

# **American Society of Ophthalmic Registered Nurses**

## **Application Manual for Approval of Continuing Nursing Education Activities**

Based on the American Nurses Credentialing Center's Commission on Accreditation *Application Manual: Accreditation Program (2009)*

Copyright © 2009 by the American Society of Ophthalmic Registered Nurses

## Table of Contents

Goal .....	1
Accreditation Statement .....	1
ASORN Approver Unit .....	1
Continuing Nursing Education .....	2
Policies	
ANCC-COA Educational Design Criterion and Evidence .....	2
Accepted Format .....	3
Contact Hour System for Awarding Credits .....	3
Retroactive Approval .....	4
Application Procedure .....	4
Length of Approval for Repeated Educational Activities .....	4
Recognition of the ANCC-COA System .....	5
Requests for Information from Approved Providers .....	5
Revoked Approvals .....	6
Withdrawal of an Application .....	6
Reconsideration and Appeal .....	6
Eligibility .....	6
Approval Process .....	6
Summary of Appendices .....	7
Appendix A: Application Instructions .....	8
Appendix B: Application Form .....	20
Appendix C: Sample Completed Activity Documentation Form .....	29
Appendix D: Sample Biographical Data Form .....	31
Appendix E: Sample Disclosure Form .....	33
Appendix F: Sample Evaluation Form .....	35
Appendix G: Sample Verification of Completion .....	37
Appendix H: Sample Educational Activity Record Form .....	39
Appendix I: Standards for Disclosure and Commercial Support .....	41
Appendix J: Learner Paced Activities .....	48
Appendix K: Guidelines for Writing Behavioral Objectives .....	51
Appendix L: Adult Learning Principles .....	55
Appendix M: Approver Unit Compliance Checklist .....	57
Appendix N: Approval Fees .....	62
Appendix O: Approver Unit Personnel .....	64

## I. Goal

ASORN's Approver Unit provides this manual to describe the application and approval process for continuing nursing education activities. We base our approval process on the American Nurses' Credentialing Center's Commission on Accreditation (ANCC-COA) educational design criterion which reflects accepted standards or requirements that should guide design and provision of continuing education activities for nurses. The ultimate goal of the Approver Unit's approval process is to ensure that the continuing education activities we approve follow these educational design guidelines, resulting in learning experiences that can augment the knowledge, skills and attitudes of nurses, thereby enriching their contributions to quality health care and their pursuit of professional career goals.

In addition to describing the application and approval process, this manual includes the application form, identifies required key elements of the ANCC-COA educational design criterion, and provides guidelines for documenting how applicants fulfill those key elements. The Approver Unit encourages applicants to seek additional guidance as needed. The Approver Unit Chair and/or Staff can provide assistance by telephone or e-mail.

## II. Accreditation Statement

The ASORN Approver Unit is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's COA.

As an accredited approver, ASORN may approve continuing nursing education activities submitted by other providers of continuing nursing education that are not ANCC-COA accredited providers. By applying to ASORN's Approver Unit for approval of continuing nursing education activities, applicants demonstrate their interest in providing education that meets accepted standards for nursing professional development. The *Scope and Standards of Practice for Nursing Professional Development* (2000) developed and published by the American Nurses' Association, document these standards. The philosophical basis underlying those standards includes the belief that lifelong learning is essential to maintain and increase competence in nursing practice. ASORN approval of a continuing nursing education activity signifies that the activity meets minimum nursing professional development standards and supports the continued competence necessary for nurses to provide quality health care.

***NOTE: Providers of continuing nursing education and nurses attending those educational activities are responsible for understanding the continuing education requirements for nursing license renewal in the applicable state(s). Nurses attending continuing education activities intending to use the contact hours earned toward re-certification in a particular specialty area should also know the specific re-certification requirements of the applicable certifying agency. Providers should be aware that most, but not all, nursing credentialing, regulating, or certifying agencies recognize the ANCC-COA system of approval. If you have questions regarding specific requirements, contact the state board of nursing where you will provide the activity and/or the credentialing, regulating, or certifying agency in question prior to proceeding with this application. In addition, ASORN approved status does not allow the approved provider to use ASORN's California Board of Registered Nursing (BRN) number (it is not part of the ANCC-COA system of approval). Providers must obtain their own BRN number.***

## III. ASORN Approver Unit

Applications for approval go through a peer review process conducted by the ASORN Approver Unit. The Approver Unit is directed and coordinated by a Nurse Peer Review Leader who is an ASORN registered nurse member with education or experience in the field of education or adult learning and who maintains expertise in

educational design and adult learning theories. The Nurse Peer Review Leader holds a graduate degree; either the graduate or baccalaureate degree must be in nursing. All other Peer Reviewers are registered nurses with baccalaureate degrees, expertise in educational design, and appropriate experience and knowledge to participate in the peer review process. They review applications for approval of educational activities using the criteria established by the ANCC-COA and ASORN as the minimum standards for approval. ASORN's Executive Director and Client Services Coordinator provide administrative support to the peer review leader and peer reviewers.

#### **IV. Continuing Nursing Education**

According to the *Scope and Standards of Practice for Nursing Professional Development*, continuing nursing education activities are “systematic professional learning experiences designed to augment the knowledge, skills and attitudes of nurses and therefore enrich the nurses’ contributions to quality health care and their pursuit of professional career goals.” Providers of continuing education activities are responsible for demonstrating the relationship between the content of the educational activity and nursing practice, research, education, or administration.

Quality continuing nursing education should meet minimum standards. These standards include:

- obtaining pertinent assessment data related to nurses’ educational needs;
- analyzing data to determine target audience and learner needs;
- identifying educational outcomes, incorporating principles of adult learning;
- planning in collaboration with content experts;
- implementing the planned activity; and
- evaluating activities in a systematic, ongoing process that involves learners.

ASORN’s approval procedures support and incorporate those standards as outlined in the *Scope and Standards of Practice for Nursing Professional Development*.

#### **V. Policies**

##### ***ANCC-COA Educational Design Criterion and Evidence***

ASORN endorses the ANCC-COA educational design criterion: “Continuing nursing education activities are assessed, designed, planned, implemented, and evaluated in accordance with adult learning principles and professional education standards and ethics. The educational design process includes procedures for protecting educational content from bias, providing learners [with] appropriate information and documentation related to their participation, and maintaining records in a secure and confidential manner.” The Approver Unit requires all providers submitting an application for approval of nursing continuing education activities to submit evidence supporting their achievement of the key elements of this criterion. Key elements include:

- target audience and assessment of learner needs
- qualified planners and faculty
- learning goal/purpose
- educational objectives, content, and teaching and learning strategies
- adult learning principles
- appropriate criteria for judging successful completion of the activity
- valid method to verify participation in the activity
- calculation of contact hours
- method of evaluating educational activity effectiveness
- appropriate and correct use of ANCC-COA accreditation statements

- written verification of successful completion of the activity
- sponsorship and commercial support guidelines
- conflict of interest guidelines
- disclosures to learners
- recordkeeping policies and procedures
- co-providership responsibilities

Appendix A provides more information on these key elements and outlines the minimum information needed to meet them. The Approver Unit expects all designated Nurse Planners for educational activities submitted for approval to be oriented to the educational criterion and possess adequate understanding to assure the activity adheres to all accreditation criteria, including the educational design criterion.

### ***Accepted Format***

Applicants must submit all information on the ASORN application form (see Appendix B), and complete it as instructed in Appendix A. Applicants may use the one-page biographical data and disclosure forms in this manual (see Appendices D and E). The Approver Unit will not accept multi-page curriculum vitae or resumes as part of the application. Applicants must use the Activity Documentation Form in this manual for objectives, content outline, time frames, presenters, and teaching-learning strategies (see Appendices B and C). ASORN will return any application not submitted in the proper format. As the ANCC-COA modifies or revises their Accreditation Program criteria, the ASORN Approver Unit will implement those revisions. To avoid using an outdated version of this manual and/or forms, applicants *must* download the ASORN Approval Manual, application, and forms *each time* they submit a program for approval. Applicants may copy all ASORN continuing education forms for use as necessary when completing an application. The manual and all application forms are available for download from the ASORN website ([www.asorn.org](http://www.asorn.org)) as PDF or MS Word files.

### ***Contact Hour System for Awarding Credit***

The only measure of awarding continuing nursing education credit for nurses accepted by the ASORN Approver Unit is the *60-minute contact hour* recognized by the ANCC-COA. The total of all organized learning activity time (in minutes) determines the number of contact hours. Organized learning activity time *does not* include registration, welcome, introductions, breaks, meals, or exhibit time. Organized learning activity time *does* include pre- and post-tests, hands-on practice, discussion, and evaluation. For learner paced educational activities (for example, journal or web-based articles or activities, CD-ROM activities, videotapes, or audiotapes intended for self-paced learning), learning time includes completing the material, pre- and/or post-tests, and evaluation (see Appendix J for further information regarding learner paced activities). To determine the number of contact hours, divide the total minutes of organized learning activity by 60 (total organized learning activity time ÷ 60 = number of contact hours). Calculate fractional numbers of contact hours using two decimal places or less; round *down* to two decimal places when necessary. The minimum number of contact hours the Approval Unit can approve for an educational activity is 0.5 contact hours (30 minutes).

#### ***Examples:***

60 minutes divided by 60 = 1 contact hour

100 minutes divided by 60 = 1.66 contact hours (1.666 rounded down to two decimal places)

325 minutes divided by 60 = 5.41 contact hours (5.416 rounded down to two decimal places)

***Program Example:***

<b>Time</b>	<b>Activity</b>	<b>Minutes</b>
7:30 - 8:00	Registration	not accepted as learning activity time
8:00 - 8:10	Welcome	not accepted as learning activity time
8:10 - 9:00	Talk #1	50
9:00 - 10:00	Talk #2	60
10:00 - 10:30	Break	not accepted as learning activity time
10:30 - 11:00	Talk #3	30
11:00 - 12:00	Talk #4	60
12:00 - 1:00	Lunch	not accepted as learning activity time
1:00 - 3:00	Hands-on practice	120
3:00 - 3:15	Break	not accepted as learning activity time
3:15 - 4:05	Talk #5	50
4:05 - 4:35	Discussion	30
4:35 - 4:50	Evaluation	15

**415 Total Minutes**

**To calculate number of contact hours:  
415 minutes ÷ 60 = 6.91 contact hours  
(6.916 rounded down to two decimal places)**

***Retroactive Approval***

The ANCC-COA requires that accredited approvers review all applications and make an approval decision in advance of the implementation of the activity. ASORN's Approver Unit will only grant approval *prior* to an educational activity.

