**ASPAN Accredited Approver Unit – Individual Activity Application**

**PROVIDER INFORMATION**

**Name of Applicant Organization:** Our Own Association of PeriAnesthesia Nurses

Website (if applicable): www.ooapan.com

Street Address: 4321 Straw Road City: Brainiac State: Kansas Zip: 98989

**Primary Contact Person**

Name: Dorothy Gale Title/Position: Clinical Director Phase 1 PACU at Happy Hospital and nurse planner for conference Email: dorothygale@yahoo.com

**\*Nurse Planner:**  *Must be a registered nurse who holds a current, unrestricted nursing license* ***AND*** *holds a baccalaureate degree or higher in nursing* ***AND*** *be* ***actively*** *involved in the planning, implementing, and evaluation process of this Nursing Continuing Professional Development (NCPD) education activity.*

Name: Dorothy Gale Email: dorothygale@yahoo.com

Credentials (including degree(s) and license): RN MSN CPAN CAPA State(s) licensed as RN/APRN: Kansas

Nursing license number: 123456789

\* *The Nurse Planner is held accountable for ALL information provided on this application.*

**Section 1: Eligibility**

Identify Organization Type:

[ ]  Constituent Member Associations of ANA

[ ]  College or University

[ ]  Healthcare Facility

[ ]  Health – Related Organization

[ ]  Multidisciplinary Educational Group

[ ]  Professional Nursing Education Group
[x]  Specialty Nursing Organization / ASPAN Component

[ ]  Other – Describe:

* Has the applicant ever been denied **accreditation by ANCC** or had its accreditation status suspended or revoked?
[ ]  **Yes** **[x]  No

If Yes,** please provide the following information:
Date:       Action: [ ]  Denial [ ]  Suspension [ ]  Revocation
Brief Description:
* Has the applicant ever been denied **approval** by or had approval suspended or revoked for an individual activity or a provider application by the ASPAN ANCC Accredited Approver Unit?
[ ]  **Yes [x]  No

If Yes,** please provide the following information:
Date:       Action: [ ]  Denial [ ]  Suspension [ ]  Revocation
Brief Description:
* Has the applicant ever been denied **approval** by or had approval suspended or revoked for an individual activity or a provider application by another ANCC Accredited Approver?
[ ]  **Yes [x]  No

If Yes,** please provide the following information:
Date:       Action: [ ]  Denial [ ]  Suspension [ ]  Revocation
Brief Description:

**Section 2: Ineligible Company**

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 an ineligible company, 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 nursing continuing professional development

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

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

x  **An "X" on this line identifies the applicant as exempt from ANCC’s definition of an ineligible company. Identify the applicant's exemption type from section 2 above and enter it here:** Component of specialty nursing organization

**If you checked the box above, then you have completed this part of the questionnaire. Proceed to Section 4.**

**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 an ineligible company.** The following questions must be answered, so the ASPAN ANCC Accredited Approver Unit can assess the applicant's eligibility.

***NOTE:*** Companies whose primary business is producing, marketing, re-selling, or distributing healthcare goods or services used by or on patients are ineligible for ANCC accreditation per the Standards for Integrity and Independence in Accredited Continuing Education as an ineligible company.

1. Does your organization produce, market, sell, re-sell, or distribute health care products used by or on patients (ineligible organization)?
[ ]  **Yes If yes,** the applicant is **not eligible** for approval of Individual Educational Activities.
[ ]  **No If no**, complete the next bulleted question AND provide a description of your organization/company:
2. Does your organization advocate for an ineligible company?

[ ]  **Yes [ ]  No**

1. Does your organization have a non-primary business function that includes producing, marketing, reselling, or distributing of healthcare products used by or on patients and/or advocating for, or on behalf of an ineligible company?
[ ]  **Yes [ ]  No**
	1. If you answered **YES** to **Q3**, is the nonprimary business function, which led to answer yes, conducted by a separate legal entity with separate management and staff from the entity applying for accreditation?[ ]  **Yes [ ]  No**
	2. If you answered **NO** to **Q3A**, describe the organizational and procedural safeguards that are in place to ensure that the CME entity is separate from any ineligible company within the larger corporate structure of your organization.
	[ ]  **Yes [ ]  No**
	3. If you answered **NO** to **Q3A**, upload an organizational chart that includes the names of the persons in each position to depict these safeguards.
	[ ]  **Yes [ ]  No**
2. Does your organization have a \*parent company that:
*\*A "parent company" is a separate legal entity that owns or fiscally controls an organization.*
3. produces, markets, re-sells, or distributes healthcare products used by or on patients, and/or
[ ]  **Yes [ ]  No**
4. advocates for, or on behalf of, an ineligible company?
[ ]  **Yes [ ]  No**
5. Does your organization have a \*sister company that:
*\*A "sister company" is a separate legal entity which is a subsidiary of the same parent company that owns or fiscally controls an organization.*
6. produces, markets, re-sells, or distributes healthcare products used by or on patients, and/or…
[ ]  **Yes [ ]  No**
7. advocates for, or on behalf of, ineligible companies?
[ ]  **Yes [ ]  No**
8. If you answered **YES** to **Q5**, does your organization share management, employees, or governance structure with the sister company?
[ ]  **Yes [ ]  No**
9. If you answered **YES** to **Q5**, are any owners, employees, or agents of the sister company involved in the planning, development, or implementation of educational content?
[ ]  **Yes [ ]  No**
10. If you answered **YES** to **Q5**, does the sister company control or influence, in whole or in part, the operations of your organization?
[ ]  **Yes [ ]  No**

