Education Approver Secrets Unveiled: How Do You Do That Application for Contact Hours?

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Planning Committee

- 2 RNs required
  - Can have as many planning committee members that you want
- One RN will be the Nurse Planner for the event
  - BSN required

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Conference Planning

- Topics
- Speakers
- Venue
- Format
  - Live in person
  - Via Live Webcast
  - Hybrid (Both live and webcast)
- Registration fee
- Cancellation policy

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Live Webcast

- Zoom
  - Pro Account
    - $149.90/year
    - Host up to 100 participants
    - Group meetings up to 30 hours
    - Cloud storage 1 GB
- Live webcast = Live event

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ASPAN Education Approver Unit

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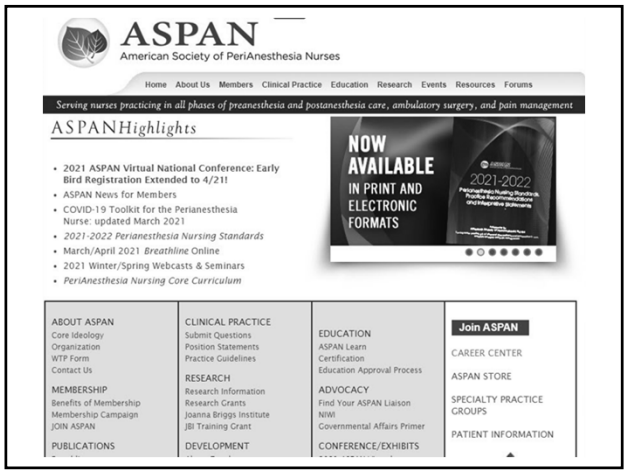

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Application Deadline

- Must be submitted a minimum of 60 days before the program
- Best application fee if application submitted at least 76 days before the program
  - Application fee $50.00 + $2 per CH
- Cost of the application based on the date that the complete application (all required forms) are received at the national office
- Questions? Email Eileen Zeiger at ezeiger@aspan.org

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ASPAN
American Society of PeriAnesthesia Nurses

ASPAN Education Approval Program
2021 Required Forms

2021 REQUIRED FORMS: *(Save all forms to your computer. The forms are Word documents and must be submitted to ASPAN as Word documents.)*

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Accreditation Statement

ASPAN is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

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ASPAN Education Approval Program
2021 Required Forms

The American Society of Perianesthesia Nurses (ASPAN) is an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The primary purpose of the ASPAN Approver Program is to review and to approve applications for continuing nursing education activities. This purpose is accomplished by providing a peer review approval process for reviewing applications and awarding contact hours when the operational requirements are met.

- The documents below are required to meet ANCC-COA regulations. ALL FORMS must be completed and submitted to the ASPAN National Office before the approval process will begin.
- Due to new ANCC Regulations, applications submitted less than 60 days prior to activity date will no longer be accepted for review.
- **Please send completed forms via email to Eileen Zeiger,** ezeiger@aspan.org.
- **VERY IMPORTANT** - You must "Save and Rename" all forms below to your own computer prior to filling them in, or they will be in "Read Only" format.

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2021 REQUIRED FORMS: *(Save all forms to your computer. The forms are Word documents and must be submitted to ASPAN as Word documents.)*

- **Sample Brochure:** The program Brochure must be pre-approved prior to distribution. **The sample indicates required information, not required layout**. Once your marketing materials are approved, we will provide a copy of the approver manual. ***Please note:*** A Save-the-Date flyer is **NOT** required if all of the information is available to complete your brochure.
- **Application Form:** The Nurse Planner completes the Application Form for the program confirming that all information is consistent with information on the Brochure and other required forms; i.e. all names and credentials must be identical on each form. ***Please note:*** If your program has more planners or presenters than there is room to list on this form, please contact the ASPAN office (ezeiger@aspan.org) for a different form.
- **Conflict of Interest Form:** A Conflict of Interest Form must be completed and submitted for ALL presenters and ALL planners (Anyone in a position to control content).
- **Evaluation Form Template:** An Evaluation Form must be submitted for the entire program. **This sample indicates required format.**
- **Outcome Measure:** An outcome measure, such as a post test, is now required. You listed the outcome that you plan to measure on your brochure/flyer. **You can include the Outcome Measure, such as a post-test on your Evaluation Form.**
- **Sample Certificate:** A sample of the Certificate that will be awarded at the completion of the program must be submitted. **This sample indicates required information, not required layout.**
- **Sample Participant Contact Information Form:** A sample of the form that will be used to collect Participants' information must be submitted. Required information includes unique identifier number for each participant, name, address, city, state, zip, email address, and number of contact hours awarded.
- **Required Handout:** A sample of the Required Handout that will be distributed to each participant at the program must be submitted. The handout must include the schedule, disclosure table and all required disclosure information. **This sample indicates required format and content.**
- **Commercial Support Form:** Commercial support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.
- **Eligibility Commercial Interest Addendum:** Applicants should only complete this addendum if directed to do so by the ASPAN Accredited Approver Unit.