***Application Procedure***

Applicants must submit three (3) *complete* copies of the application and the application fee to ASORN. To guarantee completion of the review process, ASORN must receive the application and fee as follows:

- at least ninety (90) days prior to the date of the activity for approval of extensive programs
- at least sixty (60) days prior to the date of the activity for approval of all other applications

Late applications are those received less than 46 days prior to the educational activity and a late fee applies. Late applications are subject to review at ASORN's discretion. Please direct any questions to the Nurse Peer Review Leader or Executive Director.

***Length of Approval for Repeated or Enduring Educational Activities***

ASORN grants approval valid for a period of two (2) years for educational activities intended for repeated presentation or enduring availability. Applicants may repeat or continue to offer educational activities an unlimited number of times during the 2-year period of approval *as long as the educational activity is exactly as submitted on the original application*, including, but not limited to, provider, objectives, time allotted, content, presenters or authors, and learning strategies.

**Each time applicants repeat an activity, ASORN must receive one (1) copy of the first page of the original application and the repeated activity filing fee at least 3 days prior to the date of the activity. Applicants should make any applicable changes to the date and location of the activity, clearly mark the copy “Repeat,” and include a copy of the verification of successful completion with applicable changes to the date and location for the repeated activity.**

For any other proposed changes, applicants must submit the changes with corresponding rationale (e.g., recommendations or comments from learner evaluations, presenters or authors, or the review process) and any additional information needed due to the changes at least 30 days prior to the date of the activity. If the Approver Unit deems the changes significant, applicants may be required to submit an application for approval as a new activity.

At the end of the 2-year approval period, applicants must resubmit the activity in its entirety for approval in all cases. The same application procedure applies as for the initial approval.

### ***Recognition of the ANCC-COA System***

All providers seeking approval must use the appropriate statement of approval on all documents related to the approved activity (advertising brochures, printed or on-line announcements, etc.). Accreditation statements must stand alone; that is, they must start and end on a separate line. There does not need to be a blank line before or after the statement.

- For materials distributed *prior* to approval, use the following statement:

*This activity has been submitted to the American Society of Ophthalmic Registered Nurses (ASORN) Approval Unit for approval to award contact hours. The ASORN Approval Unit is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s COA.*

- For materials distributed *after* approval, use the following statement:

*This continuing nursing education activity was approved by the American Society of Ophthalmic Registered Nurses (ASORN) Approval Unit, an accredited approver by the American Nurses Credentialing Center’s COA.*

All providers must distinguish approval of an educational activity as separate from endorsement of commercial products and must advise learners that approval status does not imply ANCC-COA or ASORN endorsement of any commercial products. The Approver Unit recommends using the following statement:

*The ANCC-COA and ASORN recognize this activity as accredited continuing education for nurses. This recognition does not imply approval or endorsement of any commercial products by the ANCC-COA or ASORN.*

**NOTE:** Boards of nursing, other nursing regulatory agencies or certifying bodies *may or may not* accept or recognize the ANCC-COA system (see II of this section).

### ***Requests for Information from Providers of Approved Activities***

The Approver Unit may ask providers receiving approval of contact hours for their continuing nursing education activity to submit information, data, or opinions regarding the approved activity and/or the approval process. The Approver Unit uses this data to help evaluate, monitor, and improve our approval system, as well as to monitor adherence to ANCC criteria. Applicants must agree to respond to such requests in a timely manner. Failure to do so will result in refusal to accept subsequent applications for approval from the non-complying applicant.

### ***Revoked Approvals***

The Approver Unit may revoke approval of educational activities prior to the activity as a result of the following:

- failure to remain in compliance with approval policies and criteria defined in this manual;
- written complaints or charges relevant to the educational activity and verified by Approver Unit investigation; or
- refusal to comply with an investigation by the Approver Unit.

Revocation is effective on the date the provider receives the certified letter of notification. Applicants must remove all statements regarding approval status from publicity material and certificates of attendance printed or distributed after that date.

### ***Withdrawal of an Application***

Applicants may withdraw an application prior to or during the review process. Withdrawal will not jeopardize reviews of current or future applications. ASORN may not refund fees, dependent on timing of withdrawal.

Applicants may request application withdrawal by telephone or in writing. A written request must follow a telephone request. ASORN will keep one copy of the application and related correspondence on file in the ASORN office for at least six (6) years.

### ***Reconsideration and Appeal***

Applicants who do not accept the review process results may request the Approver Unit to reconsider the application. Applicants must submit this request in writing. The Approver Unit will only reconsider an application once. If the result is still not acceptable, applicants may make a written appeal to the Appeal Committee. This appeal must:

- be directed to the attention of the President of ASORN;
- address the reasons for requesting an appeal and the grounds on which an appeal is justified; and
- be received within ten (10) days of notification of the Approver Unit's decision and prior to the educational activity.

Members of the Appeal Committee who are not members of the Approver Unit and are not affiliated with the provider or the application will review all applications entering the appeal process. The decision of the Appeal Committee shall be binding to all parties.

### ***Eligibility***

ASORN will accept applications for approval of continuing nursing education activities for review from professionals or groups providing care to ophthalmic patients and from other nursing and specialty groups, as long as the Nurse Peer Review Leader determines that Peer Reviewers have the necessary content expertise. The Approver Unit reserves the right to decline review of any application if its Peer Reviewers do not possess the knowledge necessary to evaluate the appropriateness and validity of the objectives and content.

## **VI. Approval Process**

*Original applications:* The ASORN office must receive the fee and three (3) copies of the completed applications by the deadline outlined in this manual.

*Repeated activities:* The ASORN office must receive the fee, one copy of the first page from the original application with the applicable change to date and/or location, and a copy of the written verification of successful completion (with applicable changes to date and location) at least 3 days prior to the activity.

The Client Services Coordinator reviews the application for completeness. If the application is incomplete, she or he notifies the applicant and waits for missing information to be submitted. If and/or when the application is complete, the Coordinator assigns an approval number and forwards copies of the application to the Nurse Peer Review Leader and one other Peer Reviewer for review.

Each reviewer determines whether she has a conflict of interest in reviewing the application. If any conflict of interests exists, reviewers notify the Client Services Coordinator who assigns another reviewer. The reviewers independently review the application using a compliance checklist to document use of the ANCC-COA and ASORN criteria and standards. The reviewers recommend one of three actions:

- **Approval** – application meets all criteria. Applicants receive a letter stating the number of contact hours approved and any comments or recommendations the reviewers wish to share.
- **Approval Deferred** – application is incomplete, inaccurate or requires additional information to complete the review. Applicant receives notification by e-mail, telephone, fax, or letter outlining the information needed to complete the review. If the Approver Unit receives the requested information, reviews it, and determines that it meets the criteria, they upgrade their action to Approval.
- **Approval Denied** – application does not meet the necessary criteria and/or the provider does not submit the additional information requested by the established deadline.

If the Approver Unit denies approval, the applicant may revise the application and submit it again for approval if time allows. The Approver Unit will review and evaluate it as a new application if ASORN receives the appropriate approval fee and three (3) revised copies of the application (including all attachments) at least 30 days prior to the date of the activity.

The Approver Unit will keep one copy of the application at the ASORN office for six (6) years. Only the Peer Review Leader, other Peer Reviewers, Executive Director, Client Services Coordinator, and other authorized ASORN staff have access to the files.

## **VII. Summary of Appendices**

- **Appendix A** provides detailed instructions for completing the approval application and evidence required to document that applicants have met key elements of the ANCC-COA educational criterion for continuing nursing education.
- **Appendices B-H** include the application form, samples of forms, and other sample materials.
- **Appendix I** provides guidance for meeting the required disclosure and commercial support standards.
- **Appendix J** includes additional information for approval applications for learner directed activities.
- **Appendix K** includes guidelines on writing behavioral objectives.
- **Appendix L** includes information on adult learning principles.
- **Appendix M** is a copy of the compliance checklist used by the Approver Unit during reviews.
- **Appendix N** is a list of approval fees.
- **Appendix O** is a list of current Approver Unit personnel.

**Appendix A**

**Application Instructions**

## Important Information for Applicants

The checklist format of this application is part of the Approver Unit's effort to make the application process as user-friendly as possible. However, the Approver Unit reserves the right to ask for supplemental information or documentation that provides evidence supporting the data supplied on this application. The Approver Unit may request this information during the approval review or following approval as part of ongoing evaluation of its processes and outcomes. Examples of additional information or documentation the Approver Unit might request include:

- ▶ ***Survey, questionnaire or interview results*** – if an applicant checks “Surveys, questionnaires and/or interviews” in Section IIIB (*Educational Activity Planning*), we might ask to see the survey, questionnaire and/or interview results that show how this information was helpful in determining the target audience and assessing learning needs.
- ▶ ***Additional narrative information*** – if an applicant checks “Maintaining licensure and/or certification” in Section IIIC (*Educational Activity Planning*), we might ask for a narrative describing how the continuing education activity contributed to maintaining participants' licensure and/or certification.
- ▶ ***Additional information from the planning committee*** – if an applicant checks “Choose topics for future CE activities” in Section VIIB (*Evaluation of the Activity*), we might ask for the minutes of the relevant post-activity planning committee meeting to verify that the planning committee discussed future topics. We might also look at the summary evaluation submitted to the Approver Unit following the educational activity to verify that participants made the suggestions for future topics documented in the minutes.

These are only a few examples of additional information the Approver Unit might request during review or following approval. **Applicants should keep all records of their planning and implementation processes that provide evidence supporting the information supplied on this application.**

**The Approver Unit encourages you to use the compliance checklist (Appendix M) as a self-check to make sure you have met all criteria and completed all requirements for approval before submitting your application.**

## I. Educational Activity Information

*Rationale:* Complete information relevant to the educational activity assists Approver Unit reviewers during the peer review process.

### ***Required Evidence:***

- *Title* – The name of the educational activity should reflect the content.
- *Provider* – List the name of the individual or organization responsible for planning and implementing the educational activity.
- *Date* – Provide the activity date(s).
- *Location* – List physical location, place of publication, or web address as applicable.
- *Previous denials of approval* – List any other ANCC accredited approver units that have previously denied approval for this CE activity (if applicable).

## II. Administrator

*Rationale:* Identifying the contact person administratively responsible for completing and submitting the application for approval of the educational activity enables timely communication with the Approver Unit.

### ***Required Evidence:***

- List the educational activity administrator and provide complete contact information, including an e-mail address.
- If the administrator does not have an e-mail address, provide an alternate e-mail address where the Approver Unit may send communication regarding the application. Failure to provide an e-mail address may delay the approval process.

The administrator does not have to be a nurse and may or may not be a member of the planning committee. The administrator's biographical data form should clearly indicate his or her qualifications to provide administrative support for the application process.

