**CHILDREN’S OF ALABAMA**

**NURSING CONTINUING EDUCATION APPLICATION**

**General Information**

*Children’s of Alabama (COA) is an Approved Provider of continuing nursing education by the Alabama Board of Nursing (ABN): ABNP0113, Expiration Date: 03/31/2025.*

*Children’s of Alabama is approved as a provider of nursing continuing professional development by the Northeast Multistate Division Education Unit, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. Provider Number: 5-173, Expiration Date: 09/14/2025*

*Approval time period is two (2) years.*

*Applications are accepted for programs / activities coordinated by Children’s of Alabama employees, provided to Children’s of Alabama employees or for programs / activities available for Children’s of Alabama employees to attend.*

*Application must contain all information before review and approval may be granted. All criteria listed below must be documented* demonstrating adherence to the following criteria requested in narrative and/or checklist format *for each activity provided. Should you need assistance contact* [*nursingcontinuingeducation@childrensal.org*](mailto:nursingcontinuingeducation@childrensal.org)*, Ann Bentley, BSN, RN, NPD-BC, CPN (*[*ann.bentley@childrensal.org*](mailto:ann.bentley@childrensal.org)*) at 205-638-6941, or Jennifer Childress, Ph.D., RN, CPEN (*[*jennifer.childress@childrensal.org*](mailto:jennifer.childress@childrensal.org)*) at 205-638-7738.*

*See the following policies in Lucidoc for additional information:*

* *Nursing Contact Hours*
* *Nursing contact Hours – Application*

The **Nurse Planner** is

* knowledgeable of the CNE process,
* responsible for adherence to the ANCC criteria,
* holds a baccalaureate degree or higher in nursing (or international equivalent), and
* actively involved in planning, implementing, and evaluating this continuing education activity.

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| **Contact Person:** |
| **Unit/Area:** |
| **Daytime Phone & Email:** |
| **Designated Nurse Planner: (name & credentials)** |
| **Planning for this activity began on: Insert date** |

**Title of Activity:** (no more than 77 characters)

**Description:**

**Contact Hours Requested: ABN:**  **ANCC:**

**Pharmacy Contact Hours Requested: ABN:**  **ANCC:**

**Programs with Multiple Sessions: If contact hours are needed for the individual sessions complete table below.**

Examples for when individual sessions contact hour may be needed:

* Learners are not required to attend every session.
* Speaker of an event is attending sessions where they are not the speaker. (Speakers are not eligible for contact hours for their own session but can receive contact hours for other sessions attended.)

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| **Activity Title**  **(no more than 77 characters)** | **Description of Activity** | **Contact Hour Request** | | | |
| **Pharmacy** | | | |
| **ABN** | **ANCC** | **ABN** | **ANCC** |
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**To calculate contact hours:**

ABN = Total minutes divided by 50 ANCC = Total minutes divided by 60 (rounded up to the nearest quarter)

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| **Logistic Information: (answer all questions)** | **Yes** | **No** |
| Will this activity be recorded to be viewed later? (If so, an application for each enduring event will need to be completed.) Contact [isthelp@childrensal.org](mailto:isthelp@childrensal.org) to assist with recording, if needed. |  |  |
| Will participants register for this event in Children’s University? |  |  |
| Will participants complete the evaluation in Children’s University? |  |  |
| Is program open to non-COA employees? |  |  |
| Will the ABN license scanner be needed? If yes, who & when will scanner be picked up from Nursing Education: |  |  |
| Will CE certificates be needed? (Certificates are only required for non-COA employees with an out of state license) |  |  |
| Other credits requested/issued:  NA  ACE  Pharmacy  Social Work  PT  OT  RT  Mental Health  Other: | | |