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Marketing Materials

- Includes
  - Save the date notices
  - Flyers
  - Brochures
- Must be preapproved by the ASPAN national office
- Can be submitted in advance separate from the application

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Brochures/Flyers MUST be approved by the ASPAN National Office PRIOR to distribution

OOAPAN

Our Own Association of Perianesthesia Nurses

Perianesthesia Hot Tropics

Saturday June 1, 2020

Program Topics

Anesthetic Techniques; Hypothermia; Preop Education; Perianesthesia Potential Complications; ASPAN Standards; Hemodynamic Monitoring

Outcome: To enable the nurse to increase knowledge on anesthesia techniques, hypothermia, preop education, perianesthesia complications, ASPAN standards and hemodynamic monitoring

Target Audience: All perianesthesia nurses

Overall Program Objective: Discuss clinical priorities for the perianesthesia nurse

Location: Happy Hospital, Sleepy Hollow, PA 12345

Registration 730am-8:00am; **Program** 8am-430pm; **Evaluations** 4:30pm-4:45pm

Faculty: Nancy Nurse RN MSN CPAN

Accreditation

This activity has been submitted to the American Society of Perianesthesia Nurses for approval to award contact hours. The American Society of Perianesthesia Nurses is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

For more information regarding contact hours, please contact the Nurse Planner Ned Nurse, RN, BSN, CPAN at abcde@yahoo.com

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Cancellation Policy
OOAPAN reserves the right to cancel a program due to insufficient enrollment or any unforeseen circumstances. All fees will be fully refunded.

*OOAPAN reserves the right to substitute speakers if necessary

Registration Form (Please Print)

Name
Home Address
City, State Zip Code
Telephone Number
***Email address

Fees: ASPAN members: $30 Non-members: $60
Special: *Mail in only:* $40 each for 4 or more registering together - must be sent in same envelope.
Registration at the Door: $90

Register Online at: www.ooapan.com

Mail in Registration
Ned Nurse 4321 Elm St Hoobille, PA 98765

*****Check Payable to "OOAPAN"*****

Questions? Contact:
Ned Nurse at NedNurse@gmail.com

Schedule

730am-8am Registration
8am-10am Anesthetic Techniques
10am-1015am Break
1015am-11am Hypothermia
11am-12pm Preop education
12pm-1pm Lunch
1pm-215pm Perianesthesia Potential Complications
215pm-230pm Break
230pm-400pm ASPAN Standards
4pm-430pm Hemodynamic Monitoring
430pm-445pm Evaluations

Disclosure Statement
All planners and presenters at nursing continuing education activities are required to disclose to the audience any significant financial relationships with the manufacturer(s) of any commercial products, goods or services. Such disclosures will be made in writing in the course presentation materials.

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Application

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ASPAN Accredited Approver Unit
Individual Educational Activity
Applicant Eligibility Verification

Section 1: Eligibility

Applicants interested in submitting an individual educational activity for approval must complete the Eligibility Verification and meet all Eligibility Requirements. Verification forms received from applicants that do not meet Eligibility Requirements will be rejected without substantive review.

Name of Applicant: Click here to enter name

Street Address: Click here to enter street address

City, State, Zip/Postal, Country: Click here to enter city, state, zip, country

Identify Organization Type:
- ☐ Constituent Member Associations of ANA
- ☐ College or University
- ☐ Healthcare Facility
- ☐ Health-Related Organization
- ☐ Multidisciplinary Educational Group
- ☐ Professional Nursing Education Group
- ☐ Specialty Nursing Organization
- ☐ Other—Describe: Click here to enter text.

