.

PROVIDER ORGANIZATION (Individual Activity Applicant)	
Provider Organization Name	State Attorney General's Office
Address	123 ABC Drive, Some City, Some State 56789
Representative Name	Jane Smith, BSN, RN, SANE-A
Representative Email Address	janesmith@stateattorneygeneral.gov
Representative Phone Number	555-555-5555
Representative Fax Number	555-555-5556
Electronic Signature Attestation	☒ I agree to the terms and conditions listed the Commercial Support Agreement.
Date of Signature Attestation	10/27/2025

INELIGIBLE COMPANY	
Ineligible Company Name	Medical Supplies & Co.
Address	456 DEF Drive, Some City, Some State 56789
Representative Name	Larry Lemon
Representative Email Address	llemon@msco.com
Representative Phone Number	555-555-5557
Representative Fax Number	555-555-5558
Electronic Signature Attestation	☒ I agree to the terms and conditions listed the Commercial Support Agreement.
Date of Signature Attestation	10/27/2025

For questions regarding the Commercial Support Agreement or *Standards for Integrity and Independence in Accredited Continuing Education*, please contact the IAFN Accredited Approvership Program Director at ce@forensicnurses.org.

VI. Joint Providership Agreement

The purpose of a joint providership agreement is to clearly define that the Provider Organization retains full responsibility for all aspects of an ANCC-approved NCPD activity throughout the entire approval period. The Joint Provider Organization must have a representative on the planning committee and may assist with delivering the activity, but is not responsible for reporting to the IAFN Approver Unit. Any change in ownership during the approval period must be reported to the IAFN Approver Unit within 30 days.

Joint Providership Agreement Template-Adapted to Activity

 Joint Providership Agreement Research. Educate. Lead.		
Individual Activity Applicants (IAAs) may plan a nursing continuing professional development (NCPD) activity in conjunction with another organization. This is called "joint providership." An ineligible company, as defined by the Standards for Integrity and Independence in Accredited Continuing Education, are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on a patient. An ineligible company cannot be a joint provider, and can never participate in the planning, development, implementation, or evaluation of an NCPD activity. The IAA is referred to as the <u>provider organization</u> of the educational activity; the other organization(s) is/are referred to as the joint provider(s) of the educational activity. Joint providership involves collaborative planning; however, the <u>provider organization</u> has final accountability for the activity. A qualified Nurse Planner from the provider organization must be on the planning committee and is responsible for ensuring adherence to the ANCC criteria. Specifically, this Nurse Planner must be involved in planning, implementing, and evaluating the educational activity. At least one representative from the joint provider must also be on the planning committee. The IAA, or provider organization, is responsible for obtaining a written joint providership agreement signed by an authorized representative of the joint provider organization. NOTE: Each joint provider must complete the following agreement of responsibilities with the provider organization.		
SECTION A: JOINT PROVIDERSHIP ORGANIZATIONS & NCPD ACTIVITY		
Name of Provider Organization (IAA)	State Attorney General's Office	
Name of Joint Provider	Regional Medical Center	
Activity Title	Expert Witness Testimony 101	
Date(s) of Activity	December 8-9, 2025	
Total Number of Contact Hours	12.0	
Provider Organization Nurse Planner Name & Credentials	Jane Smith, BSN, RN, SANE-A	
SECTION B: JOINT PROVIDERSHIP RESPONSIBILITIES		
Each item must be checked to reflect the appropriate responsibility. <u>Those items indicated as "Required" are the responsibility of the provider organization.</u>		
RESPONSIBILITIES	PROVIDER ORGANIZATION (IAA)	JOINT PROVIDER
Determine educational content and outcomes	REQUIRED	
Select planners, presenters, faculty, authors, and/or content reviewers	REQUIRED	
Determining appropriate number of, obtaining, and awarding ANCC contact hours through an Accredited Approver Unit.	REQUIRED	
Recordkeeping procedures	REQUIRED	
Evaluation method	REQUIRED	
Management of commercial support	REQUIRED	
OTHER ITEMS (SUGGESTIONS ONLY)		
Marketing	☒	☐
Printing	☒	☐
Reviewed 10/2025		1 of 2

Joint Providership Agreement

Research. Educate. Lead.

Registration		☐	☒
Physical Location		☒	☐
Audio-Visual Supplies		☒	☐
Food		☐	☐
Supplies:	Click or tap here to enter text.	☐	☐
Other:	Click or tap here to enter text.	☐	☐
Other:	Click or tap here to enter text.	☐	☐
Other:	Click or tap here to enter text.	☐	☐

Financial considerations are often not part of the joint provider agreement. However, there may be decisions related to costs or revenue that can be outlined below. If exchange of money is included, it is recommended that the financial arrangements be stipulated in the joint provider agreement. Jointly providing a NCPD activity is a collaborative venture that requires the direct involvement of the Nurse Planner.

