



## CONTINUING EDUCATIONAL ACTIVITY DOCUMENTATION

**CONTINUING EDUCATION ACTIVITY:** An educational activity is a planned, organized effort aimed at accomplishing educational objectives. Examples include a class, seminar, workshop, conference, or independent study program.

**THE AWARD PERIOD IS TWO YEARS:** (Example: 12/1/09 – 11/30/11)

**STIPULATIONS:**

- Documentation must be provided at least six (6) weeks prior to the date of presentation of the activity.
- The granting of retroactive awarding of contact hours is prohibited.
- A master copy of all submissions must be maintained for your records.
- At a minimum, one of the Nurse Planners designated by the NKF must be involved in all continuing nursing education activities. The direct participation of the Nurse Planner ensures that the criteria are correctly implemented and the overall integrity of the ANCC/NYSNA program maintained.

**INSTRUCTIONS:**

Complete all required fields and attach all required documents.

- Educational Activity Overview
- Contact information of all faculty and planning committee members to facilitate disclosure and vested interest documentation
- A copy of the co-providership agreement, if applicable
- Needs Assessment Data
- Samples of all advertising materials with official statement\* listed appropriately
- Samples of all handout materials (informational materials, pre- and post-tests, evaluations, etc.)
- Sample CE certificates with official statement\* listed appropriately

\*Official Statement:

**The National Kidney Foundation is an approved provider of continuing nursing education by the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.**

**It has been assigned Provider code 7XPLGU-PRV-09.**

***The above accreditation statement must stand alone, meaning that it should be on a separate line from any other statement, including number of contact hours awarded, other accreditations, or reference to ANCC. Separation from these other statements with a period and a new sentence is not acceptable – the accreditation statement must be on a line by itself.***

**SUBMIT 2 COPIES TO:**

**Serena Konduru, MPA  
CME/CE Activities Manager  
Kidney Learning Solutions**

**Questions: Call (800) 622-9010 ext. 163 OR serena.konduru@kidney.org**

FOR ADMINISTRATIVE USE ONLY		
Date Submitted:	Date Reviewed:	Number of Contact Hours:
Activity Code:	Award Period:	
Signature:		



## CONTINUING EDUCATIONAL ACTIVITY DOCUMENTATION

**Educational Activity Title:**

**Name of Primary Contact:**

*(Please include title, phone number, fax, and e-mail address)*

**Address for Correspondence:**

**Date(s) of first scheduled presentation:**

**Date(s) if known that this presentation will be repeated:**

**Format (live, online, cd-rom or publication):**

**Number of Contact Hours Requested:**

*(Divide the total minutes by 60 and round any decimals down to the nearest tenth or one hundredth)*

- 1. Planning Committee (must include at least two RNs - one from the Provider Unit and one other RN).** *A Nurse Planner must have education or experience in the field of education or adult learning. Please list the name, degrees, and credentials and attach a biographical data form with the additional required information.*  
**CVs and résumés are not accepted.**

**Nurse Planner from the Provider Unit: Genevieve Coorey, RN,**

**Other RN:**

**Other Planners:**

- BIOGRAPHICAL DATA/VESTED INTERESTS FORMS FOR EACH MEMBER OF THE PLANNING COMMITTEE ARE ATTACHED**

### **2. Target Audience and Needs Assessment**

1. Identify the target audience expected to attend:
2. Check the best description of type of needs assessment used (*Please indicate all that apply*):
  - Annual needs assessment
  - Learners/Management requested event
  - Quality studies/incident reports indicated need
  - Trends in literature, law, and health care indicated need
  - Other (describe):

### **3. Educational Activity Overview**

*The following information must be supplied*

**1. Purpose Statement**

*The purpose statement is a general statement of intent. It reflects the rationale for the activity and for how it qualifies as continuing nursing education. Minimally, a purpose statement should answer:*

- *Who is the activity intended for?*
- *What gap in knowledge, skills, attitude, or practice will be addressed?*
- *How will nurses or clients benefit from this activity?*

**Purpose Statement:**

***(Use the attached Educational Activity Overview table to supply items 2-6)***

**2. Objectives:**

*Indicate what the participant will be able to do at the conclusion of the activity. Objectives should be written in measurable terms given the time frame and teaching method. An average of 1-2 objectives per hour is realistic.*

