CHILDREN’S OF ALABAMA (COA) APPLICATION FOR CONTINUING EDUCATION INDIVIDUAL COURSE APPROVAL

PROCEDURE/GUIDELINES:

The author/coordinator of a proposed continuing education offering/program shall submit an application for individual course approval to the Department Director or designee of the Surpora Thomas Nursing Education and Research Center in order to receive continuing education contact hours. No retroactive credit will be given for programs. Contact hours will be granted for a period of one year. During the one year, the presentation may be presented once or repeated.

Persons responsible for each course are encouraged to plan programs/classes/courses so that instructor-led (live) offerings are NOT presented during the last 2 weeks of November and December. Courses that are offered during the last 2 weeks of these two months may not be transmitted to the Alabama Board of Nursing in time to meet renewal deadlines.

Deadline for submitting applications:
Applications for continuing education contact hours must be received no later than 2 weeks prior to the day of the educational offering (and 2 weeks prior to any outside COA advertising of the program, whichever occurs first) or 2 weeks prior to the date of course availability on the computer network for all computer-based offerings.

Certificates:
For COA employees, a certificate will not be given at the time of program completion—all attendance is electronically submitted to the Alabama Board of Nursing (ABN) through an electronic file transfer from Children’s University to the ABN. If a COA nurse needs a certificate of attendance one may be obtained through their nurse educator or the Surpora Thomas Pediatric Nursing Education & Research Center without a fee.

For Non-COA nurse attendees, the person responsible for the offering or Nurse Educator is responsible for providing a certificate of attendance/completion indicating the awarded contact hours to each participant. It is the responsibility of the individual participant to maintain his or her own certificate/record regarding contact hours and continuing education offerings. Replacement certificates may be obtained from the Surpora Thomas Nursing Education & Research Center but a replacement fee will be assessed.

RN/LPN licenses:
Nurse attendees from outside the COA System must bring their license with them to receive contact hours. Names of RN/LPN participants for all approved courses will be submitted electronically to the ABN. Outside advertisements must include directions indicating for Non-COA nurses to bring their license to the program. If a Non-COA nurse does not provide a current license to use with the ABN scanner, no contact hours will be awarded for the program.

Attendance Rosters:
All program participants (nurses and non-nurses) must sign an attendance roster. The program coordinator must sign the roster verifying participant attendance and completion of the requirements. The original attendance roster (no copies or faxed copies) must contain the correct title, offering number, date, start time, end time and signature of the program coordinator. Participant signature/printed name, employee ID
number (RN license number for Non-COA nurses) and title (i.e. RN, LPN, CA, UC, etc) must be legible; if not, the participant’s attendance may not be verified and transmitted to the ABN.

Course/Program/Offering Evaluation:
Upon completion of the offering/program, the participant shall complete and submit a program evaluation to the coordinator/faculty. The coordinator will compile a summary of these individual evaluations.

Within the computer based learning module, learners complete evaluation questions and this evaluative data is housed within the learning management system.

Information to be returned following the course program/offering:
The coordinator/faculty must submit a summary of the evaluations and verification of participant attendance (original attendance roster) to the Surpora Thomas Pediatric Nursing Education & Research Center within two weeks following the offering (to provide timely transmission to the ABN). Participants will not be entered into Children’s University until both items are received.

If the ABN scanner is used to record nurse licenses, the attendance roster (signature roster) must be returned with the scanner as soon as possible following the offering. The summary evaluation may be returned within 2 weeks following the program. Nurse attendance will not be submitted to the ABN until both items are received (within the 2-week timeframe). Those who scan their license must also sign the roster and include their license number.

*Note—attendance rosters and summary evaluations for programs presented in November and December of each year must be returned ASAP (within 2 working days) for transmission to the ABN in order to meet yearly RN/LPN license renewal deadlines.

Transmission to the ABN:
When all requirements for the offering/program have been met as specified above and if the offering/program is not computer-based, participant completion will be entered into the hospital’s computerized learning database by the designated person for that department or area. If the offering/program is computer-based the information will be entered automatically as the participant successfully completes the offering. COA nurse attendance records are transmitted electronically to the ABN on a weekly basis. Non-COA nurse attendance is transmitted via the ABN scanner within 2 weeks following the program.