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| **Activity Type:** | |
| **Live**: | In-person, live activity  Live, virtual activity/webinar/webcast  Hybrid (live & livestream) course  Live meeting series/journal club  Tele-/Audio-conference  Other – (Describe):  **Date(s), Time(s) and Location(s):**  Minimum number of learners:  Maximum number of learners: |
| **Enduring**: | On-Demand/Internet/Computer-based activity *(excluding live webinars/webcasts)*  Journal/Article in publication  Printed/Online case study review  CD/DVD  Printed/Recorded/Online self-study modules  Other – (Describe):  **Start date of enduring material:**  **Expiration/end date of enduring material:** |
| **Blended:** | Journal Club (required reading of article prior to live event)  Combination of learning formats *(face-to-face and web-based/online instruction)*  Flipped classroom  Other – (Describe):  **Start date of enduring material:**  **Expiration/end date of enduring material:**  **Date(s), Time(s)and Location of live portion:**  **Minimum number of learners:**  **Maximum number of learners:** |

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| **NARS Category**:  Course (C)  Enduring Material (EM)  Regularly Scheduled Series (RSS)  Internet Enduring Material (IEM)  Internet Live Course (IL)  Journal-based CNE (JN) |

**Jointly Provided Activities**

1. When an activity is jointly provided, the **Provider Unit** is referred to as the **‘Provider’** of the educational activity. The other organization(s) involved are referred to as the joint provider(s).

***Providers*** *are responsible for the following elements, when the activity is jointly provided: a) determining learning outcome(s) and content; b) selecting planners, presenters/faculty/authors, and content reviewers; c) awarding contact hours; d) developing evaluation methods; e) managing commercial support; f) recordkeeping procedures; and g) ensuring the provider’s name is prominently displayed on all marketing materials and certificates.*

**Is this educational activity jointly provided (collaboratively provided with another organization)?**

**No.** This activity is **not** jointly provided.

**Yes.** This activity is jointly provided with:

**Organization(s) Name(s):**

Submit a copy of the joint provider agreement. ***Use of the Joint Provider Agreement is required.*** *When educational activities are jointly provided, a joint provider agreement must be developed. The joint provider agreement must*:

* *identify each organization involved in the planning of the activity*
* *outline the responsibilities of each organization*
* *be signed by representatives legally authorized to enter into agreements on behalf of each organization involved in the activity, including the date the agreement was signed.*

**Joint Provider Agreement Attached**

**Exhibits and Commercial Support**

1. The Approved Provider Unit must adhere to the [ANCC Standards for Integrity and Independence in Accredited Continuing Education](https://s3.amazonaws.com/nursing-network/production/files/110851/original/Standards_for_Integrity_and_Independence_in_Accredited_Continuing_Education.pdf?1654121927) at all times. The Approved Provider Unit must have a written policy or procedure that includes a signed, written agreement when commercial support is received. They must also take precautions to prevent bias and ensure content integrity when exhibits/vendors are present.

To evaluate commercial support view the [Commercial Support Decision Tree](https://s3.amazonaws.com/nursing-network/production/files/110643/original/Commercial_Support_and_Sponsorship_Decision_Tree_v5.2022.pdf?1653596571). The applicant must have a written, signed commercial support agreement, outlining the terms of acceptance for all outside support received. If a signed commercial support agreement is not available at the time of application, applicants must provide a sample copy of the agreement that will be used.

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| **Will exhibits/vendors present at this educational activity?**  Yes  No |
| **The following strategies/precautions have been taken to prevent bias/ensure content integrity with the presence of exhibits/vendors –** *Check all that apply*  Exhibiting, promoting, or selling products will not take place during scheduled educational time  For live, in-person events, exhibit area will be physically separated from area where educational content will be delivered, and attendance is optional  For live, virtual events, exhibits will be in a breakout room or area separate from where the educational content will be delivered, and attendance is optional  Marketing/advertising will not be included within educational content (slides, handouts, etc.)  ‘Giveaways’ will be kept separate from educational materials/delivery  Learner contact information will not be shared without written permission from the learner  Ineligible companies/organizations are not allowed to influence the audience during the educational activity for any reason  Other – (Describe): |