Click here to enter name and credentials
Primary Point of Contact: Name and Credentials

Click here to enter title/position
Title/Position

Click here to enter telephone number — Telephone Number
Click here to enter email — Email Address

- A currently licensed registered nurse with **baccalaureate degree or higher in nursing** is actively involved, in the planning, implementing and evaluation process of this continuing education activity and accountable for adherence to all ANCC Accreditation Program criteria.
  - ☐ **Yes**
  - ☐ ***No*** *(If no, the applicant is not eligible to continue the application process.)*

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Please provide the name and credentials of the nurse responsible for this educational activity:

Nurse Planner's Name	Credentials
Click here to enter nurse planner's name	Click here to enter credentials

Section 2: Commercial Interest

The following section is intended to collect information about the applicant's corporate structure. Some applicant types are automatically exempt from ANCC's definition of a commercial interest, including:
- Blood banks,
- Constituent Member Associations,
- Diagnostic laboratories,
- Federal Nursing Services,
- For-profit and not for profit hospitals,
- For-profit and not for profit nursing homes,
- For profit and not for profit rehabilitation centers,
- Group medical practices,
- Government organizations,
- Health insurance providers,
- Liability insurance providers,
- National nurses organizations based outside the United States,
- Non-health care related companies, and
- Specialty Nursing Organizations
- A single-focused organization* devoted to offering continuing nursing education

(* The single-focused organization exists for the single purpose of providing CNE)

NOTE: 501c applicants are not automatically exempt. The ANCC Accreditation Program requires 501c applicants to be screened for eligibility.

☐ **An "X" on this line identifies the applicant as exempt from ANCC's definition of a commercial interest.** Identify the applicant's exemption type from section 2 above and **enter it here:** Click here to enter text.

If you checked the box above, then you have completed this questionnaire. Proceed to **Section 5.**

Section 3: Only complete this section if applicant organization is NOT exempt

☐ **An "X" on this line identifies the applicant as not exempt from the ANCC Accreditation Program's definition of a commercial interest.** The following questions must be answered, so Click here to enter ANCC Accredited Approver's Name can assess the applicant's eligibility.

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- Does the applicant produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients?
  - ☐ **Yes: If yes,** the applicant is **NOT eligible** for approval of Individual Educational Activities.
  - ☐ **No: If no,** complete the next bulleted question.
- Is the applicant owned or controlled by a multi-focused organization (MFO*) that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients?
  - ☐ **Yes: If yes,** complete the next bulleted question.
  - ☐ **No: If no, this section of the questionnaire is complete, proceed to Section 5.**
- Is the applicant a separate and distinct entity from the MFO*?
  - ☐ **Yes: If yes,** continue to **Section 4.**
  - ☐ **No: If no,** the applicant is **not** a separate and distinct entity from the MFO* then the applicant is **NOT eligible** for approval of Individual Education Activities.

* Multi-Focused Organization (MFO) is an organization that exists for more than providing continuing nursing education.

Section 4: Commercial Interest Evaluation - continued

- Does the multi-focused organization that owns the applicant have a 501-C Non-profit Status?
  - ☐ **Yes: If yes,** answer below.
  - ☐ **No:** If no, complete the next bulleted question.

  If yes, does the company that owns the applicant advocate for a commercial interest (as defined by the ANCC Accreditation Program?)
  - ☐ **Yes: If yes, or not sure**, please describe the relationship the company that the applicant has with a commercial interest and the types of work the company that owns the applicant does for or on behalf of a commercial interest that might be considered advocacy: Click here to enter text
  - ☐ **No**
- Is any component of the multi-focused organization an entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients?
  - ☐ **Yes: If yes,** please describe the health care good or service consumed by or used on patients and the role of the entity in producing, marketing, re-selling or distributing those healthcare goods or service: Click here to enter text
  - ☐ **No: If no, this section of the questionnaire is complete, proceed to Section 5.**

If yes, please complete and submit the ***Individual Activity Eligibility Commercial Interest Addendum*** with this Form.

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Section 5: Statement of Understanding

On behalf of insert name of applicant, I hereby certify that the information provided on and with this application is true, complete, and correct. I further attest, by my signature on behalf of insert name of applicant, that insert name of applicant will comply with all eligibility requirements and approval criteria throughout the entire approval period, and that insert name of applicant will notify ASPAN Accredited Approver Unit promptly if, for any reason while this application is pending or during any approval period, insert name of applicant does not maintain compliance. I understand that any misstatement of material fact submitted on, with or in furtherance of this application for activity approval shall be sufficient cause for ASPAN Accredited Approver Unit to deny, suspend or terminate insert name of applicant's approval of this individual activity and to take other appropriate action against insert name of applicant.