Program Advertisements:
Programs requiring a registration fee must receive approval notice for contact hours from the Surpora Thomas Pediatric Nursing Education & Research Center prior to the initiation of any advertisement. The advertisement cannot use “Contact Hours Applied For” or other such wording until the approval is obtained.

All outside advertisement (external to COA) of continuing education offerings must include:
  Date(s)*
  Time(s)*
  Location *
  Title *
  Credentials (title) of instructor(s)
  Statement of purpose and/or learner objectives—may include over-all program objectives if multiple sessions are presented within the program
  Description or outline of content areas
Intended audience
Cost and items covered by fee
Refund policy
Number of nursing contact hours *
   ABN Provider statement-- This program has been approved for _____ nursing continuing education contact hours by Children’s of Alabama. Children’s of Alabama is approved by The Alabama Board of Nursing as a provider of continuing education in nursing (provider number ABNP0113; expiration 7/10/2017).

* In-house (COA internal) reminders/announcements will include the * items listed above.

Application packets for continuing education contact hours may be obtained from the Surpora Thomas Pediatric Nursing Education & Research Center.

The application shall contain the following and must be completed in its entirety or it will be returned to the coordinator/author (see following application):
1. Person submitting the application
2. Person responsible for administering the course (author)
3. Title of the offering/program
4. Nature of the offering, i.e. learning event, video, computer based training module
5. Dates and times of the offering/program
6. Location of the offering/program
7. Proposed number of contact hours
8. Target audience
9. Content assessment and need for the offering
10. Instructor qualifications for person responsible for the course (author), each member of the planning committee and each identified faculty
11. Course Description
12. List of Objectives
13. Content outline with Time frame
14. Teaching methods/adult learning principles
15. Description of facilities where the offering/program will be held
16. Description of co-providership, if any
17. Copy of Evaluation Methods
   Pre-test (if used)
   Post-test (if used)
   Return demonstration check list (if used)
   Program evaluation
18. Verification of Attendance/Completion (attendance roster)
19. Description of the record keeping system
20. Copy of the Certificate of Attendance/Completion for Non-COA nurses, if applicable
21. Copy of the advertisement brochure
22. List of references ONLY if a computer based learning module.

Updated: January 2015
APPLICATION FOR INDIVIDUAL COURSE APPROVAL

Name of Person Submitting Application (Contact Person)

Name of Person Responsible for the Program

Title/Position: __________________ Work Phone: _______ e-mail: ________________________

Title of Course: __________________________________________________________

Will this Course be a _____ Computer Based Module (CBT) or a _____ Learning Event (in-person class?)

Will this Course be part of a series? _____ Yes _____ No

Will this course be video taped for viewing on the COA Video Site? _____ Yes _____ No

Do you want participants to be able to register for the course in Children’s University? _____ Yes _____ No

Will the ABN license scanner be needed? _____ Yes _____ No (To reserve scanner call 638-9127)

Are you applying for Pharmacology Hours: _____ Yes _____ No

Description of Course (1-3 sentences):

Dates/Times of Presentation: __________________________ Location: __________________________

Number of Proposed Contact Hours: _______ Target Audience: __________________________

Need for Course: ________________________________________________________________

Method of Awarding Contact Hours:

(1) ___ X__ Sponsor of course will maintain a transcript of attendance and will provide a certificate of completion for Non-COA participants.

Form BNCE004

A. RESOURCES
1. Complete the Instructor Qualifications Form (Attachment A) for the person administratively responsible for planning and producing the offering. **DO NOT ATTACH VITA.**

   List Name: ____________________________________________________________

2. Complete the Instructor Qualifications Form for each member of the Planning Committee. **DO NOT ATTACH VITA.** **NOTE:** At least **TWO** registered nurses must be involved in the planning process and at least one of them must hold a baccalaureate or higher degree in nursing. The person administratively responsible for the endeavor or a nurse consultant may be a member of the Planning Committee.