**3. Content:**

*Itemize key points that will be addressed with each objective. Content must be more than a restatement of the objective and must be related to the objective.*

**4. Time Frame:**

*Indicate the number of minutes for each objective for live presentations. See Section J for independent studies.*

**5. Presenter:**

*List the faculty who will be addressing each objective (this is not applicable for content specialists).*

**6. Teaching Methods:**

*List the methods, strategies, materials, and resources to be used by faculty to cover each objective.*

**4. Presenters/Content Specialists**

*List the names, degrees, and credentials of each presenter/content specialist below. **A Biographical Data/Vested Interests form must be attached for each presenter.***

**1. List presenter name, degrees, and credentials:**

1.	
2.	
3.	
4.	

Each presenter has declared if they have any vested interests

**2. Learners will be informed of presenters' declaration of vested interests, *or their lack* of vested interests, as well as presenters' discussion of off-label use by (check that apply):**

- Announcement at the beginning of the event/session (if verbal disclosure is made, there must be a written verification on the part of the sponsor who was in attendance, which attests that a verbal disclosure did occur, and that identifies the contents of the verbal disclosure. This must be kept in the educational activity file)
- Information provided on advertising
- Information on electronic slides
- Information provided on handouts
- Signs placed inside or outside of presentation room
- Other (describe):

B. **Co-providership** (Planning, developing, and implementing an educational activity by two or more organizations or agencies. A commercial interest may NOT be a co-provider).

- This activity WILL NOT be co-provided
- This activity WILL be co-provided \*

*\* If this activity will be co-provided, a written agreement between the provider and the co-provider(s) that identifies the responsibilities must be included. The primary provider must retain responsibility for the following:*

1. Determination of objectives and content
2. Selecting faculty/presenters
3. Awarding of contact hours
4. Record-keeping for this activity
5. Evaluation
6. Management of any commercial support or sponsorship

*The co-provider(s) may be involved in planning, advertising, registration, accommodations, etc...*

C. **Commercial Support** (Support – money or ‘in kind’ services– received from commercial interests. Commercial Interest: any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-health care related companies.)

- This activity HAS NO financial commercial support
- This activity HAS NO “services in-kind” commercial support
- This activity HAS commercial support \*
- This activity HAS “services in-kind” commercial support \*
- This activity HAS received support from entities *other than* commercial interests.

*\* If the activity has commercial support, please complete the following items and check all that apply:*

1. Commercial support has been provided by the following (list the names of companies):

A provider of continuing nursing education must ensure that the following decisions were made free from control of a commercial interest:

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

2. Learners will be informed about commercial support by (when commercial products are displayed, participants will be advised that accreditation status refers only to its continuing nursing education activities and *does not* imply NYSNA or ANCC Commission on Accreditation endorsement of any commercial product):

- Information provided on advertising material
- Announcement at the beginning of the event/session (if verbal disclosure is made, there must be a written verification on the part of the sponsor who was in attendance, that attests that a verbal disclosure did occur and that identifies the contents of the verbal disclosure. This must be kept in the educational activity file)
- Information on handouts given at the start of the event/session
- A sign displayed in the exhibit area
- Other (describe):

3. Written Agreement Documenting Terms of Support **(required)**

- Written agreement specifies the source of the commercial support
- Written agreement identifies the terms, conditions, and the purposes of the support
- Written agreement is signed by both the educational activity sponsor and by the source of commercial support

**G. Evaluation**

1. Check or describe the methods of evaluation to be used (check all that apply):

- Learner satisfaction (required for all events)
- Knowledge enhancement (Specify: \_\_\_\_\_)
- Skill and attitude change (Specify: \_\_\_\_\_)
- Change in practice/performance (Specify: \_\_\_\_\_)
- Relationship of the practice change to quality of service (Specify: \_\_\_\_\_)
- Other (describe): \_\_\_\_\_

2. **Evaluation of Learning:**

**For Live programs (Classroom, Conference, and live Webinar/Webcast):**

- Submit a copy of the evaluation tool(s) to be used for the event. It must include (at a minimum):
  - a. Overall achievement of objectives
  - b. Teaching effectiveness of each presenter
  - c. Whether the activity was fair, unbiased, and free of commercial support