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| **Did this activity receive commercial support?**  Yes  No |

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| **NAME OF INELIGIBLE COMPANY/ORGANIZATION** | **TYPE OF SUPPORT** | |
| FUNDING AMOUNT | VALUE OF IN-KIND DONATION |
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| **Commercial Support Agreement attached** |
| **Content integrity will be/has been maintained by** –*Check all that apply*  Commercial supporter(s) did not participate in the planning of this activity in any way.  The commercial support policy/procedure was discussed with those providing the support.  The commercial support policy/procedure was shared in writing or by email with those providing the support.  Support agreement terms and conditions was discussed and clarified prior to signing  Presenters/faculty/authors were informed of and agreed not to promote the products or the company providing financial or in-kind services  Presence of commercial support and need to avoid bias was discussed with each presenter/faculty/ author  Advertising/company logos were removed from any educational content e.g., slides, handouts  Educational materials were not packaged in items bearing logos of an ineligible company/organization  Commercial supporter(s) were not referenced during the activity except for required disclosure  In conjunction with above, the session(s) were monitored, and violators of policy are not asked to present again.  Other – (Describe): |

**Education Needs Identification and Assessment of Learner Needs**

**Resource: [A Guide to Performing a Needs Assessment and a Gap Analysis](https://s3.amazonaws.com/nursing-network/production/files/110857/original/Guide_to_Performing_a_Needs_Assessment_and_Gap_Analysis_-_v5.2022.pdf?1654125220)**

1. **Educational need that underlies the professional practice gap** (e.g., knowledge, skill and/or practices)

Gap in knowledge (does not know)

Gap in skills (does not know how)

Gap in practice (does not show/do in practice)

Other- Describe:

**ADDRESSING THE PRACTICE GAP**

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| Doesn’t know | Doesn’t know how | Does not do in practice |
| *Knowledge,* the learner has knowledge about the Topic/subject  (has knowledge) | *Skill*, the learner is able to apply knowledge and skills in a simulated setting  (shows how) | *Practice*, the learner translates knowledge and skills into clinical practice  (does) |

**GAP ANALYSIS EXAMPLES**

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| Current State | Desired State | Identified Gap | Gap in Knowledge,  Skills or Practice |
| Oncology Nursing is a continuously evolving field of practice, and nurses report they are challenged to keep up with new and innovative therapies current trends in oncology and influences on care | Oncology nurses need the knowledge, skills, and ability to apply new information to provide care for patients in the oncology setting. | Oncology nurses lack the knowledge and skills needed to care for patients in various oncology settings. | Knowledge and Skills  **Outcomes:** The participant will be able to:   1. Identify strategies needed to manage the care challenges facing the oncology patients they serve. 2. Demonstrate increased knowledge to care for diverse patient populations experiencing oncology, and related disorders. (Note: A post-test will be used to demonstrate Knowledge) |

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

**Describe the Current State (Currently happening)**

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**Describe the Desired State: (Should be happening)**

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**Identified Gap: (Difference between the Current & Desired States)**

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1. **Evidence used to validate the professional practice gap(s) for this activity: (check all that apply)**

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

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

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

Evaluation data from previous education activities

Trends in literature, law and/or health care

Trends in practice, treatment modalities and/or technology

Direct observation

Other—Describe:

**Please provide a brief summary of data gathered in “E” that supports/validates the need for this activity:**

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**Education Design Process – Answer these questions as you plan your program**

1. **Identify the target audience for the education activity. (Check all that apply)**

Registered Nurses - RNs

Advanced Practice Registered Nurses - APRNs

RNs in Specialty Areas (Identify Specialty):

Interprofessional e.g., Pharmacists, social workers, Physicians - (Describe):

Other-Describe:

\*\*Dickerson, P. (2018). Differentiating outcomes and objectives. Handouts, Sigma Nursing Repository.