   List Name: ____________________________________________________________

   List Name: ____________________________________________________________

B. TARGET AUDIENCES/CONTENT NEEDS ASSESSMENT

1. Identify target audience (check ALL that apply)

   _____ RN     _____ LPN     _____ Student     _____ Other (Specify)__________________________

   **Reasons for Presenting Program**  (Select all that apply)

   _____ Patient Safety
   _____ Recommended
   _____ Requested by staff (request received from staff that was not included in needs assessment)
   _____ Needs assessment (formal or informal gathering of information)
   _____ Beyond Basic Education
   _____ Future Trends
   _____ Nursing Practice
   _____ Competency
   _____ Risk Management
   _____ Regulatory Requirement
   _____ Other, please list __________________________

   **Content Category**  **(SELECT ONE CATEGORY BELOW) that best fits your class.)**

   **SELECT ONE**

   _____ Clinical Nursing Practice/Specialty Area
   _____ Patient Privacy, Security and Confidentiality
   _____ Performance Improvement/Quality Improvement
   _____ Management and Leadership Skills
   _____ Customer Service/Patient Satisfaction
   _____ Evidence Based Practice
   _____ ANA Bill of Rights for Nurses
   _____ Data and Information Analysis Competencies
   _____ Nursing Education (i.e. strategies, methods, and processes)
   _____ Regulatory Requirements (i.e. Nurse Practice Act, delegation, etc)

   _____ Cultural Competence
   _____ Ethical
   _____ Legal
   _____ Patient Advocacy
   _____ Work/Life Skills
   _____ Professional Standards of Practice
   _____ Professional Development/Retention
   _____ Research/Protection of Human Subject

C. OBJECTIVES

   List the objectives on the Outline of Content Form (Attachment B) in operational/behavioral terms that define the expected outcome for the learner.

D. CONTENT/TIME FRAME (Place on Outline of Content Form--Attachment B)
1. Offering/program content is related to and consistent with offering objectives. Each objective should have corresponding content.

2. Content is described in the form of a content outline with corresponding time frames for each content area.

3. Time allotted for the offering is consistent with objectives and appropriate for the content being presented.

4. Attach a Reference or Bibliography List supporting the content being presented.

E. FACULTY
1. Complete a Biographical Form (Attachment A) for each presenter.

2. List Faculty members for each topic on the Outline of Course Content (Attachment B).

3. Check below how faculty/presenters participate in planning/evaluation (Check ALL that apply):
   - Develop own objectives
   - Involved directly in program development
   - Develop own evaluation tool
   - Input solicited during program development
   - Other (Specify): ______________________

F. TEACHING METHODS
1. List the teaching methods on the Outline of Course Content (Attachment B) used by each presenter for each topic or content area.

2. Check below the adult learning principles reflected in the teaching methods. (Check ALL that apply)
   - Recognize autonomy/self-direction
   - Recognize readiness to learn
   - Utilize previous experience
   - Use of a problem-oriented approach
   - Use of inquiry focused activity
   - Use of experiential learning activity
   - Recognize the need to share
   - Meeting of comfort needs
   - Assumes responsibility for life long learning
   - Additional on site assessment of needs
   - Seeks immediacy of application of knowledge
   - Other (Specify) ______________________

G. PHYSICAL FACILITIES (Non Applicable For Computer-Based Offering)
1. State room capacity ______

2. Number of learners anticipated ______

H. I. CO-PROVIDERSHIP
1. Is offering co-provided? ___ Yes ___ No

2. If yes, attach a copy of the written agreement between your organization and your co-provider which identifies your organization’s responsibility for the following:
   a. Administration of the offering/program budget
   b. Determination of objectives and content
   c. Selection of faculty/presenters
   d. Awarding of contact hours
   e. Record keeping for offering/program
   f. Evaluation
II. COMMERCIAL SUPPORT

In the event that any form of commercial support is provided for an educational activity, the provider will maintain control of the educational content and disclose to the learners the financial relationship or lack of between the commercial supporter and the provider or presenters. The above information (obtained from the instructor qualification form) should be posted at the educational session or included in hand out materials.