(Eligibility Verification forms received without a signature incur a delay in processing which will cause a delay in the review of the individual education activity application.)

An "X" in the box below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information contained.

☐ **Electronic Signature (REQUIRED)** **Date:** Click here to enter date

Click here to enter name and title
Completed by: Name and Title

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ASPAN Accredited Approver Unit
Individual Educational Activity
APPLICATION

Applicant's Name: Click here to enter name

Is this continuing education? Is this learning activity intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to improve the health of the public and RNs' pursuit of their professional career goals?
☐ **Yes**
☐ **No** **If no, the activity is not eligible for approval.**

Title of Activity: Click here to enter title of activity

Date Form Completed: Click here to enter date

Activity Type:
☒ Provider-directed, provider-paced: Live (in person or webinar)
- Date of live activity: Click here to enter date
- Location of activity: Click here to enter location
- Number of contact hours to be awarded and method of calculation.
  Click here to enter text contact hour information

Nurse Planner contact information for this activity:
Name and Credentials: Click here to enter nurse planner name and credentials
Email Address: Click here to enter nurse planner email

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.

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

Describe the current state (What is the educational need): Click here to enter educational need

Describe the desired state (What is the educational goal after the education completed): Click here to enter educational goal

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Identified gap (What is the knowledge gap?): Click here to enter knowledge gap

B.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: Click here to enter text

B.2 Please provide a brief summary of data gathered that validates the need for this activity (For example the finding from your needs assessment):
Click here to enter data that validates the need for this activity

C. Educational need that underlies the professional practice gap (e.g. knowledge, skill or practice).
Click here to enter educational need

D. Description of the target audience.
Click here to enter target audience

E. Desired learning outcome(s) ***(What will the outcome be as a result of participation in this activity?)*** **This outcome must match the outcome on your approved flyer/brochure.**
Click here to enter desired learning outcome

Area of impact (check all that apply):
☐ Nursing Professional Development
☐ Patient Outcome

F. Outcome Measure(s) (A quantitative statement as to how the outcome of this activity will be measured): (For example: The outcome of knowledge will be measured using a post-test)
Click here to enter outcome measure(s)

G. Content of activity: A description of the content with supporting references or resources
☐ See Educational Planning Table

H. Learner engagement strategies
☐ See Educational Planning Table

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I. 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 Click here % or higher)
☐ Successful completion of a return demonstration
☐ Other—Describe: Click here to enter text

J. Description of evaluation method: How will change in knowledge, skills, and/or practice be evaluated at the end of this activity? (For example: each participant is required to complete an evaluation form and the post-test) Click here to enter evaluation method

Short-term evaluation options:
☐ Intent to change practice
☐ Active participation in learning activity
☐ Post-test
☐ Return demonstration
☐ Case study analysis
☐ Role-play
☐ Other—Describe: Click here

Long-term evaluation options:
☐ Self-reported change in practice
☐ Change in quality outcome measure
☐ Return on Investment (ROI)
☐ Observation of performance
☐ Other—Describe: Click here

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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), and role on the planning committee.
- There must be one Nurse Planner and one other RN planner to plan each educational activity at minimum.
- 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.**

Planning Committee	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	N/A
Example: Sue Brown, RNC	Content Expert	Yes	None	N/A
Name and Credentials	Role	Yes or No	Comm Interest	Relationship
Name and Credentials	Role	Yes or No	Comm Interest	Relationship
Name and Credentials	Role	Yes or No	Comm Interest	Relationship
Name and Credentials	Role	Yes or No	Comm Interest	Relationship
Name and Credentials	Role	Yes or No	Comm Interest	Relationship
Name and Credentials	Role	Yes or No	Comm Interest	Relationship
Name and Credentials	Role	Yes or No	Comm Interest	Relationship
Name and Credentials	Role	Yes or No	Comm Interest	Relationship
Presenters	**Individual's Role In Activity**	**Planning Committee Member? (Yes/No)**	**Name of commercial interest**	**Nature of relationship**
Example: John Doe, PhD	Presenter	No	Pfizer	Speakers Bureau
Name and Credentials	Role	Yes or No	Comm Interest	Relationship
Name and Credentials	Role	Yes or No	Comm Interest	Relationship
Name and Credentials	Role	Yes or No	Comm Interest	Relationship
Name and Credentials	Role	Yes or No	Comm Interest	Relationship
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Name and Credentials	Role	Yes or No	Comm Interest	Relationship
Name and Credentials	Role	Yes or No	Comm Interest	Relationship
Name and Credentials	Role	Yes or No	Comm Interest	Relationship