FINANCIAL AGREEMENT	
☒	There are no financial responsibilities of the provider organization or the joint provider organization(s).
The following is a description of financial responsibilities of the provider organization and the joint provider organization(s): Click or tap here to enter text.	

SECTION C: STATEMENT OF UNDERSTANDING

The individuals signing this document must have the authority to enter into such an agreement on behalf of the organization they are representing.

PROVIDER ORGANIZATION (IAA)	
Provider Organization Name	State Attorney General's Office
Representative Name	Jane Smith, BSN, RN, SANE-A
Representative Title	State Forensic Nursing Coordinator
Representative Email Address	janesmith@stateattorneygeneral.gov
Electronic Signature Attestation	☒ I agree to all responsibilities and obligations outlined in Sections A and B of this Joint Providership Agreement.
Date of Signature Attestation	10/27/2025

JOINT PROVIDER	
Joint Provider Name	Regional Medical Center
Representative Name	Sarah Jones, BSN, RN, SANE-A, SANE-P
Representative Title	Forensic Program Manager
Representative Email Address	sjones@rmc.com
Electronic Signature Attestation	☒ I agree to all responsibilities and obligations outlined in Sections A and B of this Joint Providership Agreement.
Date of Signature Attestation	10/27/2025

For questions about the Joint Providership Agreement, please contact the IAFN Accredited Approvership Program Director at ce@forensicnurses.org.

VII. Ancillary Activity Management Log

The Ancillary Activity Management Tool provides a template for applicants to document how they are managing marketing or promotional activities by ineligible companies that occur in conjunction with an educational activity. This tool helps ensure compliance with [Standard 5](#) of the *Standards for Integrity and Independence in Accredited Continuing Education*.

Ancillary Activity Management Tool Example Documentation

 Ancillary Activity Management Tool <i>Research. Educate. Lead.</i>	
As outlined in Standard 5 of the <i>Standards for Integrity and Independence in Accredited Continuing Education</i>, applicants must manage ancillary activities offered in conjunction with approved continuing education. This includes ensuring that learners can easily distinguish between approved education and any other non-approved activities. Please use the space below to provide evidence demonstrating how the approved education will remain separate in space and/or time from non-approved ancillary activities. You may do this by providing a narrative description of how you intend to manage these activities to meet the criteria outlined in Standard 5. Additionally, you may include supporting materials—such as marketing content, maps, or other relevant documents—that help illustrate compliance with this standard.	
Applicant Name	Some State SART Team
Activity Title	2025 Annual Sexual Assault Response Regional Conference
Description of Ancillary Activity	
Our regional conference will have approximately 7 ineligible companies present in an exhibit all who will be available for conference attendees to visit when the educational activity is not taking place and contact hours are not being awarded, including before the activity begins, during the lunch break, and after the activity ends.	
Ancillary Activity Management Methodology	
The exhibit hall is being held in a small conference room approximately that is completely separate and not visible from the large conference room where the educational activity is occurring. The exhibit hall and educational space are separate for the entirety of the educational activity. The exhibit hall is open from 0700-0800, 1200-1300, and 1600-1630. The education activity occurs from 0800-1200 and 1300-1600.	
<i>If you wish, you may snip and paste below other supporting material to demonstrate compliance:</i> Circled in red is the education space, circled in blue is the exhibit hall. The orange line indicates the path that attendees must take to enter the exhibit hall. 	
Reviewed 10/2025	
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VIII. Seal ONLY Application

The Seal ONLY Application may be used only by applicants seeking the IAFN Seal of Approval for a seal-eligible course for which they have already secured eligible credit—either as university or college credit, or as contract hours from an accredited Provider/Approver or international equivalent. The IAFN Approver Unit will not award the Seal of Approval for courses that do not have eligible credit already secured. Applicants must provide evidence of secured hours or credit with their application materials. An example of acceptable documentation can be found in Chapter 2, Section XI of this toolkit.

The first two pages of the Seal ONLY Application are to be completed by the applicant. All remaining pages are for use only by the IAFN Approver Unit, as marked.

Seal ONLY Application Example Documentation



INTERNATIONAL
ASSOCIATION OF
**Forensic
Nurses**

Seal of Approval ONLY
Application

Research. Educate. Lead.

This application is intended for applicants seeking ONLY the Seal of Approval for their course and who are using an ANCC Provider or Approver Unit other than IAFN to award contact hours.

