Title of Activity: Click here to enter text.

Date Form Completed: Click here to enter a date.

Activity Type:

☐Provider-directed, provider-paced: Live (in person or webinar)

* Date of live activity: Click here to enter a date.

☐Provider-directed, learner-paced: Enduring material

* Start date of enduring material: Click here to enter a date.
* Expiration/end date of enduring material: Click here to enter a date.

☐Blended activity

* Date(s) of enduring materials (e.g. prework): Click here to enter a date.
* Date of live portion of activity: Click here to enter a date.

Nurse Planner contact information for this activity.

Name and credentials: Click here to enter text.

Email Address: Click here to enter text.

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

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

Describe the current state:

Form fill text area

Describe the desired state:

Form fill text area

Identified gap:

Form fill text area

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

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

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

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

☐ Evaluation data from previous education activities

☐ Trends in literature, law and health care

☐ Direct observation

☐ Other—Describe:

Please provide a brief summary of data gathered that validates the need for this activity:

Form fill text area

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

Choose an item.

1. **Description of the target audience. (You can select more than one target audience).**
2. Choose an item.
3. Choose an item.
4. Choose an item.
5. Choose an item.
6. **Desired learning outcome(s) *(What will the outcome be as a result of participation in this activity?)***

Form fill text area

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

☐ Nursing Professional Development ☐Patient Outcome

☐ Other- Describe:

1. **Outcome Measure(s) *(A quantitative statement as to how the outcome will be measured):***

Form fill text area

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

☐ See Educational Planning Table OR

☐ Describe content and include time calculation for content: Click here to enter text.

**Content for this educational activity was chosen from:**

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

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

☐ Clinical guidelines (example - www.guidelines.gov):

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

☐ Textbook reference:

☐ Other:

1. **Learner engagement strategies**

☐ See Educational Planning Table OR

☐ Integrating opportunities for dialogue or question/answer

☐ Including time for self-check or reflection

☐ Analyzing case studies

☐ Providing opportunities for problem-based learning

☐ Other:

1. **Criteria for Awarding Contact Hours**

Criteria for awarding contact hours for live and enduring material activities include:

(Check all that apply)

☐ Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)

☐ Credit awarded commensurate with participation

☐ Attendance at 1 or more sessions

☐ Completion/submission of evaluation form

☐ Successful completion of a post-test (e.g., attendee must score 80% or higher)

☐ Successful completion of a return demonstration

☐ Other - Describe:

1. **Description of evaluation method: Evidence that change in knowledge, skills and/or practices of target audience was assessed**

Form fill text area

**Short-term evaluation options:**

☐ Intent to change practice

☐ Active participation in learning activity

☐ Post-test

☐ Return demonstration

☐ Case study analysis

☐ Role-play

☐ Other – Describe:

**Long-term evaluation options:**

☐ Self-reported change in practice

☐ Change in quality outcome measure

☐ Return on Investment (ROI)

☐ Observation of performance

☐ Other – Describe:

**Attachment 1**

**Individuals in a Position to Control Content**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of individual and credentials** | **Individual’s role in activity** | **Planning committee member? (Yes/No)** | **Name of commercial interest** | **Nature of relationship** |
| *Example: Jane Smith, RN-BC* | *Nurse Planner* | *Yes* | *None* | *---* |
| *Example: Sue Brown, RNC* | *Content Expert* | *Yes* | *None* | *---* |
| *Example: John Doe, PhD* | *Presenter* | *No* | *Pfizer* | *Speakers Bureau* |
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**ATTACHMENTS**

Please provide evidence of the following:

|  |  |
| --- | --- |
| **Attachment 1** | Names and credentials of all individuals in a position to control content (must identify the individuals who fill the roles of Nurse Planner and content expert(s)).  (See example on previous page.) |
| **Attachment 2** | Conflict of interest documentation from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable |
| **Attachment 3** | Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant.) If the activity is longer than 3 hours, attach the agenda for the entire activity. |
| **Attachment 4** | Documentation of completion and/or certificate. |
| **Attachment 5** | Commercial Support Agreement with signature and date (if applicable) |
| **Attachment 6** | Evidence of required information provided to learners:   * 1. Accreditation statement of provider awarding contact hours   2. Criteria for awarding contact hours   3. Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers)   4. Commercial support (if applicable)   5. Expiration date (enduring materials only)   6. Joint Providership (if applicable)   (Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to ANCC criteria) |
| **Attachment 7** | Summative evaluation |

**Completed by:**

**Date:**