1. **Desired learning outcome(s): *(What will the outcome be as a result of participation in this activity?)*** *Outcomes are measured to determine the impact of educational activities on patient care and professional development of the learner.* ***TIP****: Specific outcomes related to this activity must be documented in the space provided*.

***(See*** [***Outcomes vs Objectives)***](https://s3.amazonaws.com/nursing-network/production/files/95774/original/Outcomes_vs_Objectives_v7.2020.pdf?1596052548)

**TIPS:**

* *Consider that a 1- contact hour program should have 1 overarching outcome that will demonstrate what the participant has gained in knowledge, skill, or practice as a result of participation in the program.*
* *Outcomes are not a list of objectives*
* *The desired learning outcome(s) should be documented in 3 places: Section G, on the required Disclosures to Learners section, on the evaluation form*
* *There is no specific list of outcomes because they are based on the identified gap for the program being developed.*

**Desired learning outcome(s)**

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| *As a result of this activity, the learner will:* Click here to enter text. |

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

Nursing Professional Development  Patient Outcome Other- Describe:

**H.** [**Outcome Measure**](http://nursingnetwork-groupdata.s3.amazonaws.com/ANA/NEMSD/IAA/AR/Quality%20Outcome%20Measures-Individual%20Activity%20Level.pdf)**(s): *(A quantitative statement as to how the outcome will be measured to assess the impact of this educational activity in closing the identified gap):***

**TIP:** *The outcome measure may have a “number” associated with it. (E.g. Identify/describe/ self-report 1 or 2 resources/strategies that would demonstrate the identified gap has been closed and the outcome(s) met.*

**The outcome measurement should provide evidence that the gap has been closed.**

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| **% of respondents will strongly agree/agree on the post-course evaluation that they are able to\*:**      *(\*insert identified learning outcome(s) here).*  **%of respondents will identify 1 concept learned they will use to change their practice.**  **%of participants will have a     % increase in score on Post-test compared to Pre-test.**  **%of participants will demonstrate (skill):      successfully at the in-person station.**  **Other:** |

**Activity Evaluation**

A clearly defined method that includes learner input is used to evaluate the effectiveness of each educational activity and determine whether learning outcomes were met. Results from the activity evaluation are used to guide the development of future activities. The method and content of evaluation should support measurement of the desired learning outcome(s) of the educational activity. Evaluation methods may include both short term (i.e., *pre/posttests, observation of skill demonstration*) and long term (i.e., *longitudinal study of change in practice or impact on patient outcomes*).

**I. Description of evaluation method:** How will change in knowledge, skills, and/or practice be evaluated at the end of this activity? (E.g., will there be a test/quiz, observation of a skill demonstration, self-report to change practice).

**TIP:***Include a place on the evaluation form for participants to document their achievement of the outcome and what you want to include from the identified outcome measure (e.g., 1 strategy or 1 resource, etc.).*

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| **Summarize the post-course evaluation(s) including the respondents’:**   1. **Rating of the quality of the program content, speakers and venue/delivery method using a 4-point Likert scale.** 2. **Self-report of concept(s) learned or reinforced during program.**   **Successful demonstration of      at the in-person skills station or on the unit as observed by content expert(s).**  **Comparison of Pre-/Post-test scores**  **Quiz during activity**  **Other:** |

**Short-term evaluation options – you must choose at least one***. An evaluation is required.*

**☒** Evaluation – printed or electronic **(required) with a place to evaluate the outcome of the program.**

Participant evaluation with self-report Intent to change practice

Active participation in learning activity

Post-test (required for enduring activities)

Return demonstration

Case study analysis

Role-play

Other – Describe:

**Long-term evaluation options - *Optional***

Self-reported change in practice

Change in quality outcome measure

Return on Investment (ROI)

Observation of performance

Other – Describe:

**Contact hour calculation**

**J. Contact Hour Calculation**

Contact hours are determined in a logical and defensible manner and awarded to participants for those portions of the educational activity devoted to learning and evaluation.