Templates, examples, and tips for completing these forms can be found on:
forensicnurses.org > Education Tab > Apply for Contact Hours/Seal of Approval Dropdown

Seal of Approval is available for the following course types:
SANE Didactic Courses: Adult/Adolescent, Pediatric/Adolescent, or Combined Adult/Adolescent/Pediatric
SANE Clinical Skills Lab: Adult/Adolescent

SECTION A: APPLICANT DETAILS

Provider Organization Seeking Seal	Point of Contact Name & Credentials
Some Forensic Nursing Program	Julie Smith, BSN, RN, SANE-A
Email Address	Phone Number
juliesmith@sfnr.com	555-555-5555

SECTION B: COURSE DETAILS

Title of Course <i>Must clearly state SANE or SAFE and population addressed: Adult/Adolescent, etc.</i>	
Some Forensic Nursing Program: 40-Hour Adult/Adolescent Sexual Assault Nurse Examiner Course	
Location of Course	Number of Contact Hours to be Awarded
Some City, Some State	40.0
Date of Course	ANCC Accredited Agency Awarding Contact Hours
January 5-8, 2025	Some State Nursing Board
Course Delivery Method	
☐ LIVE: In person or web-based activity ☐ ENDURING: Online courses ☒ BLENDED: Mix of live and enduring	
Additional Details for Reviewer Considerations (Optional)	
Eight hours of this course is provided on pre-recorded modules to be completed as prework for participants, and the remaining thirty-two hours are in person.	

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SECTION C: APPLICATION CHECKLIST

☒	1. SoA ONLY Application	Application is filled out in full and ready for submission.
☒	2. Seal of Approval Content Outline (SoA-CO)	Review and fill out the SoA-CO that correlates with the course you are seeking a Seal of Approval for.
☒	3. Course Agenda/Outline <i>NOTE: Reference the Seal of Approval Content Outline (SoA-CO) found on the IAFN website to verify all required content for the Seal of Approval being sought out.</i>	Course agenda/outline is prepared for submission, and includes the following: - All required topics - Timeframes by each topic/presentation - Live = Time blocks (Evidence Collection 0800-0930) - Recorded webinars = Minutes (Evidence Collection 90 Minutes) - Timeframes calculate to minimum required - Adult/Adolescent Didactic: (2400 Minutes or 40.0 Hours) - Pediatric/Adolescent Didactic: (2400 Minutes or 40.0 Hours) - Combined Didactic: (3840 Minutes or 64.0 Hours) - Adult/Adolescent Clinical Skills Lab (960 Minutes or 16.0 Hours)
☒	4. Certificate of Completion	Certificate should include the following information: - Provider organization name & address - Space for learner name - Title of activity - Dates of training - Number of contact hours/credits awarded - Approver/Providers accreditation statement
☒	5. List of All Citations Used for Developing the Educational Activity	The list must include evidence-based references or resources that were published within the past 5-7 years, or are recognized as foundational guidelines in the field. Each source must be cited with enough information to be traceable. Just URL is not accepted.
☒	6. Evidence of Contact Hours or Academic Credit	Submit a copy of the approval letter from the agency or academic institution providing the contact hours or credit. The evidence must include the following: - The name of the approved course - The contact hour approval period - The number of contact hours awarded
☒	7. Submit and Prepare to Pay Application Fee	Applications for the Seal of Approval ONLY follow the same fee schedule as applications for contact hours. However, the fee is calculated based on the minimum number of instructional hours required by the SANE Education Guidelines, even if your course exceeds that minimum. Once the review process begins, IAFN will send you an invoice and a payment link.

IX. Seal of Approval Content Outlines (AA, PA, AAP, or AACSL)

The Seal of Approval Content Outlines are designed to provide applicants with a clear, straightforward list of the required content areas that must be covered to meet the SANE Education Guidelines. These outlines also include space for applicants to document evidence demonstrating that each required topic is included in their course. The submitted content outline will be reviewed against the course or agenda outline to ensure:

- Consistency across all documentation,
- Appropriate time allocation for the scope of the material, and
- Qualified presenters delivering each portion of the content.