**For Independent Studies (Learning Modules, Web-Based Programs, and Archived/On-Demand Webinars/Webcast, etc):**

Describe how the effectiveness of the independent study was evaluated, the results of the evaluations, and the changes made to the program based on the evaluation:

- Submit a copy of the evaluation tool(s) to be used for the event. It must include (at a minimum):
  - a. Overall achievement of the objectives
  - b. Effectiveness of the teaching method
  - c. Whether the activity was fair, unbiased, and free of commercial support
  - d. Amount of time needed to complete the activity

3. Describe how evaluation data will be used to (check all that apply):

- Revise future presentations of this course
- Create new programs
- Other (describe): \_\_\_\_\_

4. Identify how feedback will be provided to the learner:

- Question and answers during activity
- Return results of testing
- Follow-up communication
- Other (describe): \_\_\_\_\_

**H. Verification of Participation and Successful Completion**

1. Indicate how attendance/participation will be verified (check all that apply):

- Sign-in/attendance sheets

- Completion of registration forms
- Other (describe):

2. Criteria for successful completion include (check all that apply):

- Attendance at the entire event
- Completion/submission of the evaluation form
- Achieving a passing score on the post-test (passing score = \_\_\_\_\_ %)
- Achieving minimum competency level on skills demonstration (provide a sample of the skills demonstration checklist/assessment rubric)
- Completion of a self-study packet
- Credit will be given for partial attendance** (separate sessions, not less than 0.5 contact hours)
- Other (describe):

3. Participants will be informed of criteria by (check all that apply):

- Information on the brochure/advertising materials (note: if this line is checked, this information must be included on advertising materials)
- Verbal statement at the beginning of the event
- Written information on handouts/website
- Other (describe):

4.  A completed sample of the Certificate of Attendance has been included. It must include:

- a. Name of participant
- b. Number of contact hours awarded
- c. Name and address of the Provider Unit
- d. Title and date of the activity
- e. Code
- f. Official statement:

*The National Kidney Foundation is an approved provider of continuing nursing education by the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

It has been assigned Provider Code \_\_\_\_\_ (agency's individual approval code number).

**The above accreditation statement must stand alone; it should be separated from any other statements, including number of contact hours awarded, other accreditations, or reference to ANCC, by a line space.**

5.  For Independent Studies (Learning Modules, Web-Based Programs, Archived/On-Demand Webinars/Webcast, etc.):

- a. Enduring documents (self-learning texts, CDs, tapes, computer-assisted or computer-based learning materials which are used alone, or with written materials) **must include a statement that explains how long contact hours will be awarded for an activity.** This statement must appear on all marketing materials and on the educational materials.

I. **Record Keeping System**

- All correspondence, a complete copy of the application with all attachments and corrections, records of attendance, summative evaluation(s), co-providership agreements, commercial sponsorship agreements, and contact hours will be maintained *by the Provider Unit* in a retrievable file which is accessible to authorized personnel and that meets the NYSNA criteria.
- All records will be retained for six years.
- Describe how confidentiality will be maintained:

**J. Contact Hour Calculation**

1. What was the method for calculating the contact hours (check all that apply):

- Time spent in class divided by 60
- Historical Data
- Word Count/Complexity Calculation
- Peer Review
- Pilot Study
- Other (describe):

**K. Advertising**

A copy of the advertising material(s) **must be attached**. It must include the correct statement concerning NYSNA approval:

*The National Kidney Foundation is an approved provider of continuing nursing education by the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

It has been assigned Provider Code 7XPLGU-PRV-09.

\_\_\_\_\_ contact hour(s) will be awarded.

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## CONTINUING EDUCATIONAL ACTIVITY OVERVIEW

**Title:** \_\_\_\_\_ **Format:** \_\_\_\_\_

**Purpose Statement:** \_\_\_\_\_

<b>OBJECTIVES</b>	<b>CONTENT (Topics)</b>	<b>TIME FRAME</b>	<b>PRESENTER</b>	<b>TEACHING METHODS</b>
<i>Learner-oriented with one, measurable behavioral verb per objective.</i>	<i>Outline of the content to be covered that will enable the learners to meet their objectives</i>	<i>State the time frame for each objective.</i>	<i>List the faculty or content expert for each objective.</i>	<i>Describe the teaching methods, strategies, materials, and resources for each objective.</i>