* For ABN – one contact hour = 50 minutes. Fractions or portions of the 50-minute hour can be awarded. For example, 60 minutes = 1.2 contact hours.
* For ANCC - one contact hour = 60 minutes. Fractions or portions of the 60-minute hour can be awarded. For example, 135 minutes equals 2.25 contact hours. **Contact hours could be rounded up to the nearest quarter (i.e., 2.76 will be 3.0)**

**TIP:** *Time for registration, introductions, opening announcements, breaks, meals, business meetings and viewing of exhibits are* ***excluded*** *from the calculation of contact hours. Viewing of poster sessions and evaluations are* ***included.***

1. Enter the maximum number of contact hours a participant could earn for this activity: ABN

ANCC

1. Identify the method used to calculate the number of contact hours awarded to each participant:

For ANCC - Total number of eligible minutes for each session attended divided by 60

For ABN – Total number of eligible minutes for each session attended divided by 50

Pilot study – average time for completion of activity by participants in the pilot

Historical data – compared this activity to a similar existing enduring material activity

Professional opinion based on complexity of content and delivery method

Mergener Formula [http://touchcalc.com/calculators/mergener](%20%20http://touchcalc.com/calculators/mergener) used for text content

Number of Words

Number of Questions

Degree of Difficulty

Other (Describe):

**K. Criteria for Awarding Contact Hours determined by the planning committee**

Criteria for awarding contact hours for live and enduring material activities include: (Check all that apply)

**TIP:** *Although attendance at the entire activity may be desired, a 10-minute break may be acceptable.*

Attendance at entire live activity – as determined by planning committee

Attendance of at least 90% of the live activity

Attendance of at least 1 session of a multi-session activity

Completion of required online modules, video, assigned reading/assignments or self-study packet

**Other Successful Completion Requirements – Check all that apply**

Completion/submission of evaluation form – **(required)**

Participation in self-evaluation &/or pre-posttest

Successful completion of a post-test – *Attach copy* (Passing score is:       )

Successful completion of a return demonstration

Participation in case study analysis

Participation in small group exercise

Other - Describe:

**Reminder:** Successful completion requirements must be shared with learners prior to the start of the learning activity, e.g., flyer, announcement email, brochure, website, etc.

**Educational Planning Table (Live & Enduring)**

| ***NOTE:*** *If the activity is 3 or more hours, a full agenda timeline from registration to closing is also required. If desired, attach a copy of the program flyer for the timeline* | | | | |
| --- | --- | --- | --- | --- |
| **CONTENT of Activity**  Provide an outline of the content to be presented, related to each learning outcome, in sufficient detail to determine consistency with learning outcomes, selected learner engagement strategies and appropriate time allotted. Must include one learning objective per content section.  *(Restatement of learning outcomes does not meet the criteria)* | **TIME FRAME**  List the number of minutesfor each topic/ content area and/ or active learner engagement strategies**.** | | **PRESENTER/ FACULTY/AUTHOR**  List the presenter, faculty person or author for each content area. | **LEARNER ENGAGEMENT STRATEGIES**  *List the learner engagement strategies to be used by Faculty, Presenters, Authors*  ***Examples:*** *Question/Answers, Audience response system, Role Play, small group discussion, analyzing case studies, think pair-share, time for reflection, discussion groups*  ***TIP:*** *A slide presentation using PPT is* ***not*** *a learner engagement strategy.* |
| **Total Time** | **Time meeting Pharmacy hour requirement** |
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**Calculation of Contact Hours**

**Live Activities:**

**TIP:** Time spent evaluating the learning activity may be included in the total time when calculating contact hours.

**ABN Hours**

Total Minutes for this activity/session:       divided by 50=       contact hour(s)

Total Pharmacy Minutes for this activity/session:       divided by 50=       pharmacy contact hour(s)