a. Funds from a commercial source should be in the form of an educational grant to the provider of the education activity and must be acknowledged in printed material and brochures.
b. Arrangement for commercial exhibits will not influence the planning of or interfere with the presentation of educational activities.
c. Learners will be made aware of the nature of all commercial support of all education activities.
d. Education activities are distinguished as separate from endorsement of commercial products. When commercial products are displayed, participants will be advised that approved status as a provider refers only to its continuing education activities and does not imply endorsement of any commercial products.
e. Education activities that present research conducted by commercial companies will be designed and presented with scientific objectivity.
f. Learners will be informed of any off-label use of a commercial product that is presented in educational activities.

Will activity receive commercial support?

g. ______ Yes (describe how integrity of activity will be maintained)

h. ______ No

I. EVALUATION

1. The program/offering evaluation should evaluate the following components:
   a. Learner’s achievement of each offering (objectives)
   b. Teaching effectiveness of each individual faculty member
   c. Relevance of the content to the offering objectives
   d. Effectiveness of teaching methods
   e. Appropriateness of the physical facilities, if applicable
   f. Achievement of personal objectives by the learner

   For nursing programs/offering use the attached Program Evaluation instrument (Attachment C) and individualize the form for your specific program. If using Attachment C, do not include a copy in the returned application.

   For programs/offering presented by others, an evaluation instrument of your choice may be used as long as it contains the above specified elements. Include a copy of your evaluation instrument.

   Check the appropriate method:
   ______ The nursing Program Evaluation form will be used (Attachment C)
   ______ A different evaluation form will be used and is included in this application packet.

   Upon completion of the offering/program, the participant shall complete and submit a program evaluation to the coordinator/faculty. The coordinator will compile a summary of these individual evaluations.

   Within the computer based learning module, learners complete evaluation questions and this evaluative data is housed within the learning management system.

2. Check below all methods used to evaluate the educational content. Include a copy of your instrument (i.e. exam, return demonstration checklist, etc.)
J. VERIFICATION OF ATTENDANCE (check the appropriate method)

_______ Instructor Led
All program participants (nurses and non-nurses) must sign an attendance roster. The program coordinator must sign the roster verifying participant attendance and completion of the requirements. The original attendance roster (no copies or faxed copies) must contain the correct title, offering number, date, start time, end time and signature of the program coordinator. The attendance roster must be returned within 2 weeks of the offering (see guidelines for more details). Participant signature/printed name, employee ID number (RN license number for Non-COA nurses) and title (i.e. RN, LPN, CA, UC, etc) must be legible; if not, the participant’s attendance may not be verified.

_______ Computer Based
For computer based offerings, program completion will be maintained by the hospital computer database.

K. RECORD KEEPING SYSTEM
All continuing education applications, including attendance rosters and summary evaluations, will be housed in the Surpora Thomas Pediatric Nursing Education and Research office in secured filing cabinets for 5 years. Access is limited. Office is locked when department is closed.

L. ADVERTISEMENT OF ACTIVITY
(See application for continuing education individual course approval procedure for advertising guidelines)

This continuing education activity will be advertised through the following method(s):

_______ Verbal, email and other one-to one-communication strategies
_______ Intra-hospital notification (attach sample announcement)
_______ External or outside the hospital (attach brochure or program announcement)

Attached Forms:

Attachment A    Instructor Qualifications
Attachment B    Outline of Course Content
Attachment C    Program Evaluation
Attachment D    Verification of Attendance
Attachment E    Certificate of Attendance/Completion (for non-COA nurses)
Instructor Qualifications
Continuing Education for License Renewal

Individuals or entities seeking individual course approval must be able to demonstrate that the instructor is qualified to present the course. Specifically, Rule 610-X-10-05(1) (g) of the Alabama Board of Nursing Administrative Code states “the instructor must possess appropriate credentials related to the discipline being taught.”