## III. Educational Activity Planning

*Rationale:* Quality educational activities require a planning process that incorporates principles underlying standards for nursing professional development.

### ***Required Evidence:***

A. *Planning committee* – Identify all program planning committee members and indicate the role(s) played by the designated Nurse Planner and other activity planners. There must be at least two planning committee members. At least one planning committee member must be the designated Nurse Planner who is: a) a registered nurse with a baccalaureate or graduate degree in nursing, b) oriented to the ANCC accreditation criterion for educational design, and c) directly involved in planning and evaluating the educational activity. The planning committee must have representation from all of the following areas: a) the relevant content expertise; b) the target audience; and c) the responsibility for adhering to ANCC accreditation criteria.

B. *Identification of target audience and assessment of learner needs* – Indicate the information and/or approaches the planning committee used to identify the target audience and assess their unique learning needs. Indicate whether gaps identified from the needs assessment were in knowledge, skills, or attitudes. *This section must provide evidence that planning included analysis of pertinent data to identify the target audience and assess learning needs.*

C. *Purpose* – Identify the primary purpose(s) of the educational activity. *This section must provide evidence that planning included consideration of identified learner needs in determining the overall purpose.*

D. *Objectives, content and teaching-learning strategies* – Indicate the information and/or approaches the planning committee used to determine measurable learning objectives appropriate for the target audience, content congruent with the identified purpose and objectives of the learning activity, and teaching and learning strategies congruent with the identified objectives and content. *This section must provide evidence that planning included incorporation of identified learning needs in determining appropriate objectives, content, and teaching-learning strategies.*

E. *Adult learning principles* – Indicate aspects of adult learning principles the planning committee considered and incorporated in determining learning objectives, content, and teaching-learning strategies.

The planning committee must have appropriate content expertise, represent the target audience, and have responsibility for adherence to ANCC accreditation criteria (this requires involvement of at least one registered Nurse Planner with qualifications as noted in part A, above). Educational activity planning should include analysis of pertinent data to identify the target audience and assess learner needs. The planning committee must consider identified learner needs in determining the overall purpose of the educational activity and developing learning objectives, content relevant to each objective, and teaching-learning strategies. Planning for educational activities should incorporate principles of adult education (see Appendix L).

#### **IV. Activity Documentation**

*Rationale:* Approver Unit reviewers need adequate information about the educational objectives of the continuing nursing education activity submitted for approval, the content relevant to those objectives, and the teaching and learning strategies in order to evaluate adherence to required criteria. Activity documentation should include adequate and clear information on which to base this evaluation.

##### ***Required Evidence:***

A. *Title* – State the presentation title.

- The title should reflect the content.
- For activities with multiple presentations, document each on a separate sheet.

B. *Total minutes of learning activity time* – List the total number of minutes of learning activity time for the presentation.

- The number of learning activity minutes listed must be consistent with the total number of minutes listed in column E of the Activity Documentation Form.

C. *Learning objectives* – State objectives as expected learner outcomes that are measurable and achievable within the designated time frame.

- Each objective *must* have clearly related content identified in the outline. Conversely, there does not necessarily need to be a learning objective related to every aspect of the content. In general, each major content area should have a corresponding objective. For example, a planning committee may determine that the target audience needs information about how glaucoma management strategies impact patients' daily lives. They write a learning objective reflecting that need (e.g., *Describe three ways in which glaucoma management strategies may impact patients' daily lives*). The overall topic (e.g., *Update on Chronic Open-Angle Glaucoma*) may include a content area on review of the pertinent anatomy and physiology, but the planning committee and presenter determine that the review is not a major part of the content. In this case, there would not have to be a learning objective that addresses anatomy and physiology. However, as noted above, there must be content identified in the outline relevant to the identified objective. In this example, the outline must clearly identify the content area relevant to how glaucoma management strategies may affect a patient's daily life.
- Additional information regarding learning objectives is included in Appendix K. The Approver Unit strongly urges you to review this material and use it as a guide in writing learning objectives.

D. *Content* – Present the content on the activity documentation form in *outline* format.

- In general, each major content area should have an identified learning objective.
- Content must be congruent with the overall purpose of the educational activity.

E. *Time frame* – List the time in minutes allotted for each aspect of the presentation (include time designated for presentation, reading the material, evaluation, question and answer session, pre- or post-tests, etc.).

- If there is more than one presenter, provide a time frame for each presenter's content. This may not be applicable to learner paced activities with more than one author for a single learning activity; simply list the total time to complete the entire learning activity.
- Time allowed for each presentation or activity should reasonably allow achievement of the objectives by presentation of the content using the designated teaching and learning strategies.

F. *Presenter(s) or Author(s)* – List the presenter or author for each presentation or activity.

- If there is more than one presenter or author, list all presenters or authors.
- Clearly indicate which content area(s) each presenter will address (this may not be applicable to multiple authors of a learner paced activity).

G. *Teaching and learning strategies* – List the strategies the presenter(s) or author(s) will use to accomplish the presentation or activity.

- Indicate all types of teaching and learning strategies used. These may include strategies such as *resources* (e.g., a list of materials for further study, handouts, pre-test); *materials* (e.g., models, equipment for hands-on activities); *delivery methods* (e.g., lecture, slide presentation, demonstration, learner directed activities with published or web-based materials); and/or *learner feedback mechanisms* (e.g., question/answer period, return demonstration, post-test).
- Teaching and learning strategies should be congruent with objectives and content. For example, if one objective is for participants to demonstrate a skill, the presenter should use a teaching and learning strategy such as return demonstration.
- If there is more than one presenter or author for the presentation or activity, list the applicable teaching and learning strategies for each presenter (this may not be applicable to learner paced activities with multiple authors).

H. *Total organized learning activity time* – Add learning time for all topics, including time spent on presentations or completion of instructional materials, pre- and post-tests, hands-on practice, discussion, and evaluation. List the total time in minutes. **For learner paced activities:** 1) list the total time in minutes for participants to meet all requirements of the activity; 2) explain the rationale for the process used to determine the total time; and 3) attach this explanation to the Activity Documentation Form (see Appendix J for more information on determining and documenting total learning time for learner paced activities).

I. *Contact hours requested* – List the number of contact hours requested for approval, calculated from the number of minutes of total organized learning time (from H, above). To determine the number of contact hours, divide the total number of minutes of organized learning time by 60. Round fractional contact hours down to one or two decimal places. Use the Activity Documentation Form in the application (Appendix B) to document items A through G above. No other format will be accepted. Submit information related to those items for the *entire* activity. For programs offering more than 3 contact hours (180 minutes), applicants may submit information on the required form for only 3 different contact hours per day (and/or per tract, if applicable). It is then acceptable to submit a brochure to document the remainder of the activity. The Approver Unit reserves the right to request documentation for additional contact hours.

## V. **Biographical Data**

*Rationale:* Individuals involved in planning and implementing continuing nursing education activities should possess education, knowledge, skills, and/or experience qualifying them for their respective roles in the activity.

### ***Required Evidence:***

A. Submit a *one-page* biographical summary. Applicants may use the sample one-page biographical data form in Appendix D if desired. The Approver Unit will not accept biographical information exceeding one page (such as curriculum vitae or resumes). Submit a biographical summary for each of the following:

- Program administrator
- Nurse Planner and all other planning committee members
- Presenter(s) or author(s)

Biographical data forms must identify the education, knowledge, and/or experience relevant to each person's role in the continuing education activity. The biographical data summary does not need to list all qualifications or professional activities, but must include enough information to provide Approver Unit reviewers clear documentation of the education, knowledge, and/or experience that qualifies the person to perform his or her specific role in the educational activity.

## VI. **Verification and Documentation of Successful Completion**

*Rationale:* Participants in continuing education activities need prior knowledge of the requirements for completion of the activity to ensure a successful educational experience. They need written verification of their participation to document achievement of continuing education for interested third parties such as licensing or certifying boards.

***Required Evidence:***

- A. Indicate the method used to verify participation in and judge successful completion of the educational activity.
- B. Indicate the method used to inform participants of criteria for successful completion prior to the activity.
- C. Submit a sample copy of the written verification of completion that includes all required information:
  - participant learner’s name;
  - name and address of the educational activity provider;
  - title and completion date(s) of the educational activity;
  - official accreditation statement; and
  - the number of contact hours awarded and approval number.

***PLEASE NOTE:*** The official accreditation must read *exactly* as illustrated below and must stand alone. That is, it must start and end on a separate line; there does not need to be a blank line above or below the statement.

*This continuing nursing education activity was approved by the American Society of Ophthalmic Registered Nurses (ASORN), an accredited approver by the American Nurses Credentialing Center’s COA.*

*Contact hours awarded: x.xx. ASORN approval number: xxxx.*

The overall planning process includes determining a valid method for verifying participation and the rationale for choosing the specific criteria used for judging successful completion of the learning activity. These criteria should be consistent with the identified purpose of the activity, objectives, and teaching and learning strategies. Providers must communicate those criteria to participants prior to participation. Verification can occur using various methods or a combination of methods. These may include roll call, sign-in sheet, self-reported attendance, evaluation materials collected at the conclusion of the activity, post-test with a designated passing score, self-reported level of achievement of objectives, return demonstration and/or requirement for attendance of entire educational activity.

**VII. Evaluation of the Educational Activity**

*Rationale:* Provision of quality continuing education requires a clearly defined method using learners’ input to systematically evaluate the effectiveness of the educational activity. The evaluation process is one way for participants to provide feedback regarding activity effectiveness as well as their satisfaction with the educational activity.

***Required Evidence:***

- A. Indicate the evaluation method and how it involves learners.
- B. Identify the category of evaluation.
- C. Indicate how the planning committee intends to use the evaluation data.
- D. If the evaluation form includes an assessment of specific learning objectives, those objectives are identical to objectives documented on the Activity Documentation Form (see Section IV, part C).

E. Submit a copy of the evaluation tool(s). The evaluation may include assessment of any or all of the following:

- learner's achievement of educational objectives\*
- contribution to learner's professional development\*
- learner satisfaction
- knowledge enhancement
- change in skill, attitude, or practice
- relationship of change in practice to quality of service
- perception of commercial bias in the activity\*
- interference with the activity by commercial exhibits\*

**\*required evaluation elements**

F. Indicate your agreement to submit a summary evaluation within four (4) weeks of the conclusion of the activity.

- For repeated activities, submit a summary evaluation within four (4) weeks of the conclusion of *each presentation*.
- For learner paced activities, submit a summary evaluation within four (4) weeks of awarding the final contact hours or at the end of the one (1) year approval period (whichever is sooner).
- Summarize evaluations from all individuals awarded contact hours for the activity.