**ANCC Hours *Contact hours could be rounded up to the nearest quarter (i.e., 2.76 will be 3.0)***

Total Minutes for this activity/session:       divided by 60=       contact hour(s)

Total Pharmacy Minutes for this activity/session:       divided by 60=       pharmacy contact hour(s)

**Enduring Activities:**

**Method of calculating contact hours:**

Pilot Study [Mergener formula](http://touchcalc.com/calculators/mergener)   Historical Data Complexity of Content Other: Describe

**L. Citations: List full citations for the evidence-based reference(s) used to develop the content of this educational activity/session next to the appropriate category. References should be within the past 5-7 years.**

**TIP:** *Classic or seminal articles should be identified as such. Seminal/classic articles may be used as they sometimes mark a milestone in the history of the topic. For online resources include the date of the publication or the date the web page was updated. The retrieval date of the information is not required.*

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| **Information from organization/website:**  Provide full web page citations for material referenced, not “CDC.org”. |  |
| **Peer –reviewed journal/resource:** (Reference should be within past 5-7 years) |  |
| **Clinical guidelines:** (Published or online. Example -www.guidelines.gov) |  |
| **Expert resource:** (Individual, organization, or educational institution- book, article, website) |  |
| **Textbook reference:** |  |
| **Other:** |  |

**Determination of Financial Relationship Document (formerly COI)**

A **financial relationship** exists when an individual has the ability to control or influence the content of an educational activity **and** has the financial relationship with an Ineligible company, the products, or services of which are pertinent to the content of the educational activity. Actions must be taken to mitigate any potential or actual financial relationship for planners, presenters/faculty/authors, or content reviewers prior to the start of the educational activity.

Each individual who is in a position to control or influence the content of an education activity must disclose all **relevant relationships** with any **Ineligible company**, including but not limited to members of the planning committee, speakers, presenters, faculty, authors, and/or content reviewers.

**Relevant Relationships**, as defined by ANCC, are relationships that are expected to result in financial benefit from an Ineligible company, the products, or services of which are related to the content of the educational activity.

Evidence of a relevant relationship with an Ineligible company may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options), grants, contracts, or other financial benefit directly or indirectly from the Ineligible company. Financial benefits may be associated with **employment, management positions, stockholder, independent contractor relationships (including contracted research), other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership**, and other activities from which remuneration is received or expected. Relevant relationships can also include ‘contracted research’ where the institution receives a grant and manages the grant funds, and the individual is the principal or a named investigator on the grant.

**An Ineligible company**, as defined by ANCC, is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Nonprofit or government organizations, non-healthcare-related companies, healthcare facilities, and group medical practices are **not** considered Ineligible companies.

Individuals found to have a financial relationship are not eligible to serve as a/the Nurse Planner but may be able to serve on the planning committee or as a presenter/author if measures are taken to mitigate those financial relationships.

**TIP:** *Employees or representatives of an Ineligible company* ***may not*** *serve as a Planner of an educational activity, although they may be eligible to serve as faculty if measures are taken to mitigate any relevant financial relationship.*

**TIP:***Use the* [*Financial Relationships Document Table*](https://s3.amazonaws.com/nursing-network/production/files/110844/original/Financial_Relationships_Documentation_Table_v5.2022.docx?1654121270) *Template for Collecting Information about All Financial Relationships from Planning committee, Presenters, and Others.* ***(Optional)***

**Individuals** **in a Position to Control Content**

Complete the table below listing each person in a position to control the content of the educational activity. Include name, credentials, educational degrees(s), role in the activity, and any financial relationships with an Ineligible company that is relevant to the content.

There must be **at least two people**, one Nurse Planner and another member of the planning committee to plan each educational activity.

The **Nurse Planner** is

* knowledgeable of the CNE process,
* responsible for adherence to the ANCC criteria,
* holds a baccalaureate degree or higher in nursing (or international equivalent), and
* actively involved in planning, implementing, and evaluating this continuing education activity.