Seal of Approval Content Outline Example Documentation

(Note: The example only includes a few completed sections, but applicants are expected to complete the entire outline as evidence to demonstrate compliance with the SANE Education Guidelines)

 INTERNATIONAL ASSOCIATION OF Forensic Nurses	Seal of Approval Content Outline Adult/Adolescent SANE Didactic Course	<i>Research. Educate. Lead.</i>
Course Description The comprehensive Adult/Adolescent Sexual Assault Nurse Examiner (SANE) didactic course prepares registered nurses and advanced practice clinicians to provide competent, compassionate, and evidence-based care to adolescents and adults affected by sexual violence, including care for individual patients, families, communities, and systems. Aligned with the International Association of Forensic Nurses (IAFN) SANE Education Guidelines (2025), a course with the IAFN Seal of Approval fulfills the didactic education requirements for SANE-A certification through the Commission for Forensic Nursing Certification (CFNC).		
PROFESSIONAL PRACTICE GAP Many clinicians lack the specialized forensic and trauma-informed knowledge needed to provide comprehensive, evidence-based care to adult and adolescent patients who have experienced sexual violence. This gap results from limited exposure to medical-forensic content in basic nursing education and inconsistent access to specialized training. The 40-hour Adult/Adolescent Sexual Assault Nurse Examiner Didactic Course addresses this knowledge gap by providing foundational education in forensic nursing, trauma-informed care, evidence collection, sexual violence-specific medical evaluation, documentation, multidisciplinary collaboration, and legal considerations, preparing nurses for professional growth and the next phase of SANE skill-based education.		
OVERALL LEARNING OUTCOME As a result of participating in this activity, 100% of learners will demonstrate increased knowledge, measured by posttest and/or self-report, related to providing competent, comprehensive, trauma-informed, patient-centered, and coordinated care to adult and adolescent patients evaluated for or suspected of having experienced sexual violence.		
Course Requirements • A minimum of 40 hours (2400 minutes) of didactic coursework that yields a minimum of 40 nursing continuing professional development credits from an accredited provider/approver of nursing education, or academic credit or the national equivalent from an accredited educational institution. • Clinical components, such as skills labs, completed alongside the coursework, do not count toward the 40-hour didactic course. These hours are intended to complement the classroom experience by allowing SANEs to apply the knowledge gained in hands-on practice. • Does not take longer than 15 weeks to complete, and is offered as one educational offering.		

Seal of Approval Content Outline-Adult/Adolescent SANE Didactic Course

Course Details for Seal of Approval Website

The purpose of the Seal of Approval through the International Association of Forensic Nurses (IAFN) is to provide validation that your course aligns with the standards and expectations outlined in the [SANE Education Guidelines \(2025\)](#). This endorsement serves as a mark of quality and credibility for you as the applicant, as well as assurance to course attendees that the content meets established best practices in forensic nursing education. Pending the awarding of the Seal of Approval, IAFN offers the opportunity to list your course on our [IAFN-Approved SANE Didactic & Clinical Skills Lab Courses Webpage](#), making it accessible to individuals seeking approved training programs. Please complete the chart below, and if you opt in to having your course on the website, the IAFN Approver Unit will submit an IT ticket the same day you receive your Approval Letter.

Adding Your Course on the IAFN Website	
☐ I would like to <i>OPT OUT</i> of having our course on the IAFN Website	
☒ I would like our course on the IAFN Website with the details listed below:	
Name of Provider Organization	
Some Forensic Nursing Program	
Point of Contact Name	Point of Contact Email
Julie Smith, BSN, RN, SANE-A	juliesmith@sfnp.com
Link to Organizations Landing Page (Optional)	
Note: If you choose to provide a link for a website, it must be to a landing page for your organization or course, and CANNOT be a registration page that is at risk of becoming "broken."	
Sfnp.com/forensicnursing	



Questions about the application or Seal of Approval process?
Email ce@forensicnurses.org