The evaluation process should involve planning committee members, presenters, and participants as appropriate. Educational activity planners use evaluation data to revise the purpose, objectives, content, teaching strategies, location, or any other aspect of the activity that may be improved by such revision. They also use evaluation data to plan future educational activities.

Applicants may use the sample evaluation form included with this manual, with or without additions.

## **VIII. Promotional Materials**

*Rationale:* Potential participants cannot take advantage of continuing education opportunities unless providers promote the activity in advance. Learners want information to help them determine whether the educational activity will meet their individual learning needs. They may look for information on content, learning objectives, presenters or authors, teaching strategies, time frame, criteria for completion, the number of contact hours, expiration date for awarding contact hours (applicable only to enduring continuing education materials), sponsorship of the activity, and/or whether the activity is approved in choosing to complete a particular activity.

***Required Evidence:***

A. Indicate what types of promotional materials you used to advertise this activity.

B. Submit copies of all promotional materials. All communications, marketing materials, or other documents must contain the appropriate accreditation statement. The statement must stand alone; that is, it must start and end on a separate line. There does not need to be a blank line above or below the statement. Use one of the following statements (depending on approval status):

- For activities submitted for approval and **pending final approval**, use the following statement:

*This activity has been submitted to the American Society of Ophthalmic Registered Nurses (ASORN) for approval to award contact hours. ASORN is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's COA.*

- For activities submitted for approval and **already approved**, use the following statement:

*This continuing nursing education activity was approved by the American Society of Ophthalmic Registered Nurses (ASORN), an accredited approver by the American Nurses Credentialing Center's COA  
Contact hours awarded: x.xx. ASORN approval number: xxxx.*

C. Indicate that promotional materials contain a statement on how long you will award contact hour(s) for the activity (applicable only to enduring materials).

Promotional materials may include letters, informational flyers, brochures, web promotions, or other forms of promotion. They should contain information relevant to potential participants in the educational activity. In addition, all promotional materials must include the appropriate accreditation statement (see part B above).

## **IX. Sponsorship, Commercial Support, and Conflict of Interest Guidelines; Disclosures**

*Rationale:* Promotional activities that interfere with education compromise the quality of that education. To avoid such compromise, the design and scientific objectivity of an educational activity must remain free of influence from commercial support, exhibits, or commercially supported research. Full disclosure of information about the nature of any commercial support and/or information from presenters and/or planning committee members about actual or potential conflicts of interest allows learners to evaluate any potential bias in the content presented when they receive this information prior to, or at the time of the educational activity. Notifying learners about content in the educational activity related to any product use for a purpose other than that for which it was approved by the Food and Drug Administration alerts learners to an off-label or investigational use of a therapy, product, or device. Disclosing the expiration date for awarding contact hours for enduring activities (such as web-based activities or published continuing education materials) and the requirements for successful completion of an educational activity allows learners to determine whether the activity is appropriate for their learning needs. Denying ASORN/ANCC-COA endorsement of commercial products displayed or discussed in conjunction with an educational activity makes it clear to learners that approval of the activity does not suggest or imply endorsement.

**NOTE: All applicants should read *Appendix I: Standards for Disclosure and Commercial Support* in its entirety. It is the responsibility of all providers of continuing nursing education to be familiar with the guidelines and compliant with all aspects of these standards. The Approver Unit reserves the right to require evidence beyond any already required in the approval application supporting providers' adherence to the standards.**

***Required Evidence:***

- A. Identify all types of sponsorship or commercial support received (ANCC-COA commercial support guidelines do not consider fees paid for commercial exhibits as commercial support).
- B. Indicate how you maintained content integrity, resolved conflicts, and prevented bias in the educational content despite receiving commercial support (if applicable).
- C. Indicate how you will make participants aware of the nature of commercial support (if applicable).
- D. Submit a template of the written agreement used when receiving sponsorship or commercial support. The agreement must specify the entity that is the source of commercial support and both the provider and supporting entity must sign the agreement (see **Standard 3**, Parts 3.4, 3.5, and 3.6 in **Appendix I: Standards for Disclosure and Commercial Support**).
- E. Indicate whether the educational activity will include display of commercial exhibits.
- F. Indicate how you have and/or will avoid negative influence of commercial exhibits on planning or presentation of the educational activity (if applicable).
- G. Indicate how you will make learners aware of the presence or absence of any influencing financial relationships disclosed by planning committee members and/or presenters. **Note:** *If you provide verbal disclosure, you must submit a written attestation following the educational activity from your representative that verbal disclosure did occur; attestation must itemize the content of the disclosed information or state that there was nothing to disclose. (See **Standard 6** in **Appendix I: Standards for Disclosure and Commercial Support**.)*
- H. Indicate what procedures you used to resolve any real or potential bias or conflict of interest on the part of planning committee members and/or presenters.
- I. Indicate how you will make learners aware of content related to off-label or investigational uses of a therapy, product or device (if applicable).
- J. Submit the one-page disclosure form included with this application packet (the Approver Unit will not accept any other form) for each of the following:
- all planning committee members; and
  - all presenter(s) or author(s).
- K. Indicate how you will make learners aware that approval status implies only that ASORN and ANCC-COA recognize the activity as continuing education for nurses and **does not imply** endorsement of any commercial products displayed or discussed during the activity.
- L. Indicate how you will make learners aware of expiration date for awarding contact hours (only applicable for enduring educational materials such as printed or web-based self-paced learning activities).

Commercial support, exhibits, or the presentation of research conducted by a commercial company shall not influence the design and scientific objectivity of any educational activity. The planning committee should arrange for full disclosure to learners of the nature of any commercial relationship that exists between the educational

provider and the organization or entity providing the support. Arrangements for commercial exhibits may not influence educational activity planning and must not interfere with the presentation of the activity. If the educational activity will include presentation of commercially sponsored research, the planning committee must design the activity and its presentation to ensure scientific objectivity.

Planning committee members and presenters or authors must disclose any real, perceived or potential conflicts of interests. Only presenters or authors need to disclose planned discussion of off-label or investigational use. The planning committee must have policies and procedures in place to resolve any real or perceived conflicts.

## **X. Co-Providership**

*Rationale:* If another entity collaborates with the applicant in providing a continuing educational activity, overall responsibility and accountability remains with the applicant. This ensures that the activity meets all criteria.

### ***Required Evidence:***

A. Indicate whether the activity is co-provided.

B. If the activity is co-provided, submit a template of the written agreement between the co-providers.

• The co-provider agreement must describe how the applying provider will maintain responsibility for the following:

- determining educational objectives and content;
- selecting content specialist planners, presenter(s) or author(s);
- awarding contact hours;
- keeping all records;
- evaluating the activity; and
- managing any sponsorship or commercial support.

Co-providership occurs when two or more organizations or agencies share in planning, developing and implementing an educational activity. Although sharing some aspects of the educational activity, the applying provider must accept and maintain overall responsibility and accountability.

## **XI. Maintenance of Educational Activity Records**

*Rationale:* Participants, the provider of the activity, or other individuals or groups, may need records of educational activities at some time in the future. Authorized retrieval is facilitated by an organized and secured record storage system.

### ***Required Evidence:***

A. Indicate method of educational activity record collection and commitment to maintain the required records for six (6) years.

B. Indicate how the record filing and storage system facilitates retrieval and maintains security and confidentiality.

C. Submit a sample copy of the form that lists participants' names, unique identifier (such as address), and number of approved contact hours awarded to each learner.

Providers must maintain records related to educational activities for six (6) years in a secure, organized and confidential manner to facilitate retrieval by authorized individuals. The Approval Unit may request copies of these records to help in assessing the effectiveness of policies and procedures to assure that approved programs provide quality continuing nursing education. Required records include:

1) Planning:

- description of the target audience;
- method and findings of the needs assessment;
- names, titles, and expertise of the activity planners and presenter(s) or author(s);
- planners' and presenters' conflict of interest disclosure forms, resolutions of conflict of interest as appropriate;
- purpose, objectives, and content of the educational activity;
- teaching and learning strategies, including resources, materials, delivery methods and participant feedback;
- process to verify participation and successful completion of the educational activity and method to inform participants of these requirements;
- copy of all marketing or promotional material(s);
- documentation of method to maintain co-providership responsibilities;
- written co-providership agreement (if applicable);
- documentation of method to maintain program integrity despite commercial support (if applicable);
- written commercial support agreement (if applicable).

2) Implementation:

- title, location, and date of the educational activity;
- copy of the evaluation tool(s), including a summary evaluation;
- each participant's name, unique identifier information (such as address), and number of approved contact hours awarded;
- sample certificate of completion; and
- documentation of any verbal disclosures.

In addition to these required records, applicants should keep all materials that provide evidence supporting the information provided in the application (see ***Important Information for Applicants*** at the beginning of these instructions).

# **Appendix B**

## **Application Form**



**B. The information and/or approaches used to identify the target audience and assess their unique learning needs included:**

- |  |  |
|--|--|
| <input type="checkbox"/> Healthcare personnel characteristics or issues  | <input type="checkbox"/> Information obtained from focus groups    |
| <input type="checkbox"/> Review of professional literature/research      | <input type="checkbox"/> Surveys, questionnaires and/or interviews |
| <input type="checkbox"/> Consideration of healthcare/societal trends     | <input type="checkbox"/> Analysis of patient population            |
| <input type="checkbox"/> Evaluations from prior programs                 | <input type="checkbox"/> Consideration of patient care issues      |
| <input type="checkbox"/> Quality assurance activities                    | <input type="checkbox"/> Annual event to meet learning needs       |
| <input type="checkbox"/> Specific request for program                    | <input type="checkbox"/> Reports of new treatments or technology   |
| <input type="checkbox"/> Assessment of location and/or scheduling issues | <input type="checkbox"/> Legislation affecting healthcare          |
| <input type="checkbox"/> Other:  |  |

**C. The purpose of the educational activity includes:**

- |  |  |
|--|--|
| <input type="checkbox"/> Increasing knowledge, skills or attitudes | <input type="checkbox"/> Improving health care provided to consumers |
| <input type="checkbox"/> Attaining professional career goals       | <input type="checkbox"/> Maintaining continued competence            |
| <input type="checkbox"/> Providing information on new topic(s)     | <input type="checkbox"/> Maintaining licensure and/or certification  |
| <input type="checkbox"/> Other:                                    |  |

**D. The information and/or approaches used to determine appropriate objectives, content, and teaching-learning strategies included:**

- |  |   |
|--|---|
| <input type="checkbox"/> Input by planning committee member              | <input type="checkbox"/> Consideration of target audience characteristics   |
| <input type="checkbox"/> Input by presenter or author                    | <input type="checkbox"/> Analysis of data identified in <b>Section IIIB</b> |
| <input type="checkbox"/> Input and/or validation by other content expert | <input type="checkbox"/> Other:   |

**E. Adult learning principles used in planning objectives, content and teaching-learning strategies included (check any that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Participant input into planning, implementation | <input type="checkbox"/> Attendance indicates readiness to learn |
| <input type="checkbox"/> Participant autonomy, self-direction            | <input type="checkbox"/> Prior experience and/or education       |
| <input type="checkbox"/> Problem-solving orientation to learning         | <input type="checkbox"/> Teaching strategies involve participant |
| <input type="checkbox"/> Learning occurs in collaborative setting        | <input type="checkbox"/> Goal-oriented educational activity      |
| <input type="checkbox"/> Learning occurs in small group setting          | <input type="checkbox"/> Self-esteem maintenance or improvement  |
| <input type="checkbox"/> Learning focuses on applications of content     | <input type="checkbox"/> Other:                                  |

---

**IV. ACTIVITY DOCUMENTATION**

For A through G below, use the Activity Documentation Form (one form for each presentation or activity).