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Educational Planning Table

Title of Activity: Click here to enter title of activity

Content (Topics)	Time	Presenter	Learner Engagement Strategies
Topic	Time	Presenter	Strategies
Topic	Time	Presenter	Strategies
Topic	Time	Presenter	Strategies
Topic	Time	Presenter	Strategies
Topic	Time	Presenter	Strategies
Topic	Time	Presenter	Strategies
Topic	Time	Presenter	Strategies
Topic	Time	Presenter	Strategies
Topic	Time	Presenter	Strategies
Topic	Time	Presenter	Strategies
List the evidence-based references used for developing this educational activity (must be dated in the past 5 years): Click here to enter references			

Contact Hour Calculation

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

Total Minutes Enter Minutes **divided by 60 =** Enter Hours **contact hours(s).**

Number of Contact Hours to be awarded: Enter Total Contact Hours

Click here to enter name and credentials
Completed by: Name and Credentials

Click here to enter date
Date

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ADDITIONAL ATTACHMENTS REQUIRED

Please provide evidence of the following:

Attachment 1	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 2	Evaluation Form with Outcome Measurement (such as a post-test)
Attachment 3	Certificate
Attachment 4	Required Handout
Attachment 5	Brochure/Flyer (Must have been pre-approved by the ASPAN Accredited Approver Unit)
Attachment 6	Commercial Support Agreement with signature and date (if applicable)

Click here to enter name and credentials — Click here to enter date

Completed by: Name and Credentials — **Date**

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Conflict of Interest Form

- Completed by all members of the planning committee
- Completed by all of the presenters
- All forms are reviewed and signed by the nurse planner
- Nurse Planner's form is reviewed and signed by another member of the planning committee
- Handwritten forms are not accepted

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ASPAN Accredited Approver Unit
Conflict of Interest Form

Title of Activity: Click here to enter title
Education Activity Date: Click here to enter date
Role in Education Activity: *(check all that apply)* ☐ Nurse Planner ☐ Faculty/Presenter ☐ Committee Member ☐ Content Reviewer

Section 1: Demographic Data

Name with Credentials/Degrees: Click here to enter name and credentials

If RN, Nursing Degree(s): ☐ AD ☐ Diploma ☐ BSN ☐ Masters ☐ Doctorate

City, State, Zip/Postal, Country: Click here to enter city, state, zip, country

Click here to enter telephone number — Click here to enter email
Telephone Number — Email Address

Current Employer and Position/Title: Click here to enter employer and position

Section 2: Conflict of Interest

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. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

*__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.

Commercial interest Organizations are ***ineligible*** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (501(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;

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- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(**Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org)– ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships*****with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships,*** as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?
☐ Yes ☐ No

If yes, complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Enter Description
☐	Royalty	Enter Description
☐	Stock	Enter Description
☐	Speakers Bureau	Enter Description
☐	Consultant	Enter Description
☐	Other	Enter Description

** All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

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Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Click here to enter name and credentials — Click here to enter date
Typed or Electronic Signature: Name and Credentials Required — **Date**

Section 4: Conflict of Resolution ***(to be completed by Nurse Planner)***

Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(check all that apply)

- ☐ Not applicable since no conflict of interest.
- ☐ Removed individual with conflict of interest from participating in all parts of the educational activity.
- ☐ Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- ☐ Not awarding contact hours for a portion or all of the educational activity.
- ☐ 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.
- ☐ 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.
- ☐ Other—Describe: Click here to enter text

Nurse Planner Signature (*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign the form.)

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Conflict of Interest Form.

Click here to enter name and credentials — Click here to enter date
Typed or Electronic Signature: Name and Credentials Required — **Date**

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Conflict of Interest

- Examples
  - Employees of commercial interest organizations
    - Cannot be involved in the planning of an educational activity
    - Cannot be a presenter

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Continuing Education Credit

- Contact hour
  - 60 minutes of education
  - Does not include breaks, lunch
  - The term CEU should NEVER be used

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Learner Engagement Strategies

- Discussion
- Question and Answer
- Reflection
- Plus many other techniques

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Evaluation Form & Outcome Measurement

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Organization Name
Title of Conference
Date
Evaluation Form

Use the following Likert scales to address the questions below: 1 = Low 4 = High
Place an X in the box to rate:

