

Pennsylvania State University – College of Nursing

APPROVED PROVIDER PLANNING TEMPLATE

Title/ Name 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.
 - Location of activity
 - Number of contact hours to be awarded and method of calculation
- Provider-directed, learner-paced: Enduring material
 - Start date of enduring material: Click here to enter a date.
 - Expiration/end date of enduring material: Click here to enter a date.
 - Number of contact hours to be awarded and method of calculation
- Learner-directed, learner-paced: Enduring material
 - Start date of enduring material: Click here to enter a date.
 - Expiration/end date of enduring material:
 - Number of contact hours to be awarded and method of calculation
- Blended activity
 - Date(s) of pre-work or post-activity work:
 - Date of live portion of activity: Click here to enter a date.
 - Number of contact hours to be awarded and method of calculation

NARS Reporting Information

This section is included to assist with NARS data entry. Below is the list of terms and all information necessary to “open” and “close” an activity in the system. Please consult the [NARS FAQs](#) page, [NARS user manual](#), and [Annual Reporting Page](#) for more information.

NARS Reporting Conversion Terms

NARS Activity Type:

- Course-** A course is a live educational activity where the learner participates in person.
- Regularly Scheduled Series-** A regularly scheduled series (**RSS**) as a course that is planned as a series with multiple, ongoing sessions.
- Internet Live Course-** An Internet live activity is an online course available via the Internet at a certain time on a certain date and is only available in real-time.
- Journal Based CNE-** A journal-based CNE activity includes the reading of an article (or adapted formats for special needs).
- Other-** (Manuscript Review, Test writing item, Committee Learning, Performance Improvement, Internet searching and learning)

Total number of nurses (Registered Nurses) Click here to enter text.

Please only include the total number of registered nurses.

Pennsylvania State University – College of Nursing
APPROVED PROVIDER PLANNING TEMPLATE

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.

Pennsylvania State University – College of Nursing
APPROVED PROVIDER PLANNING TEMPLATE

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

Describe the current state:

Describe the desired state:

Identified gap:

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

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

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

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

- Gap in Knowledge
- Gap in Skills
- Gap in Practice
- Other _____

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

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

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

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

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

- See Educational Planning Table OR

Pennsylvania State University – College of Nursing
APPROVED PROVIDER PLANNING TEMPLATE

- 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): Please identify specific reference articles, book, web links, or other information rather than a general title (example:

www.cdc.gov/immunization

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: _____

H. 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: _____

Pennsylvania State University – College of Nursing
APPROVED PROVIDER PLANNING TEMPLATE

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 _____% or higher)
- Successful completion of a return demonstration
- Other - Describe: _____

- I. **Description of evaluation method: How change in knowledge, skills, and/or practices of target audience will be assessed at the end of the activity (relate this to identified practice gap and educational need)**

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: _____

Pennsylvania State University – College of Nursing
APPROVED PROVIDER PLANNING TEMPLATE
ATTACHMENTS

Please provide evidence of the following:

Attachment 1	Names, credentials, role and conflict of interest documentation (with resolution if applicable) for all individuals in a position to control content of the activity. Must identify the individuals who fill the roles of content expert(s), content reviewer(s), and Nurse Planner. (See example on next 2 pages.)
Attachment 2	Documentation of completion and/or certificate which includes: <ol style="list-style-type: none"> 1. Name of learner 2. Title and date of activity 3. Number of Contact Hours awarded 4. Name and address of provider 5. Official Statement <p style="margin-left: 40px;"><i>_____ is an approved provider of continuing nursing education by the Pennsylvania State Nurses Association Approver Unit an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.</i></p>
Attachment 3	Commercial Support Agreement with signature and date (if applicable)
Attachment 4	Evidence of required disclosures provided to learners prior to the beginning of the activity: <ol style="list-style-type: none"> 1. Approved provider statement 2. Criteria for successful completion in order to receive contact hours 3. Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers). If COI is present, disclosure must include name of person, type of relationship, and name of commercial entity. 4. Commercial support (if applicable) 5. Expiration date (enduring materials only) 6. Name(s) Joint Provider(s) (if applicable) <p style="margin-left: 40px;">NOTE: (Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the name of the Approved Provider awarding contact hours and responsible for adherence to ANCC criteria)</p>
Attachment 5	Summative evaluation (added to the activity file at the conclusion of the activity)

Completed by:

Date:

**Pennsylvania State University – College of Nursing
APPROVED PROVIDER PLANNING TEMPLATE**

**Attachment 1
Individuals in a Position to Control Content**

Complete the table below for each person (add rows as needed) 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. Also include conflict of interest documentation (with resolution if applicable). 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/PSNA 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.** Content Reviewers must also be identified (if applicable).

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity and has a financial relationship with a *commercial interest**, the products or services of which are **pertinent to the content** of the educational activity. Relationships of the individual and spouse/partner (for the past 12 months) with any commercial interest may be considered relevant and must be reported, evaluated, and resolved.

A Commercial Interest, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Name of individual and credentials	Individual’s role in activity	Planning committee member? (Yes/No)	Name of commercial interest	Nature of relationship	Resolution (Select the appropriate number(s) from the table below)
<i>Example: Jane Smith, RN-BC</i>	<i>Nurse Planner</i>	<i>Yes</i>	<i>None</i>	<i>---</i>	<i>1</i>
<i>Example: Sue Brown, RNC</i>	<i>Content Expert</i>	<i>Yes</i>	<i>None</i>	<i>---</i>	<i>1</i>
<i>Example: John Doe, PhD</i>	<i>Presenter</i>	<i>No</i>	<i>Pfizer</i>	<i>Speakers Bureau</i>	<i>5</i>

**Pennsylvania State University – College of Nursing
APPROVED PROVIDER PLANNING TEMPLATE**

Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

1	Not applicable since no conflict of interest
2	Removed individual, with conflict of interest, from participating in all parts of the educational activity
3	Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity
4	Not awarding contact hours for a portion or all of the educational activity
5	Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation
6	Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity
7	Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation
8	Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity

I attest that I have reviewed COI for all above named individuals and have verified resolution of conflicts as noted.

Nurse Planner:

Date:

Pennsylvania State University – College of Nursing
APPROVED PROVIDER PLANNING TEMPLATE