**A. Presentation title**

**B. Total number of minutes of learning activity time**

**C. Objectives**

**D. Content**

**E. Time frame**

**F. Presenters or authors**

**G. Teaching strategies**

**H. Total organized learning activity time (in minutes)\*:**

**I. Number of contact hours requested:**

Applicants must use the Activity Documentation Form in this application to submit information related to items A through G above for the *entire* activity.

*For programs offering more than 3 contact hours (180 minutes), applicants may submit information on the required form for only 3 contact hours per day (and per tract, if applicable). Applicants may then submit a brochure to document the required information for the remainder of the activity. The Approver Unit reserves the right to request documentation for additional contact hours.*

\*For learner paced activities, attach a statement explaining the process used to determine the total learning activity time. This explanation must clearly document a logical and defensible method for calculation of contact hours (see Appendix J for more information on determining and documenting total learning time for learner paced activities).

---

## IV. ACTIVITY DOCUMENTATION FORM

**A. Title of Presentation:**

**B. Total Minutes of Learning Activity Time:**

<b>C. Objectives</b> <i>At the conclusion of this presentation, the participant should be able to:</i>	<b>D. Content Outline</b>	<b>E. Time Frame</b>	<b>F. Presenter(s) or Author(s)</b>	<b>G. Teaching Strategies</b>

---

## V. BIOGRAPHICAL DATA

### A. Provide biographical data for:

- Program administrator (biographical data attached)
- Planning committee members (biographical data attached)
- Presenter(s) or author(s) (biographical data attached)

---

## VI. VERIFICATION OF PARTICIPATION AND SUCCESSFUL COMPLETION

### A. Criteria used to verify participation and judge successful completion of the activity include:

- Roll call
- Participant sign-in at beginning of activity
- Post-test completed with passing score
- Participant report of achievement of objectives
- Entire activity attended or completed
- Evaluation form returned at end of activity
- Return demonstration of a skill
- Other:

### B. Participants learn of these criteria by:

- Information in activity advertising or brochure
- Information in handouts
- Announcement prior to and/or during activity
- Other:

### C. Provide a sample copy of the written verification of completion given to participants.

- Attached

---

## VII. EVALUATION OF THE EDUCATIONAL ACTIVITY

### A. Evaluation of the activity includes:

- Evaluation form completed by participants
- Return demonstration of skill(s) or role play
- Summary of evaluation data by planners
- Pre- and/or post-test
- Review by planners, participants and/or presenters
- Other:

### B. Evaluation categories include:

- Learner satisfaction
- Change in skill
- Change in practice or performance
- Knowledge enhancement
- Change in attitude
- Relationship of practice change to quality of care

### C. We will use the evaluation data to:

- Determine need for future CE activities
- Choose presenters for future CE activities
- Choose topics for future CE activities
- Revise purpose, objectives, and/or content
- Revise teaching strategies or location
- Provide feedback to presenter(s)
- Plan other aspects of future CE activities
- Other:

### D. Provide a copy of the evaluation instrument *with all required elements* (see Section VIID in Appendix A – Application Instructions).

- Attached

### E. Provide a summary of the evaluations within four (4) weeks of activity completion.

- We agree to submit a summary evaluation to the Approver Unit by the designated deadline.



**G. We will make learners aware of the presence or absence of influencing financial relationships on the part of planners, presenter(s), or author(s) by:**

- Information in promotional materials       Information in handouts  
 Verbal announcements during program\*       Signs displayed in or near presentation area.  
 \*We agree to submit written attestation of verbal disclosures to the Approver Unit after the activity  
 Other

**H. We resolved real and/or potential bias or conflicts of interests on the part of the planning committee members and/or presenter(s) by:**

- Full disclosure to learners prior to or at activity       Requirement to use generic drug names  
 Discussion with planner(s) or presenter(s)       Choosing content without influence by others  
 Consultation with ASORN Approver Unit       Other:

**I. We will make learners aware of content related to off-label or investigational uses of a therapy, product or device by:**

- Not applicable (no relevant content)       Information in promotional materials  
 Information in handouts       Announcements during program  
 Signs displayed in or near presentation area       Other:

**J. Provide disclosure forms for:**

- The Nurse Planner and all other planning committee members (forms attached)  
 Presenter(s) or authors(s) (forms attached)

**K. We will make learners aware that approval status of the learning activity does not imply ASORN or ANCC-COA endorsement of any commercial products displayed or discussed:**

- Information announced before or during activity       Information in promotional materials  
 Signs displayed in appropriate areas       Information on handouts  
 Other:

**L. We will make learners aware of expiration date for awarding contact hours by:**

- Not applicable (activity is not enduring material)       Information in promotional materials  
 Information in activity materials       Other

---

**X. CO-PROVIDERSHIP**

**A. The educational activity is co-provided.**

- Yes       No

**B. Provide a copy of the co-provider agreement describing how you will maintain responsibility for *all required elements* of the activity (see Section XB in Appendix A – Application Instructions).**

- Not applicable (activity not co-provided)       Attached

---

**XI. MAINTENANCE OF EDUCATIONAL ACTIVITY RECORDS**

**A. We agree to maintain all required records and supplemental evidence that provides documentation for information supplied in this application for six (6) years.**

- Yes

**B. Record storage and filing system includes the following elements:**

- Storage facility is secure, accessible                       Records filed systematically to allow retrieval  
 Access is limited to authorized persons                       Other:

**C. Provide a sample copy of the form that lists participants' names, addresses, and number of contact hours awarded to each participant.**

- Attached
- 

**The Approver Unit encourages you to use the compliance checklist (Appendix M) as a self-check to make sure you have met all criteria and completed all requirements for approval before submitting this application.**

## **Appendix C**

### **Sample Completed Activity Documentation Form**

## V. ACTIVITY DOCUMENTATION FORM

**A. Title of Presentation:** Principles of Patient Education

**B. Total Minutes of Learning Activity Time:** 60

<b>A. Objectives</b> <i>At the conclusion of this presentation, the participant should be able to:</i>	<b>D. Content Outline</b>	<b>E. Time Frame</b>	<b>F. Presenter(s) or Author(s)</b>	<b>G. Teaching Strategies</b>
<p>A. List two indications for initiating patient education.</p> <p>C. Discuss three important requirements of patient education materials.</p>	<p>A. Indications for patient education</p> <ol style="list-style-type: none"> <li>1. New diagnosis</li> <li>2. Medications</li> <li>3. Need for lifestyle modifications</li> <li>4. Change in condition</li> </ol> <p>B. Learning styles</p> <p>C. Teaching materials</p> <ol style="list-style-type: none"> <li>1. Readability level</li> <li>2. Use of white space</li> <li>3. Size of print</li> <li>4. Individual modification</li> </ol> <p>D. Question and answer period</p>	<p>15 minutes</p> <p>10 minutes 30 minutes</p> <p>5 minutes</p>	<p>Rachel Fox, RN</p> <p>Patricia Wolf, RN Kate Smith, RN</p> <p>All presenters</p>	<p>Lecture, slide presentation, handout</p> <p>Lecture, overhead projection Lecture, handout</p> <p>Interactive discussion</p>

## **Appendix D**

### **Sample Biographical Data Form**

**IDENTIFICATION**

**Name**  
**Preferred Address**  
**Preferred Phone**
**E-mail Address**

**ROLE IN THIS CONTINUING EDUCATION ACTIVITY**

Program administrator
  Planning committee member
  Presenter
  Author

**FORMAL EDUCATION**

High school diploma
  Structured non-degree program
  Associate degree:  
 Undergraduate degree:
  Graduate degree:
  Post-graduate work/related field:  
 Other:

**PROFESSIONAL LICENSE**

RN
  LPN/LVN
  MD
  DO
  OD
  Other:

**CURRENT CERTIFICATION(S)**

CRNO
  ABO
  COA
  COT
  COMT
  Other:

**CURRENT AREA(S) OF SPECIALIZATION OR CONCENTRATION**

General ophthalmology
  Cataracts
  Cornea
  Glaucoma
  Neuro-ophthalmology  
 Pediatrics/strabismus
  Plastics
  Refractive
  Retina
  Surgery  
 Administration
  Education
  Research
  Other:

**CURRENT OR PREVIOUS EMPLOYMENT**

**Current Employer:**
**Job Title:**

**Current or previous clinical duties within past 2 years relevant to your role in this activity (check all that apply):**

Provide care primarily to ophthalmic patients
  Provide care to some ophthalmic patients  
 Teach others about ophthalmic topics
  Teach ophthalmic patients about disease process, therapeutic regimen, care  
 Perform non-surgical ophthalmic procedures
  Assist with non-surgical ophthalmic procedures  
 Perform surgical ophthalmic procedures
  Assist with surgical ophthalmic procedures  
 Conduct ophthalmic research
  Assist with ophthalmic research  
 Other:
  Not applicable

**Current or previous administrative or clerical duties within the past 2 years relevant to your role in this CE activity (check all that apply):**

Manage clinical and/or clerical staff
  Perform administrative and/or clerical duties
  Administer or manage CE activities  
 Other:
  Not applicable

**CURRENT OR PREVIOUS PROFESSIONAL AND/OR VOLUNTEER ACTIVITIES**

Presenter on topics related to program content
  Presenter on other ophthalmic health care topics  
 Author of literature related to program content
  Author of literature on ophthalmic/other health care topics  
 Teaching experience related to program content
  Teaching experience related to ophthalmic/other health care topics  
 Prior experience in program planning
  Other:

**Appendix E**  
**Sample Disclosure Form**

**IDENTIFICATION AND ROLE IN THIS CONTINUING EDUCATION ACTIVITY**
**Name:**
**Title of CE Activity:**
**Date:**
 **Planning committee member**     
  **Presenter**     
  **Author**     
  **Nurse peer reviewer**
**RELEVANT FINANCIAL RELATIONSHIPS DISCLOSURE**

All individuals with a relevant financial interest or affiliation or *any* potential bias with a corporate organization must reveal those to learners in accordance with the criterion of the American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA. Please select either statement A or B:

- A.  **NO, I do not have relevant financial interests, arrangements, affiliations, or any bias with any corporate organizations.**
- B.  **YES, I do have relevant financial interests, arrangements, affiliations, or any bias with any corporate organizations.**

**Exclude non-profit or governmental organizations and non-health care related companies.**  
**Include all relationships within the past 12 months for yourself, spouse, family members, or partner.**

Organization	What Was Received	For What Role
Example: Company XYZ	Honorarium	Speaker

**Example Terminology**

**What was received:** Salary, royalty, research/grant support, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit (please specify).

