Tennessee Nurses Association
Individual Educational Activity Application
2015 Criteria revised December 2017

Applicants interested in submitting an individual educational activity for approval must complete:
☐ Individual Activity Applicant Eligibility Verification Form,
☐ Individual Activity Applicant Eligibility Commercial Interest Addendum (if applicable),
☐ This form - Individual Educational Activity Application

Applicant's (organization) Name: [ ]

Is this continuing education? Is this learning activity intended to build upon the educational and experiential basis of the professional RN for the enhancement of practice, education, administration, research, or theory development, to improve the health of the public and RNs' pursuit of their professional career goals?
☐ Yes  ☐ No  If no, the activity is not eligible for approval.

Title of Activity: [ ]

Date Form Completed: [ ]

Activity Type:
☐ Provider-directed, provider-paced: Live (in person or webinar)
  • Date of live activity: [ ]
  • Location of activity
  • Number of contact hours to be awarded and method of calculation

☐ Provider-directed, learner-paced: Enduring material
  • Start date of enduring material: [ ]
  • Expiration/end date of enduring material: [ ]
  • Number of contact hours to be awarded and method of calculation

☐ Learner-directed, learner-paced: Enduring material
  • Start date of enduring material: [ ]

☐ Blended activity
  • Date(s) of pre-work and/or post-activity work: [ ]
  • Date of live portion of activity: [ ]
    o Number of contact hours to be awarded and method of calculation
Nurse Planner contact information for this activity.

Name and credentials: Click here to enter text.
Email Address: Click here to enter text.

The Nurse Planner must be a registered nurse who holds a current, unencumbered nursing license (or international equivalent) AND hold a baccalaureate degree or higher in nursing (or international equivalent) AND be actively involved in planning, implementing and evaluating this continuing education activity.

Contact this activity if other than Nurse Planner.

Name and credentials: Click here to enter text.
Email Address: Click here to enter text.

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

Describe the current state:

Describe the desired state:

Identified gap:

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

☐ Survey data from stakeholders, target audience members, subject matter experts or similar
☐ Input from stakeholders such as learners, managers, or subject matter experts
☐ Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement
☐ Evaluation data from previous education activities
☐ Trends in literature, law and health care
☐ Direct observation
☐ Other—Describe: [ ]

Please provide a brief summary of data gathered that validates the need for this activity:
C. Educational need that underlies the professional practice gap (e.g. knowledge, skill and/or practices)

Choose an item

D. Description of the target audience. (You can select more than one target audience).

1. Choose an item.
2. Choose an item.
3. Choose an item.
4. Choose an item.

E. Desired learning outcome(s) *(What will the outcome be as a result of participation in this activity?)*

Area of impact (check all that apply):

☐ Nursing Professional Development ☐ Patient Outcome
☐ Other- Describe: _____

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

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

☐ See Educational Planning Table OR
☐ Describe content and include time calculation for content: Click here to enter text.

Content for this educational activity was chosen from:

☐ Information available from the following organization/web site (organization/web site must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health): _____

☐ Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years): _____

☐ Clinical guidelines (example - www.guidelines.gov): _____
Individual Activity Application

☐ Expert resource (individual, organization, educational institution) (book, article, web site):
☐ Textbook reference:
☐ Other:

Learner engagement strategies

☐ See Educational Planning Table OR

☐ Integrating opportunities for dialogue or question/answer
☐ Including time for self-check or reflection
☐ Analyzing case studies
☐ Providing opportunities for problem-based learning
☐ Other:

H. Criteria for Awarding Contact Hours

Criteria for awarding contact hours for live and enduring material activities include:
(Count all that apply)
☐ Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)
☐ Credit awarded commensurate with participation
☐ Attendance at 1 or more sessions
☐ Completion/submission of evaluation form
☐ Successful completion of a post-test (e.g., attendee must score _____% or higher)
☐ Successful completion of a demonstration
☐ Other - Describe:

I. Description of evaluation method: How will change in knowledge, skills, and/or practice be evaluated at the end of this activity? (Refer back to identified practice gap and educational need – evaluation must occur at the level of need identified in “C” above

Short-term evaluation options:
☐ Intent to change practice
☐ Active participation in learning activity
☐ Post-test
☐ Return demonstration
☐ Case study analysis
☐ Role-play
☐ Other – Describe:

Individual Activity Application Form Template 06.27.17 reviewed and revised 10.5.2017
Long-term evaluation options:
☐ Self-reported change in practice
☐ Change in quality outcome measure
☐ Return on Investment (ROI)
☐ Observation of performance
☐ Other – Describe: ____
## Attachment 1

### Individuals in a Position to Control Content

Complete the table below for each person in a position to control content of the educational activity and include name, credentials, educational degree(s), role on the planning committee. There must be one Nurse Planner and one other planner to plan each educational activity. The Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the ANCC criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered (Content Expert). **The individuals who fill the roles of Nurse Planner and Content Expert must be identified.**

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

<table>
<thead>
<tr>
<th>Name of individual and credentials</th>
<th>Individual's role in activity</th>
<th>Planning committee member? (Yes/No)</th>
<th>Name of commercial interest</th>
<th>Nature of relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Jane Smith, RN-BC</td>
<td>Nurse Planner</td>
<td>Yes</td>
<td>None</td>
<td>---</td>
</tr>
<tr>
<td>Example: Sue Brown, RNC</td>
<td>Content Expert</td>
<td>Yes</td>
<td>None</td>
<td>---</td>
</tr>
<tr>
<td>Example: John Doe, PhD</td>
<td>Presenter</td>
<td>No</td>
<td>Pfizer</td>
<td>Speakers Bureau</td>
</tr>
</tbody>
</table>
ATTACHMENTS

Please provide evidence of the following:

<table>
<thead>
<tr>
<th>Attachment 1</th>
<th>Names and credentials of all individuals in a position to control content (must identify the individuals who fill the roles of Nurse Planner and content expert(s)). (See example on previous page.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment 2</td>
<td>Conflict of interest documentation from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable OR a statement that COI documentation is not required because the content of the activity has no relationship to products or services of a commercial entity (consumed by or used on patients)</td>
</tr>
<tr>
<td>Attachment 3</td>
<td>Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant.) If the activity is longer than 3 hours, attach the agenda for the entire activity.</td>
</tr>
<tr>
<td>Attachment 4</td>
<td>Documentation of completion and/or certificate.</td>
</tr>
<tr>
<td>Attachment 5</td>
<td>Commercial Support Agreement with signature and date (if applicable)</td>
</tr>
</tbody>
</table>
| Attachment 6 | Evidence of required information provided to learners prior to start of the educational activity:  
   1. Activity approval statement as issued by the accredited approver  
   2. Criteria for successful completion in order to receive contact hours  
   3. Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers) If COI is present, disclosure must include name of person, type of relationship, and name of commercial entity.  
   4. Commercial support (if applicable)  
   5. Expiration date (enduring materials only)  
   6. Name(s) of Joint Provider(s) (if applicable)  
   NOTE: (Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to ANCC criteria) |
| Attachment 7 | Summative evaluation- submission after the activity has been completed per the Accredited Approver policy. |