One planner needs to have appropriate subject matter expertise for the educational activity being offered (**Content Expert**) and can also be the Nurse Planner or a Presenter who is on the Planning Committee.

**List all Individuals in a Position to Control Content** (Nurse Planner, Content Expert/Presenter, Planning Committee Members) [**Key Steps for the Identification, Mitigation, and Disclosure of Relevant Financial Relationships**](https://s3.amazonaws.com/nursing-network/production/files/110846/original/KeySteps_for_the_Identification_Mitigation_and_Disclosure_of-Relevant_Financial_Relationships_v5.2022.pdf?1654121298)

**Determination of Financial Relationship Assessment**

**(A Financial Relationship Form is only required for the Nurse Planner, Content Expert, & anyone requiring mitigation)**

Columns C through G relate to the nurse planner's assessment of **a financial relationship** for everyone identified in column A.

***"A financial relationship”*** *exists when an individual is in a position to control or influence the content of an education activity and has a financial relationship with an Ineligible company organization the products or services of which are pertinent to the content of the educational activity."*

**TIP:** *For questions when assessing for financial relationships for columns F and G review the Northeast MSD/ANCC financial relationship* [*flow chart*](https://s3.amazonaws.com/nursing-network/production/files/110853/original/Financial_Identification_Mitigation_Disclosure_Determination_Algorithm_-_v5.2022.pdf?1654123078) *and the* [*mitigation strategies guide*](https://s3.amazonaws.com/nursing-network/production/files/110846/original/KeySteps_for_the_Identification_Mitigation_and_Disclosure_of-Relevant_Financial_Relationships_v5.2022.pdf?1654121298) *from ANCC on our website.*

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| **A** | **B** | **C** | **D** | **E** | **F** | **G** |
| **Name of individual and credentials** | **Individual’s role in activity**   * Nurse Planner (only one) * Content Expert * Other- Planner   Presenter/Author | **Relationship with an Ineligible company?** (Y/N) | **Type of Relationship** | **Organization Name** | **Financial Relationship? (Y/N)**  **If yes, attach Determination of Financial Relationship Form** | **Mitigation Provided on Financial Relationship Form (Y/N)** |
|  | **NURSE PLANNER** |  |  |  |  |  |
| **Qualifications for the Nurse Planner:** *Provide information about expertise/education in adult education or adult learning and ANCC credentialing criteria.* | | | | | | |
|  | **CONTENT EXPERT** |  |  |  |  |  |
| **Qualifications for the Planning committee Content Expert(s):** *Describe professional experience or areas of expertise, which contribute to content expertise for this activity. May include educational background, professional/practice experience, and publications.* | | | | | | |
|  | **PLANNER** |  |  |  |  |  |
|  | **PRESENTER** |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| **Please ensure the Nurse Planner signs below to verify they have assessed all individuals listed and mitigated per the above.** | | | | | | |
| As the nurse planner for this activity, I have assessed all individuals in a position to control the content of this educational activity for relationships with an Ineligible company that have products/services related to the content of this activity and have existed over the past 24 months. All individuals were provided the definition of an Ineligible company and declared the above relationships.  If a financial relationship is **PRESENT** and identified, I will mitigate as outlined on the **determination of financial relationship form**.  If there are **NO** relationships with an Ineligible company, a form is not required. | | | |  |  |  |
| *An “x” in the box below serves as the electronic signature of the Nurse Planner or Planning Committee member reviewing the content of this form and attests to the accuracy of the information given above.*  **Name and Credentials (Required):**        **Date:** | | | | | | |