**Role(s):** Owner, major stock holder or other ownership interest, employee, consultant, independent contractor (including contracted research), speakers' bureau, other speaking and/or teaching, advisory committee or review panel member, board member, and/or other activities (please specify).

**OFF-LABEL OR INVESTIGATIONAL USE DISCLOSURE**

*Off-label or investigational use is any use other than that approved by the Food and Drug Administration.* Please select either statement A or B:

- A.  **NO, I will not discuss or present information related to an off-label or investigational use of a therapy, product or device during this CE activity.**
- B.  **YES, I will discuss or present information related to an off-label or investigational use of a therapy, product or device during this CE activity.**

What is the nature of that off-label or investigational use?

How will you inform learners of this off-label or investigational use?

**SIGNATURE (MAY BE ELECTRONIC OR HANDWRITTEN)**
**Signature:**
**Date:**

## **Appendix F**

### **Sample Evaluation Form**

**Title:**

**Date:**

I. Please evaluate each topic and presenter(s).

Topic Title & Presenter(s)*	Expertise of Presenter	Appropriateness of Teaching Strategies	Achievement of Stated Objectives
	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent
	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent
	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent
	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent
	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent
	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent
	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent
	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent	1 2 3 4 5 Poor Excellent

*\* If a topic has more than one presenter, list each presenter separately.*

- II. The overall activity supported my achievement of the educational objectives. Poor      Excellent  
1 2 3 4 5
- III. The overall activity contributed to my professional development. 1 2 3 4 5
- IV. The content reflected current issues relevant to my practice. 1 2 3 4 5
- V. The content was related to the objectives. 1 2 3 4 5
- VI. There was sufficient time allowed to meet the objectives. 1 2 3 4 5  
Poor      Excellent

The provider of this educational activity disclosed in writing or verbally the presence or lack of conflicts of interest declared by the planners and presenter(s). Yes       No

I perceived a financial or commercial bias during this educational activity. Yes       No

The commercial exhibits (if any) interfered with the educational activity. Yes       No

***Please provide any additional comments you think would help us evaluate this program and/or improve it. (Include any topics you would like to see presented in the future):***

## **Appendix G**

### **Sample Verification of Completion**

**Jane Doe, RN**

has attended and successfully completed

# **Ophthalmic Update 2009**

May 16, 2009

presented by

**Educational Consultants of New Mexico**

2234 Main Avenue NE  
Albuquerque, NM 87111

This continuing nursing education activity was approved by the American Society of Ophthalmic Registered Nurses (ASORN), an accredited approver by the American Nurses Credentialing Center's COA).

Contact Hours Awarded: 8.7      ASORN Approval Number: 0001.

## **Appendix H**

### **Sample Educational Activity Record Form**



## **Appendix I**

### **Standards for Disclosure and Commercial Support**

*From the ANCC-COA Application Manual: Accreditation Program (2009)*

# Standards For Disclosure And Commercial Support

These Standards have been adapted from the Accreditation Council for Continuing Medical Education (ACCME), which articulates its policies<sup>1</sup> for disclosure and commercial support in:

- (1) *The Standards For Commercial Support: Standards to Ensure Independence in CME Activities*, as adopted by ACCME in September 2004; and
- (2) ACCME policies applicable to commercial support and disclosure.

## Standard 1: Independence

**1.1** An entity has a commercial interest if it is:

- An entity that produces, markets, sells, or distributes health care good or services consumed by or used on patients; or
- An entity that is owned or operated, in whole in part, by any entity that produces, markets, sells or distributes health care goods or services consumed by or used on patients.

An entity is NOT a commercial interest if it is:

- A government entity;
- A non-profit (503(c)) organization; or
- A non-healthcare related entity.

This definition permits an accredited provider to be owned by an entity that is not a commercial interest. It also allows a provider to have a ‘sister company’ or parent company that is a commercial interest, as long as the accredited provider has and maintains adequate corporate firewalls to prohibit any influence or control by the sister or parent company over the continuing education program of the accredited provider. In this case, ANCC would expect that the accredited provider would have an adequate corporate firewall in place to prohibit any influence or control by the ‘sister company’ over the continuing education program.

ANCC does not consider providers of clinical service directly to patients to be commercial interests.

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

- (a) identification of continuing nursing education needs,
- (b) determination of educational objectives,
- (c) selection and presentation of content,
- (d) selection of all persons and organizations that will be in a position to control the content of the continuing nursing education,
- (e) selection of educational methods, and
- (f) evaluation of the activity.

**1.3** An entity with a commercial interest cannot take the role of non-accredited partner in a co-provider relationship.

---

<sup>1</sup> These materials can be found at [www.accme.org](http://www.accme.org) under Accreditation Requirements – ACCME Essential Areas & Elements (Element 3.3). ACCME provides additional information about commercial support and disclosure in the form of frequently asked questions under the “Ask ACCME” tab on its web site.

## **Standard 2: Resolution of Personal Conflicts of Interest**

**2.1** An individual must disclose any financial relationships with an entity with a commercial interest (see **Standard 1**).

**2.2** The provider must be able to show that each individual who is in a position to control the content of an educational activity has disclosed all financial relationships with any entity with a commercial interest in the provider. ANCC defines “financial relationships” as those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include ‘contracted research’ where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ANCC considers relationships of the person involved in the continuing nursing education activity to include financial relationships of a spouse/partner. Financial relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward.

*With respect to personal financial relationships*, ‘contracted research’ includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

ANCC considers financial relationships in any amount occurring within the past 12 months as “relevant” in terms of creating a conflict of interest.

**2.3** An individual who refuses to disclose financial relationships will be disqualified from being a planning committee member, a teacher, or an author of continuing nursing education and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the continuing nursing education activity.

**2.4** The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

**2.5** ANCC considers a “conflict of interest” to exist when an individual has an opportunity to affect continuing nursing education content in relation to a commercial interest with which he/she has a financial relationship.

ANCC considers “opportunity to affect continuing nursing education content” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

*With respect to financial relationships* with commercial interest, when a person divests himself/herself of a relationship, it is immediately not relevant to conflicts of interest but it must be disclosed to the learner for 12 months.

## **Standard 3: Appropriate Use of Commercial Support**

**3.1** The provider must make all decisions regarding the disposition and disbursement of commercial support.

ANCC defines “commercial support” as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a continuing nursing education activity.

ANCC does not consider providers of clinical service directly to patient to be commercial interests. For the purposes of eligibility, ANCC considers the following types of organizations eligible for accreditation and free to control the content of continuing nursing education (**Standard 1**):

- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not-for-profit)
- For-profit rehabilitation centers
- For-profit nursing homes
- Universities with nursing development and continuing nursing education programs
- Specialty Nursing Organizations
- Constituent Member Associations
- Federal Nursing Services
- National nurses organizations based outside the United States
- A single-focused organization<sup>1</sup> devoted to offering continuing nursing education

<sup>1</sup> The single-focused organization exists for the single purpose of providing education.

**3.2** A provider cannot be required by an entity with a commercial interest to accept advice or services concerning teachers, authors, or other education matters, including content, from the entity as conditions of contributing funds or services.

**3.3** All commercial support associated with a continuing nursing education activity must be given with the full knowledge and approval of the provider.

### **Written agreement documenting terms of support**

**3.4** The terms, conditions, and purposes of the commercial support must be documented in a written agreement with the entity that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider’s educational partner or a co-provider.

**3.5** The written agreement must specify the entity that is the source of commercial support.

**3.6** Both the entity and the provider must sign the written agreement regarding the support to be provided/accepted.

### **Expenditures for an individual providing continuing nursing education**

**3.7** The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers, and authors.

**3.8** The provider, the co-provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider’s written policies and procedures.

**3.9** No other payment shall be given to the director of the activity, planning committee members, teachers or authors, co-provider, or any others involved with the supported activity.

**3.10** If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

### **Expenditures for learners**

**3.11** Social events or meals at continuing nursing education activities cannot compete with or take precedence over the educational events.

**3.12** The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a continuing nursing education activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, co-provider, or educational partner. This element applies only to nurses whose official residence is in the United States.

### **Accountability**

**3.13** The provider must be able to produce accurate documentation detailing the receipt and expenditure of commercial support.

## **Standard 4. Appropriate Management of Associated Commercial Promotion**

Commercial exhibits and advertisements are promotional activities and not continuing nursing education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be ‘commercial support.’ However, accredited providers are expected to fulfill the requirements of **Standard 4** and to use sound fiscal and business practices with respect to promotional activities.

**4.1** Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for continuing nursing education activities.

**4.2** Product-promotion material or product-specific advertisement of any type is prohibited in or during continuing nursing education activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from continuing nursing education.

- **Print**, advertisements and promotional materials shall not be interleaved within the pages of the continuing nursing education content. Advertisements and promotional materials may face the first or last pages of printed continuing nursing education content as long as these materials are not related to the continuing nursing education content they face and are not paid for by the entities with commercial interests in the continuing nursing education activity.
- **Computer-based**, advertisements and promotional materials shall not be visible on the screen at the same time as the continuing nursing education content and not interleaved between computer ‘windows’ or screens of the continuing nursing education content.
- **Audio and video recording**, advertisements and promotional materials shall not be included within the continuing nursing education. There shall not be ‘commercial breaks.’

- ***Live, face-to-face continuing nursing education***, advertisements and promotional materials shall not be displayed or distributed in the educational space immediately before, during, or after a continuing nursing education activity. Providers shall not allow representatives of an entity with commercial interests to engage in sales or promotional activities while in the space or place of the continuing nursing education activity.

**4.3** Educational materials that are part of a continuing nursing education activity, such as slides, abstracts, and handouts, shall not contain any advertising, trade name, or a product-group message.