Seal of Approval Content Outline-Adult/Adolescent SANE Didactic Course

IAFN SEAL OF APPROVAL ATTESTATION		
Provider Organization Seeking Seal	Some Forensic Nursing Program	
As the authorized Point of Contact of the Provider Organization, I certify understanding and agreement to the following:		
Order of Topics: The sequence of topics in our course does not need to follow the exact order listed in the Seal of Approval Content Outline, but all content must be thoroughly covered.		
Course Format Clarification: If the course uses hybrid or asynchronous format, I must ensure that all required content is covered regardless of delivery method and include the method of delivery on the chart below as I complete the required sections.		
Document Review: The IAFN Approver Unit will evaluate all submitted documents, including my course agenda/outline, against this document. I may be asked to provide additional information if content appears missing, insufficiently addressed, or if the time allotted does not align with the scope of material. This may require me to clearly reference where each required content area appears in my course materials (e.g., slide numbers, module/presentation titles, timestamps of live or recorded sessions).		
Course Faculty Requirements: Some sections require involvement of a variety of field content experts. I may be required to provide a summary of instructor qualifications if it is unclear in my application. Furthermore, the content experts must be presenting the content relative to their expertise. It is acceptable to have these presentations recorded for use in sessions.		
Updates and Revisions: If our course is revised after receiving the Seal of Approval, I must notify the IAFN Approver Unit of the change, and depending upon the change, I may need to provide updated materials for review to ensure compliance.		
Use of the Seal: The Seal will be provided in my approval letter, and may only be used to promote the specific course version that was reviewed and approved. Use of the Seal on unapproved or significantly altered versions may result in revocation of my Seal.		
Ongoing Quality Assurance: Upon approval, IAFN reserves the right to conduct quality assurance checks on my course content and delivery at any time. If concerns are raised regarding my course's compliance with the SANE Education Guidelines, IAFN may assign a reviewer to conduct an audit. Based on the audit results, IAFN may offer mentorship to help bring my course back into compliance or, if necessary, revoke the Seal of Approval.		
Post Approval Survey: I must follow the requirements outlined by the IAFN Approver Unit on my Approval Letter.		
Electronic Attestation	Point of Contact for Provider Organization	Date
☒	Julie Smith, BSN, RN, SANE-A	10/27/2025

Seal of Approval Content Outline-Adult/Adolescent SANE Didactic Course

CORE FACULTY MEMBER REQUIREMENTS	
A. Holds current, active, and unrestricted registered nursing licensure with their respective Board of Nursing or other appropriate governing body B. Has successfully completed the didactic and clinical requirements associated with an adult/adolescent SANE education program C. Demonstrates active participation in continuing education relevant to caring for adult/adolescent sexual assault patient populations D. At least one core faculty member holds a current IAFN SANE-A certification E. At least one core faculty member demonstrates expert clinical competency by: 1. Engaging in active clinical practice in the care of adult/adolescent sexual assault patient populations, and 2. Having at least five years of experience in caring for adult/adolescent sexual assault patient populations (Benner, 1984) F. At least one core faculty member demonstrates expertise in providing instructional content to the adult learner	
Name, Credentials, and License Number & Region: (Can be fulfilled by one or more individuals) #1: Julie Smith, BSN, RN, SANE-A #2: Sarah Doe, Ed.D., RN, SANE-A, SANE-P #3: Click or tap here to enter text. #4: Click or tap here to enter text. #5: Click or tap here to enter text. #6: Click or tap here to enter text.	
MULTIDISCIPLINARY CONTENT EXPERT FACULTY REQUIREMENTS	
A. Demonstrates the ability to present instructional content effectively B. Demonstrates content expertise as indicated by 1. Recent experience in the specialty area 2. Advanced professional development that signifies expertise in the specific content area and/or 3. Certification in the specialty area and/or 4. Academic preparation in the specialty area (ANCC, 2023)	
Name, Credentials, and Affiliations: (All listed are required) Community-Based Advocacy Expert: Logan Lane, LMHP, Sexual Violence Prevention Center Systems-Based Advocacy Expert: Allison Jones, MSW, Some State DHHS Law Enforcement Expert: Kristin Kent, Sex Crimes Captain, Some City Police Department Judicial Community/Prosecutor Expert: Gail Grant, JD, Some County Attorneys Office Forensic Science (Crime Lab) Expert: Justin Luther, MFS, Some City Forensics Unit Adult/Child Protection Services Expert: Jolene Barry, Case Manager, Some State APS/CPS	

Seal of Approval Content Outline-Adult/Adolescent SANE Didactic Course

ADULT/ADOLESCENT SANE DIDACTIC COURSE OUTLINE	
Instructions: The chart below lists all required content areas for an Adult/Adolescent SANE Didactic Course, as outlined in the 2025 IAFN SANE Education Guidelines (2025). Your task is to show the exact location (Module Title or Day & Time) and method (Lecture/discussion/case study/assigned reading/et.) that each required topic is covered in your course. This helps the IAFN Approver Unit verify that all required material is included, appropriately timed, and clearly documented. SEE EXAMPLE BELOW:	
A. Scope and Standards of Practice 1. Registered and Advanced Practice Nursing 2. Forensic Nursing Specialty B. Role of the SANE 1. Adolescent patient populations 2. Adult patient populations 3. Elder patient populations C. Ethics of Practice 1. Autonomy 2. Beneficence 3. Non-maleficence 4. Veracity 5. Confidentiality 6. Justice D. Evidence-Based Practice 1. Scientific evidence/research 2. Clinical experience 3. Patient preference	A-D: Day 1, 0800-0915, Overview of Forensic Nursing Lecture OR A&B: Module 1-Forensic Nursing, 60 minutes, Assigned Prework Module C&D: Day 1, 0800-0900, Overview of Forensic Nursing
I. Forensic Nursing	
A. Scope and Standards of Practice 1. Registered and Advanced Practice Nursing 2. Forensic Nursing Specialty B. Role of the SANE 1. Adolescent patient populations 2. Adult patient populations 3. Elder patient populations C. Ethics of Practice 1. Autonomy 2. Beneficence 3. Non-maleficence 4. Veracity 5. Confidentiality	A-D are all included in pre-work modules that were pre-recorded by Sarah Doe, Ed.D., RN, SANE-A, SANE-P: A&C=Module 2: Forensic Nursing Scope, Standards, Ethics, 45 minutes B&D= Module 3: Delivering Evidence-Based Practice to Adult and Adolescent Populations, 30 minutes