**Participant Disclosures**

**Insert here a copy of the disclosures provided to learners prior to the start of the activity or use this template. Your disclosures must include items 1-5 and 6-7 if applicable. *Complete the Action area and remove 6-7 if they do not apply.***

|  |  |
| --- | --- |
| **Activity Title:** | |
| **Activity Date:** | |
| **Disclosure** | **Action** |
| 1. **Approval Statement** | Children’s of Alabama (COA) is an Approved Provider of continuing nursing education by the Alabama Board of Nursing (ABN)  Children’s of Alabama is approved as a provider of nursing continuing professional development by the Northeast Multistate Division Education Unit, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. |
| 1. **Learner Outcomes** | Insert Learner outcomes: |
| 1. **Criteria for Successful Completion** | Insert participant requirements to receive contact hours. Must match section K. on page 10. |
| 1. **Relevant Financial Relationship**   Presence or absence of relevant financial relationships for all individuals in a position to control content (e.g., the Planning Committee, presenters, faculty, authors, and content reviewers) If present, disclosure must include name of person, type of relationship, and name of the ineligible entity | MUST CHOOSE ONE and delete the others:  This educational activity does not include any content that relates to the products and/or services of an Ineligible company with whom there is a financial relationship.  **OR**  No individuals in a position to control content for this activity have any relevant financial relationships to declare.  **OR**  The following individuals in a position to control content for this activity declare they have a financial relationship with an Ineligible company that is relevant to the content of this activity, and it has been mitigated with the nurse planner.  \_\_\_\_\_NAME\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert the type of relevant financial relationship).  Examples: Ann Jones, RN is on the Speaker's Bureau for XYZ Company. Ralph Emerson owns stock in XYZ Company |
| 1. **Commercial Support** | (Insert Name of Ineligible company) providing financial or in-kind support for this activity and signed a commercial support agreement:  **OR**  There is no commercial support being received for this event. |
| 1. **Expiration date for Enduring Materials**   (*If applicable)* | Origination Date: Insert the date  Expiration Date: Insert the date (2 years after approval) |
| 1. **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 that is responsible for adherence to ANCC criteria) | This activity is being jointly provided by [Insert Activity Provider Name] and [insert Joint Provider Organization's name(s)]. |

**Post** **Activity Documentation**

1. **Summative Evaluation:**

**Complete and submit summative evaluation and sign-in sheet to** [**barbara.wilhite@childrensal.org**](mailto:barbara.wilhite@childrensal.org) **or Nursing Professional Development within 2 weeks of the event.**

Documentation after the event summarizing the findings from the participant evaluations and determination if your outcome measure(s) were met and any action plan designated by the nurse planner. Includes overall recommendations/key findings and action plan associated with recommendations. Document total number of participants and total contact hours earned by each participant including maintaining a record of all attendees and number of contact hours awarded.

1. **Record Keeping Requirements – (Must be retrievable for six years)**

Records will be housed in Nursing Professional Development, Primary Nurse Planner or Program Director’s office. Areas and/or file cabinets are locked when the department is closed. Individuals designated by the Primary Nurse Planner and/or Program Director may have access to the records. Records will be filed manually and electronically. Records will be maintained for a minimum of 6 years from the last date the activity was provided. Learners may contact the Primary Nurse Planner, Program Director, or designee if verification of attendance or a certificate of completion is needed. ([nursingcontinuingeducation@childrensal.org](mailto:nursingcontinuingeducation@childrensal.org)) The Lead Nurse Planner and /or Program Director are responsible for assuring that an adequate record keeping system is in place. The recordkeeping files must include all the ANCC and ABN required documentation.

* Educational Planning Form
  + Educational Planning Table
  + Determination of Financial Relationship Assessment
  + Determination of Financial Relationship Form
  + Participant Evaluation
  + Certificate of Completion
  + Participant Disclosure Information
  + Joint Providership Agreement (if applicable)
  + Commercial Support Agreement (if applicable)
  + Activity Agenda if more than 3 hours
  + Summative Evaluation
  + List of attendees and number of contact hours awarded

**Appendix**

* Agenda- required if activity is **>3** contact hours
* Joint Provider Agreement (If Applicable)
* Commercial Support Agreement (If Applicable)
* Other- Supporting Documentation