**4.4** Print or electronic information distributed about the non- continuing nursing education elements of a continuing nursing education activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

**4.5** A provider shall not use an entity with a commercial interest as the agent providing a continuing nursing education activity to learners, e.g., distribution of self-study continuing nursing education activities or arranging for electronic access to continuing nursing education activities.

## **Standard 5. Content and Format without Commercial Bias**

**5.1** The content or format of a continuing nursing education activity or its related materials must promote improvements or quality in health care and not a specific proprietary business interest of an entity with a commercial interest.

**5.2** Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the continuing nursing education educational material or content includes trade names, when available trade names from several companies should be used, not just trade names from a single company.

## **Standard 6. Disclosures Relevant to Potential Commercial Bias**

Relevant financial relationships of those with control over continuing nursing education content

Disclosure of information about provider and faculty relationships may be disclosed verbally to participants at a continuing nursing education activity. When such information is disclosed verbally at a continuing nursing education activity, providers must be able to supply ANCC with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

A. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:

- that verbal disclosure did occur; and
- itemize the content of the disclosed information (**Standard 6.1**) or that there was nothing to disclose (**Standard 6.2**).

B. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

**6.1** The accredited provider is responsible for ensuring that learners are aware of any relevant financial relationship(s), to include the following information:

- The name of the individual
- The name of the commercial interest(s), and
- The nature of the relationship the person has with each commercial interest

**6.2** For an individual with no relevant financial relationship(s), the learners must be informed that no relevant financial relationship(s) exist.

**Commercial support for the continuing nursing education activity.**

The provider's acknowledgment of commercial support as required by **Standard 6.3** and **6.4** may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product-promotional in nature.

**6.3** The source of all support from entities with commercial interests must be disclosed to learners. When commercial support is other than monetary support, the nature of the support must be disclosed to learners.

**6.4** 'Disclosure' must never include the use of a trade name or a product-group message.

**Timing of disclosure**

**6.5** A provider must disclose the above information to learners prior to or at the time of the beginning of the educational activity.

## **Appendix J**

### **Learner Paced Activities**

Determining Contact Hours  
Sample Verification of Completion

## Determining Contact Hours for Learner Paced Activities

It is the responsibility of the applicant to document a logical and defensible method used to determine the appropriate number of contact hours for learner paced activities. There is no single required method. Applicants must clearly describe the method used so the reviewers can assess the appropriateness of the request for contact hours.

One method to determine an appropriate number of contact hours for a learner paced activity is pilot testing. Pilot testing is a process in which individuals who represent the target audience complete the learning activity and document the time required to complete the entire learning package for the activity, including pre- and post-test, evaluation, or any other aspect of the activity. Pilot testers may also provide feedback, which allows the provider to make changes to improve the learning package based on that feedback prior to actually implementing the activity.

Applicants may also use any other approach to determine the number of contact hours appropriate for a specific learner paced activity as long as it is defensible as a valid method. For example, applicants could determine the time required to read a published article using the number of words in the article and dividing that by average reading speed. They could then determine the amount of time required to complete a post-test and evaluation in a similar manner. This method has some drawbacks in that it requires some way to determine average reading speed and average time per question, etc. However, if the applicant can clearly describe a reasonable means of determining these averages, it would be an acceptable method.

***NOTE:** Enduring continuing education materials must include a statement explaining how the provider will award long contact hour(s). This statement must appear on the title page of the materials.*

One example of a pilot testing documentation form follows. If applicants want to use pilot testing as a method to determine the number of contact hours for a learner paced activity, they may use it with or without modification.

---

### Pilot Documentation

This learner paced activity has been prepared for continuing nursing education. Thank you for agreeing to pilot the activity to evaluate the content and appropriately assign continuing education contact hours. Please keep track of the total amount of time you spend from the time you begin the activity to completion of the post-test and evaluation form.

#### INSTRUCTIONS:

1. Read the total learning package through completely.
2. Read the post-test items.
3. Implement the learning package according to the instructions. You may stop at intervals to answer the post-test items or complete the post-test at the end.
4. Complete the post-test and evaluation form.
5. Record the total number of minutes you spent completing the learning package: \_\_\_\_\_

Please provide additional comments you think may help us make this a better learning activity:

**Jane Doe, RN**

successfully completed the following learning module

**Treatment Modalities: Diabetic Retinopathy**

on

August 20, 2009

This module was developed and published by:

**Educational Consultants of New Mexico**

2234 Main Avenue NE  
Albuquerque, NM 87111

This continuing nursing education activity was approved by the American Society of Ophthalmic Registered Nurses (ASORN), an accredited approver of continuing nursing education by the American Nurses Credentialing Center's COA.

Contact Hours Awarded: 2.4 ASORN Approval Number: 0002.

## **Appendix K**

### **Guidelines for Writing Behavioral Objectives**

# BEHAVIORAL OBJECTIVES

## Definition and Components

Behavioral objectives describe learner outcomes that are measurable, specific and realistic. These outcomes are the changes in knowledge, skills, or attitudes the provider expects in a learner following an educational activity. Required components include:

- *Who* – the learner.
- *Behavior* – the verb that describes what the learner should be able to do following the educational activity.
- *Criterion* – a measurable standard by which the provider evaluates the learner outcome.
- *Condition* – the circumstances under which the learner is to perform the behavior.

*Example:* On completion of this course, the learner should\* be able to discuss two common side effects of drugs in the prostaglandin class used to treat chronic open-angle glaucoma.

\* *Stating the learner “should be able to” is better than stating “will be able to” because we can never guarantee that the outcome is actually achieved by the learner, no matter how good the course. We can only say that it “should” be achieved (after all, the learner may fall asleep!).*

*Who* – the learner

*Behavior* – discuss

*Criterion* – two common side effects of glaucoma drugs in the prostaglandin class

*Condition* – on completion of this course

## Learning Domains

Learning takes place in several *domains* and at several *levels* within each domain. The levels proceed from least difficult to most difficult within each domain.

### Cognitive Domain

Knowledge

Comprehension

Application

Analysis

Evaluation

### Psychomotor Domain

Imitation

Manipulation

Precision

Articulation

### Affective Domain

Receiving

Responding

Valuing

Organizing values

Characterizing values

Educational providers should choose objectives with regard to the target audience, their learning needs, and their expected outcomes. For example, it's much more difficult to evaluate the risks and benefits of different therapies for a certain condition than it is to simply list them. Evaluation is the highest difficulty level in the cognitive domain and simple knowledge is the lowest. For one target audience (individuals new to ophthalmology, for example) it's probably not appropriate to expect a high level outcome – they have to know what the therapies are before they can move beyond that knowledge to the higher level of understanding expected by being able to evaluate the risks and benefits. However, for another target audience it may be perfectly appropriate.

Although educational activities most commonly have objectives in the cognitive domain, the psychomotor and affective domains may also appear. Hands-on skill acquisition is an example in the psychomotor domain. Psychomotor objectives might include verbs such as *demonstrates*, *uses*, or *carries out*. Increasing awareness or acceptance of cultural differences is an example in the affective domain and objectives might include verbs such as *acknowledges* or *defends*. Again, providers must assess the appropriate level in each domain in terms of the target audience. They should not expect individuals with limited exposure to an ophthalmoscope to use the direct ophthalmoscope to identify retinal abnormalities, but it may be perfectly appropriate to expect them to assemble the major components of the direct ophthalmoscope or demonstrate the correct examination position.

### Behavioral Verbs

Objectives written using these verbs are measurable while learners are in the learning situation, i.e., the teacher can observe the behavior. They allow better selection of learning strategies because expected behavior is well defined.

Acknowledge	Debate	Generalize	Recite
Analyze	Declare	Identify	Reconstruct
Apply	Defend	Illustrate	Record
Arrange	Define	Interpret	Relate
Assemble	Demonstrate	List	Restate
Assess	Describe	Match	Restructure
Calculate	Design	Modify	Revise
Carries out	Develop	Name	Score
Choose	Differentiate	Operate	Select
Classify	Discuss	Organize	Share
Compare	Distinguish	Outline	Solve
Compose	Employ	Paraphrase	State
Conclude	Evaluate	Plan	Test
Conduct	Explain	Predict	Use
Construct	Express	Produce	Validate
Contrast	Find	Propose	Write
Critique	Formulate	Recall	

### Non-Behavioral Verbs

Objectives written using these verbs are not measurable. They describe something that is happening in the learner's minds, i.e., the teacher cannot observe the action. These verbs are broad, vague and ambiguous.

Appreciate	Enjoy	Learn
Be acquainted with	Gain working knowledge of	Perceive
Be aware of	Have knowledge of	Recognize
Be familiar with	Develop interest in	Remember
Comprehend	Know	Understand

## Common Errors

In the examples below, the common stem of the objectives (“at the conclusion of this course, the learner should be able to”) is omitted for brevity.

### • The objective includes a non-behavioral verb.

*Poor:* Know the etiology and current treatment of two common types of glaucoma.

*Better:* Describe the etiology and current treatment of two common types of glaucoma.

*Rationale:* Although we cannot observe knowledge of something in a learner, we can observe his verbal or written description of that knowledge.

*Poor:* Understand the principles of visual field testing.

*Better:* Explain the principles of visual field testing.

*Rationale:* How would we know the learner understands the principles? We would know if she could *explain* the principles, so that’s the verb that should be chosen for the objective.

### • The criterion is vague:

*Poor:* Identify the current status of LASIK refractive surgery.

*Better:* Identify three steps in patient preparation for LASIK refractive surgery.

*Rationale:* What does it mean to identify the “status” of LASIK? The status of LASIK in terms of what? It could be in terms of acceptance, success rate, modification of the procedure and instrumentation, or any other aspect of LASIK. As written, this objective does not include a criterion with a measurable standard against which to evaluate the learner. The improved objective clearly identifies the standard – the learner should be able identify three steps of patient preparation prior to the procedure.

### • The verb choice for the learner outcome is vague:

*Poor:* Explain the disease of retinopathy of prematurity.

*Better:* Define retinopathy of prematurity.

*Rationale:* How would a learner “explain” a disease? Exactly what would a learner explain? Does this mean etiology, disease process, related factors, or some other aspect of the disorder? In the improved example, the learner simply needs to define the disease. If the expectation is for the learner to know more than simply a disease definition, then “explain” is fine, but the criterion would have to be less broad – “Explain the classification system of retinopathy of prematurity” for example.

**Appendix L**

**Adult Learning Principles**

# ADULT LEARNING PRINCIPLES

## General Considerations

Adult learners are not just grown-ups in school. They have different learning styles and are motivated to learn in different ways than typical students. Effective continuing education for adults should be planned with those differences in mind.