Seal of Approval Content Outline-Adult/Adolescent SANE Didactic Course

6. Justice D. Evidence-Based Practice 1. Scientific evidence/research 2. Clinical experience 3. Patient preference	
II. Sexual Violence	
A. Definitions B. Global Incidence and Prevalence 1. Adults 2. Adolescents 3. Military 4. LGBTQIA2S 5. Individuals with physical and mental disabilities 6. Individuals with language/communication/cultural barriers 7. Individuals who are trafficked 8. Individuals in confinement 9. Immigrants and asylum seekers C. Health Consequences of: 1. Acute a. Physical b. Psychological 2. Long-term a. Physical b. Psychological D. Co-occurring Violence 1. Intimate partner violence 2. Strangulation E. Offender Behavior 1. Sexual violence 2. Intimate partner violence	A-C: Day 1, 0900-1000, Sexual Violence Lecture B&C: Day 3, 1500-1600, Case Study Analysis D.1 & E: Day 2, 0830-0915, IPV Lecture D.2: Day 2, 1300-1400, Non-Fatal Strangulation Assessment, Care, and Documentation
III. Victim Responses and Crisis Intervention	
A. Responses to Sexual Violence (psychological/physical) 1. During the violence 2. Following the violence 3. Delayed disclosure 4. Recantation B. Crisis Intervention 1. Suicide/homicide risk assessment	Click or tap here to enter text.
Seal of Approval Content Outline-Adult/Adolescent SANE Didactic Course	

There is no single etiquette to completing the content outline. Fill it out however you feel best demonstrates compliance with the required content.

The remainder of the document can be completed utilizing the same format or methodology. It is the duty of the applicant to ensure that the content outline reflects the course agenda/outline they submit. Inconsistencies will result in additional information being requested by the IAFN Approver Unit to ensure the established curriculum truly reflects the SANE Education Guidelines and adequately prepares attendees for the field of SANE nursing.

X. List of All Citations

A complete list of citations is required for all courses seeking a Seal of Approval—whether or not the IAFN Approver Unit is reviewing the course for contact hour approval. This requirement ensures that the IAFN Approver Unit can verify that the Provider Organization is using the most current, evidence-based, and best-practice research to develop educational content. This verification supports high-quality instruction that prepares course participants for SANE nursing practice and, if desired, future SANE certification.

Citations do not need to follow APA formatting; however, they must include enough detail for the IAFN Approver Unit to locate and review the original sources if necessary. URLs alone are not acceptable, as web links can become inactive over time.

If an applicant submits a source that is outdated or inconsistent with current best-practice guidelines, the IAFN Approver Unit may notify the applicant of a more current reference and request that course content be reviewed and updated accordingly. Depending on the situation, the applicant may be asked to provide documentation confirming that the updates have been made.

List of All Citations Example Documentation

(Note: The example below is not true to an adult/adolescent course, it is just an example of formatting using the Citation List Template provided by the IAFN-Approver Unit)

References or resources used to support the evidence-based content (STANDARD 1)

The list must include evidence-based references or resources that were published within the past 5-7 years, *OR* are recognized as foundational guidelines in the field. Each source must be cited with enough information to be traceable—submitting only a URL is not acceptable.