Lecture 1 Title	1	2	3	4
Expertise of Presenter				
Appropriateness of the Teaching Strategies				
Lecture 2 Title	1	2	3	4
Expertise of Presenter				
Appropriateness of the Teaching Strategies				
Lecture 3 Title	1	2	3	4
Expertise of Presenter				
Appropriateness of the Teaching Strategies				
Lecture 4 Title	1	2	3	4
Expertise of Presenter				
Appropriateness of the Teaching Strategies				
Lecture 5 Title	1	2	3	4
Expertise of Presenter				
Appropriateness of the Teaching Strategies				
Appropriateness of the physical facilities	1	2	3	4

Was the program free from bias? (circle one) Yes No

Were faculty and planner disclosures provided in the handout? (circle one) Yes No

How will the information you learned today change your practice?

Overall Comments:

Suggestions for future programs:
Topics:

Speakers

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Program Outcome Measurement

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Participant Contact Form

- List of all attendees
  - Includes name, address, city, state, zip, email address, and number of contact hours awarded
  - This form must be computer generated
  - Handwritten forms are not accepted
  - Participants are not required to “sign in”

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This form must be computer generated – handwritten forms not accepted
Remove this line and line above prior to completing form.
Title of Activity
Date
Location

Registrant Number	Name	Address City, State, Zip	Email Address	Number of Contact Hours Awarded
1				
2				
3				

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Certificate

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XXXXXXXXX
Name of Program Provider

XXXXXXXX
Name of Offering

XXXXXXXX
Location, City, State

XXXXXXXX
Date

XXXX
Approval Code Number

XXXXXX
Contact Hours Awarded

First Name Last Name Street Address

City State Zip Code Country

This nursing continuing professional development activity was approved by the American Society of PeriAnesthesia Nurses (ASPAN), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Registered nurse participants may receive ___ contact hours for this activity.

Nurse Planner Signature HERE
Nurse Planner, Name and Credentials Typed HERE

Lecture Title	CH	ABPANC DC/IC

Address of Provider:

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Required Handout

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All info must match brochure/flyer exactly delete this line when complete
Name of Organization Providing Conference
Title of Conference
Date, City, State

Program Schedule

Outcome: To enable the perianesthesia nurse to increase knowledge on (the content of your program) [This statement must match the outcome statement on your flyer/brochure]

Target Audience: All perianesthesia nurses

Overall Program Objective: Discuss clinical priorities for the perianesthesia nurse
[This statement must match the Overall Program Objective on your flyer/brochure]

Accreditation

This nursing continuing professional development activity was approved by the American Society of Perianesthesia Nurses (ASPAN), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Registered nurse participants may receive up to____ contact hours for this activity.

Contact Hours: Participants who successfully complete this activity will be awarded up to contact hours.

Requirements for successful completion: You must attend the entire program, achieve a minimum of 80% on the post-test and turn in the evaluations at the end of the program in order to receive contact hour credit.

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Disclosure Statement: All planners and presenters at continuing nursing education activities are required to disclose to the audience any significant financial relationships with the manufacturer(s) of any commercial products, goods, or services. Such disclosures are provided in the following table.

	Salary	Royalty	Stock	Speakers Bureau	Consultant	Method Used to Resolve Conflicts of Interest
Faculty Presenters Name and Credentials						
Planners Name and Credentials						

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

1. Removed individual, with conflict of interest, from participating in all parts of the educational activity.
2. Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
3. Not awarding contact hours for a portion or all of the educational activity.
4. 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.
5. 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.

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Communication from National Office Education Approver Unit

- Missing documents if any
- Corrections needed to forms submitted
- Final approval of application
  - Approval letter
  - Final copies of
    - Certificate
    - Evaluation with Outcome Measurement
    - Required handout

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Post Conference Report

- Within 30 days after the conference
  - List of attendees
  - Evaluation summary
  - Copy of Certificate

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Additional Information

- Program can be repeated within 2 years from date of approval
  - Program offered must be exactly the same program

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Questions During Application

- Please email Eileen Zeiger at the ASPAN National office at ezeiger@aspan.org

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Changes Coming!!!

- New application forms June 2022
  - Required for applications for any programs taking place after July 1, 2022
- New COI process

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Question

There are a minimum of two RNs required on the planning committee

a. True
b. False

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Question

One contact hour equals 60 minutes of education

a. True
b. False

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Question

The term CEU is no longer used – contact hour is the correct term

a. True
b. False

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Questions?

Thank you!

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