INSTRUCTIONS: Provide all data requested: use only this form. Duplicate the form as needed for each instructor.

| Name: | |
| License Number (if applicable): | |
| Address: | |
| (Number and Street) | (City, State, Zip) |
| Business Address: | |
| (Employer & Department) | |
| (Number & Street) | (City, State, Zip) |
| Telephone: | |
| (Home) | (Work) | (e-mail) |
| Position (title and description) | |

**EDUCATION:**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Institution</th>
<th>Major</th>
<th>Year Degree Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
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</tbody>
</table>

**EXPERIENCE:** Briefly describe in the space below and on back, the professional experience or area of expertise which qualifies the individual as an instructor for this course. Include most recent positions, publications, and research.

**Financial Interest Statement—to be completed by all speakers (instructors/faculty):**

I have a current financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation:

No

_______ Yes (complete below)

**Affiliation/Financial Interest**

<table>
<thead>
<tr>
<th>Consultant</th>
<th>Grant/Research Support</th>
<th>Major Stock Holder</th>
<th>Other Financial or Material Support</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Other Financial or Material Support</th>
<th>Speakers Bureau</th>
<th>Other</th>
</tr>
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</tbody>
</table>

**Name of Organization**

| Explain | |
|---------| |

FORM BNCE006
Attachment B

ALABAMA BOARD OF NURSING
STATE OF ALABAMA
MONTGOMERY, ALABAMA 36130

OUTLINE OF COURSE CONTENT

Title of Educational Activity: ____________________________________________

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>CONTENT (TOPICS)</th>
<th>TIME FRAME</th>
<th>FACULTY</th>
<th>TEACHING METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>List objectives in operational and behavioral terms</td>
<td>List each topic area to be covered and provide a description or outline of the content to be presented</td>
<td>State the time frame for the topic area</td>
<td>List the faculty persons or presenter for each topic</td>
<td>Describe the teaching method(s) used for each</td>
</tr>
</tbody>
</table>


Attachment C

PROGRAM EVALUATION

TITLE OF PROGRAM/OFFERING: ____________________________________________

OFFERING NUMBER: ______________________________________________________

DATE: __________________________________________________________________

SPEAKER ______________________________________________________________

Please circle your response

<table>
<thead>
<tr>
<th></th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Instructor was knowledgeable about the subject(s) presented. ______</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. The teaching method was appropriate for the content of the program. ______</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. The topic was of value. ________________________________________</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. The session was presented in a logical, organized manner. __________</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. The level of material was appropriate for the stated audience. __________</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. The stated objectives were met. _________________________________</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Applications to my practice/profession were adequately explained. ______</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. If used, audiovisuals were appropriate for the content and audience. ______</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Time given for discussion/questions/answers was adequate to meet learning objectives. ________________</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. I will be able to apply what I have learned in my work position/job. ______</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. If applicable, the physical facilities were adequate for learning. ______</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. If applicable, using the computer (computer-based learning) to complete this offering was useful to me. ________________</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Comment/Suggestions/Recommendations:

Please identify topics you would like to have addressed in future workshops/seminars.
Sample

Print on COA Letterhead or include contact information
(address, telephone number, etc.)

CERTIFICATE OF ATTENDANCE/COMPLETION

<table>
<thead>
<tr>
<th>TITLE:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>DATE:</td>
<td></td>
</tr>
<tr>
<td>LOCATION:</td>
<td></td>
</tr>
<tr>
<td>CONTACT HOURS:</td>
<td></td>
</tr>
<tr>
<td>PROGRAM NUMBER:</td>
<td></td>
</tr>
<tr>
<td>ABN PROVIDER:</td>
<td>ABNP0113; Expires 7/10/2017</td>
</tr>
<tr>
<td>PARTICIPANT NAME:</td>
<td></td>
</tr>
</tbody>
</table>

_______________________________
Authorized Signature

THE CHILDREN'S OF ALABAMA IS APPROVED BY THE ALABAMA BOARD OF NURSING AS A PROVIDER OF CONTINUING EDUCATION IN NURSING

It is the responsibility of the participant to maintain his or her own certificate of contact hours.