1. American Nurses Association. (2021). Nursing: Scope and Standards of Practice 4th Ed. Silver Spring, MD. ANA.
2. Basile, K. C., Smith, S. G., Kresnow, M., Khatiwada S., & Leemis, R. W. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
<https://www.cdc.gov/nisvs/documentation/nisvsReportonSexualViolence.pdf>
3. Benner, P. (1982). From novice to expert. American Journal of Nursing, 82(3), 402-407.
<https://doi.org/10.2307/3462928>
4. Chen, J., Walters, M. L., Gilbert L. K, Patel N. (2020). Sexual Violence, Stalking, and Intimate Partner Violence by Sexual Orientation, United States. Psychological Violence, 10(1), 110-119.
<https://psycnet.apa.org/doi/10.1037/vio0000252>
5. Dreyfus, S. E. (1980). A five-stage model of the mental activities involved in directed skill acquisition. Berkley, CA: University of California.
7. Hagan, S. & Hagan, A. F. (2023). The review of systems and the physical exam. In: Wong, C. J., Jackson, S. L. (eds) The patient-centered approach to medical note-writing. Springer, Cham.
https://doi.org/10.1007/978-3-031-43633-8_12

XI. Evidence of Contact Hours/Academic Credit

As outlined by the IAFN SANE Education Guidelines (2025), “regardless of the didactic course delivery method (live, online or mixed method) or type (Adult/Adolescent, Pediatric/Adolescent, or Combined Adult/Adolescent/Pediatric), the didactic course in its entirety must be one educational offering that provides academic credit or the international equivalent from an accredited educational institution, or nursing continuing professional development credits provided by an accredited provider of nursing education” (p. 14).

In order for the IAFN Approver Unit to verify an applicants course meets this requirement, the applicant must submit evidence that academic credit or nursing contact hours have been approved for the course. This can be in the form of an approval letter from an accredited Provider/Approver of nursing contact hours or supporting documentation of academic credit from an academic institution. Whatever the documentation is, it must outline the following:

- The activity title which matches the title on the application materials
- The approval period of the contact hours or academic period
- The number of contact hours or academic credits that been approved

Contact Hour Approval Letter Example Documentation

**SOME AGENCY ACCREDITED APPROVER UNIT**

10/28/2025

Julie Smith, BSN, RN, SANE-A
Some Forensic Nursing Program
juliesmith@sfnp.com

Julie Smith,

Thank you for submitting your application for the Individual Educational Activity, entitled Some Forensic Nursing Program: 40-Hour Adult/Adolescent Sexual Assault Nurse Examiner Course, to the Accredited Approver Unit of **SOME AGENCY**. The Approver Unit has reviewed your application and has determined your submission meets the criteria set forth by the American Nurses Credentialing Center’s Commission on Accreditation (ANCC COA).

Congratulations! The activity has been approved for 40.0 CONTACT HOURS. Your Approval number is: **AU123456**. The approval will remain in effect for two years (1/3/2026-1/2/2027). During this two-year period, the activity may be repeated, provided no substantive changes occur.

The standards of ANCC COA are the most widely accepted standards to approve contact hours for nursing. We applaud your choice of these standards to ensure excellence in continuing nursing education. We thank you, again, for choosing **SOME AGENCY** for your Accredited Approver Unit and look forward to a continued relationship throughout the term of your activity and any future activities!

Sincerely,



Laura Lime, MSN, RN, CEN, CPEN
Accredited Approver Program Director
Some Agency
llime@someagency.com

XII. Post Activity Analysis

The purpose of the Post Activity Analysis is twofold:

1. To provide the IAFN Approver Unit with learner demographic data for reporting in the ANCC NARS system.
2. To offer the Nurse Planner an opportunity to critically evaluate the assessment results to determine whether the targeted learning outcomes were achieved and, if not, to identify necessary changes to enhance future activities.

Post Activity Analysis Example Documentation-Adapted to Activity



POST ACTIVITY ANALYSIS

Research. Educate. Lead.

Individual Activity Applicants (IAAs) are required demonstrate to the Accredited Approver (IAFN) how they analyze their activity assessment data to determine if the desired underlying educational needs were met, as well as how their findings will inform future educational activities.

This information must be submitted based upon the timeframe that correlates with your activity type:

- **LIVE:** Within 30 days of initial activity and each repeated occurrence
- **ENDURING:** Within 30 days prior to the activity's expiration
- **BLENDED:** Within 30 days of each live session and/or assignment of post-work enduring material

INDIVIDUAL ACTIVITY DETAILS	
IAFN Activity Approval Number	AU987654
Date(s) of Activity	December 8-9, 2025
Number of RN Participants	20
Number of NP Participants	4
Number of Allied Health Participants	0