## Characteristics of Adult Learners

- Past life experiences provide a rich framework for new learning.
- Problem-solving abilities are usually well developed.
- Goal-orientation tends to be the norm.
- Content relevance is important.
- Self-direction in learning situations is common.
- Other responsibilities and commitments such as time, money, scheduling, or child-care issues may be major stumbling blocks in pursuing educational opportunities.

## Motivation of Adult Learners

- There is a perceived use for the knowledge.
- Learning meets an external expectation (e.g., maintenance of licensure or certification).
- They have a desire to help others.
- Continued learning enhances professional development.
- They find pleasure in learning.
- Learning increases self-esteem.

## Developing Continuing Education for Adults

- Adults prefer courses that focus on application of one concept to a situation that is relevant to them. A day-long program on glaucoma will be of great interest to learners who work with many patients who have glaucoma, but would be of less interest to learners for whom patients with glaucoma comprise only a small part of their work, for example. An hour-long presentation on a new therapy for macular degeneration may provide just the specific content needed by experienced ophthalmic nurses, but might not be as relevant to nurses new to ophthalmology (they might prefer an overview of macular degeneration). The basic concept is that content should be focused and relevant.
- Providers should involve adult learners in planning and implementing educational activities. This may involve actually surveying potential learners about their needs or a less direct process of analyzing the presence of current advances in ophthalmology, available educational opportunities and characteristics of the target audience. For example, is there a new surgical procedure that hasn't been addressed in recent continuing educational activities in a geographical area with many ophthalmic surgical facilities?
- Adult learners with rich professional and personal past experiences appreciate collaboration in educational activities. They often have as much to offer as to gain in a learning situation. Providing opportunities for their involvement in the teaching/learning process helps support this sense of cooperation. This can be accomplished by giving learners an opportunity to ask questions, be involved in discussion, or simply by soliciting their evaluations and using them to plan educational opportunities.

**Appendix M**  
**Compliance Checklist**



# ASORN APPROVER UNIT

## Compliance Checklist: ANCC Criteria Monitoring of CNE Activities

Return to Chair By:

**REVIEWER: Before proceeding with this peer review, please attest to the absence or presence of a personal conflict of interest with this application.**

I attest that **I do not have** a conflict of interest with this application. (Please proceed with review.)

I attest that **I have** a conflict of interest with this application and therefore will not review this application. (Please immediately notify the ASORN office of your conflict so they may reassign the application.)

Reviewer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Approval Number: \_\_\_\_\_

**KEY: NI = NEEDS IMPROVEMENT NA = NOT APPLICABLE**

Required Evidence	Yes	No	NI	NA
<b>I. EDUCATIONAL ACTIVITY INFORMATION</b>				
• There is information identifying title, provider, date and location of the activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• There is information regarding previous denial of the CE activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. ADMINISTRATOR</b>				
• There is complete contact information for the person designated to be administratively responsible for completing and submitting the application for the activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. EDUCATIONAL ACTIVITY PLANNING</b>				
A. Planning committee:				
• Members' names and credentials listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Consists of at least two members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Nurse Planner is an RN with baccalaureate or graduate degree in nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Nurse Planner indicates orientation to ANCC-COA educational design criterion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Nurse Planner role includes responsibility for ANCC-COA accreditation criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Nurse Planner role includes direct involvement in planning and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Committee has representation from a) target audience and b) content expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Items checked indicate that planning included analysis of pertinent data to identify the target audience and assess learning needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Items checked indicate that planning included consideration of identified learner needs in determining the overall purpose of the educational activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Items checked indicate that planning included incorporation of identified learner needs in determining appropriate learning objectives, content, and teaching-learning strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Items checked indicate that planning included consideration of appropriate adult learning principles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Evidence	Yes	No	NI	NA
<b>IV. ACTIVITY DOCUMENTATION</b>				
• Documentation includes the required number of hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Presentation title(s) reflect(s) the content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Total number of minutes of learning activity time in part B is the total of minutes listed in column E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Learning objectives:				
• Objectives are statements of measurable learner outcomes, they are achievable within the designated time frame and appropriate for the target audience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Each objective has clearly related content identified in the outline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Content:				
• Content is in outline format.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Content is congruent with the overall purpose of the activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Time frame:				
• Each topic in the presentation has a time frame (in minutes) listed. If there is more than one presenter, each presenter's topic area has a time frame listed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Time allotted is appropriate to reasonably allow achievement of the objectives using the designated teaching-learning strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Each topic has identified presenter(s) or author(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Identified teaching-learning strategies are congruent with objectives and content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. The sum of total organized learning activity time for all topics is correct (for learner directed activities, attached explanation of method used to determine total learning activity time is logical and defensible).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Calculation of contact hours from total organized learning activity time is correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>V. BIOGRAPHICAL DATA INFORMATION</b>				
A. Biographical data provides evidence of education, knowledge and/or experience relevant to the individuals' respective roles in the activity for:				
• Administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• All planning committee members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• All presenters and/or authors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VI. VERIFICATION OF PARTICIPATION AND SUCCESSFUL COMPLETION</b>				
A. Items checked are acceptable as criteria used to verify successful completion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Items checked are acceptable as methods used to inform learners of these criteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Written verification of completion sample included with the following information:				
• Participant's name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Name and address of the educational activity provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Title and completion date(s) of the educational activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appropriate approval statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Contact hours awarded and approval number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Evidence		Yes	No	NI	NA
<b>VII. EVALUATION OF THE ACTIVITY</b>					
A.	Items checked indicate how evaluation method involves participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Items checked indicate evaluation category or categories used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Items checked indicate how applicant plans to use evaluation data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Evaluation instrument(s) included and addresses the following:				
	• Participant’s achievement of educational objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Contribution of the activity to learner’s professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Perception of commercial bias in the activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Interference with the activity by commercial exhibits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Applicant agrees to submit a summary evaluation by the designated deadline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VIII. PROMOTIONAL MATERIALS</b>					
A.	Items checked identify the types of promotional materials used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Copies of all promotional material(s) included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Materials include appropriate approval statement when indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Materials include statement of how long applicant will award contact hour (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IX. SPONSORSHIP, COMMERCIAL SUPPORT, CONFLICTS OF INTEREST, AND DISCLOSURES</b>					
A.	Items checked identify types of support received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Items checked identify adequate measures to maintain control of planning and content despite commercial support (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Items checked identify adequate measures to make participants aware of the nature of support (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Copy of written agreement for support included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Applicant indicates whether or not the educational activity will include display of commercial exhibits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Items checked identify adequate measures to avoid negative influence of commercial exhibits on planning or presentation of the activity (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Items checked identify how provider will make learners aware of presence or absence of influencing financial relationships on the part of planners, presenter(s), or authors(s). If verbal disclosure, provider agrees to submit written attestation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Items checks identify how provider will resolve real and/or potential bias or conflicts of interest on the part of planning committee members or presenter(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Items checked identify how provider will make learners aware of content related to off-label or investigational use of a therapy, product or device.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Evidence	Yes	No	NI	NA
J. Disclosure forms clearly indicating influencing financial relationships and intent to discuss or present content related to off-label or investigational use where indicated are included for:				
• All planning committee members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• All presenters or authors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Items checked identify how provider intends to make learners aware that approval status does not imply ASORN or ANCC-COA endorsement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Items checked identify how provider intends to make learners aware of expiration date for awarding contact hours (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>X. CO-PROVIDERSHIP</b>				
A. Applicant indicates whether or not the educational activity is co-provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If activity is co-provided, written co-providership agreement describes how provider will maintain responsibility for determining objectives and content, selecting presenters, awarding contact hours, keeping all records, and evaluating the activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>XI. MAINTENANCE OF EDUCATIONAL ACTIVITY RECORDS</b>				
A. Applicant agrees to maintain all required records for six (6) years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Items checked identify adequate means to maintain accessibility, security, and confidentiality of educational activity records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Form used for the required record of participants' names, unique identifier, and number of contact hours awarded to each participant included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Approval recommended: number of contact hours approved:
- Approval denied
- Approval deferred until additional materials reviewed (list below or attach details):
- 1.
  - 2.
  - 3.
  - 4.

Reviewer's Signature:

Date:

**Appendix N**  
**Approval Fees**

## ASORN APPROVAL FEES\*

### Programs and Conferences

<u>Applicant Status</u>	<u>Fee</u>
ASORN Member/Local Chapter	\$22 per contact hour or portion thereof. Minimum fee \$22; maximum fee of \$220 per educational activity.
ASORN Corporate Affiliate	\$25 per contact hour or portion thereof. Minimum fee of \$25; maximum fee of \$300 per educational activity.
Other Providers	\$37 per contact hour or portion thereof. Minimum fee of \$37; maximum fee of \$1,250 per educational activity.
Late Fee	\$50 for applications received less than 46 days prior to the start date (in addition to regular application fee).
Repeats ( <b>no changes</b> )	\$25 per each repeat of a program within the 2-year approval period. After the 2-year approval period, applicants must resubmit the activity in its entirety for approval (with applicable fee).

### Learner Paced Activities

*Learner paced activities include articles or modules published in print or on-line, audio, video, or CD-ROM learning packages, or other self-paced continuing education in any form.*

Activity Fee	\$100 per activity for 1-year approval
Late Fee	\$50 for applications received less than 46 days prior to the start date (in addition to regular application fee).

***For activities not clearly within one of the above categories, contact ASORN for help and fee quote.***

\*ASORN reserves the right to modify these fees at any time without prior notice.

## **Appendix O**

### **Approver Unit Personnel**

# **Approver Unit**

## **Nurse Peer Review Leader**

Barbara D. Powell, RN, BSN, MS, CNOR  
Goodlettsville, TN  
(Effective November 1, 2009)

Kate Goldblum, NP, MSN, CRNO  
Albuquerque, NM  
(Consultant Status Effective November 1, 2009)

## **Peer Reviewers**

Margaret Acker, RN, MSN – Jackson, MI

Tulay Cakiner-Egilmez, RN, PhD, CRNO – Newton, MA

Lucy Elfervig, DNS, MSN, APRN, CRNO, FAAN – Germantown, TN  
(Effective January 1, 2010)

Hannah Marshall, RN, MSN – Vernon, CT

Lily Orticio, RN, MSN – Aventura, FL

Mary Nehra Waldo, RN, BSN, CRNO – Ann Arbor, MI

Von Best Whitaker, RN, MSN, PhD, FAAN – Greensboro, NC

Charlotte Willman, RN, BSN, CRNO – Hopewell Junction, NY

## **Staff**

Executive Director – Lisa Brown  
Client Services Coordinator – Sian Hillier

ASORN  
P.O. Box 193030  
San Francisco, CA 94119-3030  
Phone: (415) 561-8513  
Fax: (415) 561-8531  
E-mail: [asorn@aao.org](mailto:asorn@aao.org)