ANALYSIS OF INDIVIDUAL ACTIVITY ASSESSMENT DATA
Describe how post-activity assessment data was analyzed to determine if the activity successfully achieved the desired change in learner knowledge, skills, and/or practice?
The assessment method for knowledge consisted of a post-activity assessment with 10 multiple-choice and short-answer questions designed to measure understanding. A passing score of 80% or higher was used to indicate achievement of the learning outcome. All participants scored 100% on the post-activity assessment, demonstrating that the learning outcome for knowledge was met.
The assessment method for skill involved simulated expert witness testimony exercises, during which learners demonstrated the presentation of forensic findings to a mock courtroom panel composed of faculty and peers acting as attorneys, jurors, and judges. A 5-point scale was used to evaluate each criterion, with a minimum average score of 4 indicating competency in communication skills. The average score was 4.08, indicating that the learning outcome for skill was met.
How will the individual activity assessment data analyzed be used to guide the planning of future educational activities?
While the learning outcome for skill was met, the planning committee had hoped the average would have been higher than the minimum average score of 4. The area that brought the scores down was related to the criterion of articulating expert opinions to the trier of fact. Therefore, future offerings of this course will include an adjusted method of delivering the content within the "Forming An Opinion Part 2: Articulation" presentation on Day 2. The same content will be presented, but a demonstration will be provided in place of the theoretical portion of the presentation.

Upon completion, this Post Activity Analysis can be submitted [HERE](#).

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Appendices

A. AU Application Checklist



INTERNATIONAL
ASSOCIATION OF
**Forensic
Nurses**

AU APPLICATION CHECKLIST

Contact Hour ONLY or Contact Hour + Seal

Research. Educate. Lead.

Applications should be submitted ≥ 6 weeks from the scheduled activity. Expedited review may be requested for an additional fee. This document is meant to assist applicants with organizing all of their submission materials, and is not required to be submitted with their application. If you have questions regarding an application, please contact the IAFN Accredited Approvership Program Director (AA-PD) at ce@forensicnurses.org. Furthermore, required documents and an Interactive IAFN Approver Unit Toolkit can be found on forensicnurses.org > Education Tab > Apply for Contact Hours/Seal of Approval Dropdown

*ALWAYS REQUIRED

**CONTINGENTLY REQUIRED

DONE	PRE APPROVAL APPLICATION ITEMS
☐ *	1. AU Application
☐ *	2. Certificate of Completion
☐ *	3. Disclosures to Learners
☐ **	4. Course Agenda/Outline If education activity is ≥ 3 hours
☐ **	5. Commercial Support Agreement If activity receives commercial support
☐ **	6. Joint Providership Agreement If the activity is being jointly provided
☐ **	7. Marketing Materials If the activity has ancillary activities (i.e., marketing or exhibit from ineligible companies) offered in conjunction with the education
☐ **	8. Seal of Approval Content Outline - If application is for an IAFN eligible Seal of Approval Course: 40-Hour Adult/Adolescent SANE Didactic 40-Hour Pediatric/Adolescent SANE Didactic 64-Hour Combined Adult/Adolescent/Pediatric SANE Didactic 16-Hour Adult/Adolescent Clinical Skills Lab
☐ *	9. Application Materials Submitted on Website Submission Portal Link HERE
☐ *	10. Application Fee Paid Application Fees are invoiced after the IAFN Approver Unit begins review of your application to ensure the fee is based upon actual number of contact hours to be awarded.
POST APPROVAL APPLICATION ITEMS	
☐ *	11. Post Approval Surveys - Submitted in the timeline specified on your approval letter, based on activity type. Utilize to submit the Post Activity Analysis each time your activity is held, as well as to report future dates of your activity to the IAFN Approver Unit. - Submission Portal Link HERE

Reviewed 10/2025

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B. Financial Relationship Disclosure Collection Tool



Financial Relationship Disclosure Collection Tool

Research. Educate. Lead.

This form is to assist Individual Activity Applicants (IAAs) seeking contact hours through the IAFN Approver Unit with gathering Financial Relationship Disclosures from all individuals in a position to control content in their activity. This tool is not required to be submitted with the application materials, but can assist in meeting the application criteria found in Section D, Part 2 of the AU Application.

Individual Name & Credentials	Click or tap here to enter text.
Date Completed	Click or tap here to enter text.
Have you had a financial relationship with an ineligible company* over the past 24 months?	☐ Yes ☐ No
*Ineligible companies are those whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients. Examples include: • Advertising, marketing, or communication firms whose clients are ineligible companies • Bio-medical startups that have begun a governmental regulatory approval process • Compounding pharmacies that manufacture proprietary compounds • Device manufacturers or distributors • Diagnostic labs that sell proprietary products • Growers, distributors, manufacturers or sellers of medical foods and dietary supplements • Manufacturers of health-related wearable products • Pharmaceutical companies or distributors • Pharmacy benefit managers • Reagent manufacturers or sellers	
If yes, please provide the name of the ineligible company(s)	Click or tap here to enter text.
If yes, please describe the nature of the relationship with the company(s)	Click or tap here to enter text.