***NOTE:*** *If you answered* ***YES*** *to* ***Q3-8*** *your organization would likely be defined by the ACCME Standards for Integrity and Independence in Accredited Continuing Education as an ineligible company.*

**Section 4: Statement of Understanding**

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

A typed name in the box below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information given:

**Completed by (Nurse Planner name and credentials):** Dorothy Gale RN MSN CPAN CAPA **Date:** August 1, 2022

**Continuing Education Evaluation**

Is this continuing education/nursing continuing professional development? 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?

 [x]  **Yes** **[ ]  No** **If no,** the activity is not eligible for approval.

|  |
| --- |
| The **Nurse Planner** must be a registered nurse who holds a current, unrestricted 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 NCPD educational activity based on educational resources provided by the Accredited Approver Program Director. |

**Nurse Planner contact information for this activity:**

 Name and License/ degree credentials (or international equivalent): Dorothy Gale RN MSN CPAN CAPA

 Email Address: dorothygale@yahoo.com

**Title of Activity:** Perianesthesia Hot Tropics

**Date Application Form Completed:** August 20, 2022

**Activity Type:**

 [x]  Provider-directed, provider-paced: Live (in person course, conference, or webinar)

 Date of live activity: November 5, 2022

 Location of activity: Happy Hospital Emerald City, Kansas

1. **Description of the professional practice gap (PPG) (e.g., change in practice, problem in practice, opportunity for improvement):**
	* What is the problem or opportunity that needs to be addressed by this activity?
	* *This can be a one sentence response that includes what the specific problem or opportunity is.*
	* TIP: Although not required to include the target audience in the PPG statement, it is important to consider the target audience when investigating the problem or opportunity and determining the gap. This helps ensure the gap is specific to the problem or opportunity the education is targeting.

**Provide a brief description of the problem or opportunity for improvement this activity is designed to address for your learners:**

|  |
| --- |
| This activity provides an opportunity for learners to provide more complete preop education to patients; become more familiar with ASPAN standards: gain knowledge about anesthetic techniques in order to anticipate perianesthesia potential complications with more effective response and to prevent and treat hypothermia. |

1. **Evidence to validate the professional practice gap (PPG) (check all methods/types of data that apply):**
	* Provide a summary that includes the NP/planning committee’s analysis of the data not just the data sources.
		+ How is the evidence (e.g., data, trends in literature) informing you that a professional practice gap exists for the target audience? What data supports the need for this educational activity or intervention?
		+ The evidence statement should include the NP/planning committee’s analysis of the data, not just the data sources.
		+ Stating that there is a “need” or a “request” for the activity is not an adequate response.

**Examples of types of evidence to support the PPG can be used to validate the need for the activity:**

* 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
* Direct observation

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

|  |
| --- |
| Reponses from previous participants to the educational needs assessment and suggestions for future topics and speakers on the evaluation form were reviewed by the planning committee when determining the lectures for this conference. It was determined that the perianesthesia participants requested the topics of anesthetic techniques, hypothermia, preop education, perianesthesia potential complications and ASPAN standards.i |

1. **Educational need that underlies the professional practice gap (e.g., knowledge, skill and/or practices):**
	* Note: the underlying educational need should align with the PPG. This can be a simple one-word response of knowledge, skill, or practice, but should be supported by the PPG, and the evidence to support the PPG and desired learning outcomes.
	* TIP: Reflecting on these questions will guide the NP/planning committee to choose the applicable underlying need(s):
		+ Why do learners need this education?
			- Is the PPG related to what they do not know (knowledge)?
			- Is the PPG related to what they do not know how to do (skill)?
			- Is the PPG related to what they do not know how apply or implement into practice (practice)?

**Check all that apply:**

[x]  Knowledge

[ ]  Skill

[ ]  Practice

1. **Identify or describe the target audience (must include the registered nurse):**
	* Think about who needs this education. Analyzing the PPG and the evidence to support the PPG should help to determine the target audience.
	* **Reminder:** The target audience must include registered nurses but may include other members of the health care team.

**Check all that apply:**

[x]  Registered Nurse (required)

[ ]  LPN/LVN

[ ]  CNA

[ ]  MD

[ ]  PA

[ ]  Social worker(s)

[ ]  Other (describe):

1. **Desired learning outcome(s) (This must match the outcome on your approved brochure/flyer):**
	* The learning outcome statement needs to be written in measurable terms and should include the outcome and the metric that the outcome is measured by.
	* The learning outcome must tie to the professional practice gap and the underlying educational need. If the underlying need is knowledge, the outcome should be related to measuring a change in the learner’s knowledge, etc.
	* ***The measurable learning outcome is NOT a list of objectives.***

TIP: Reflecting on these questions will guide the NP/planning committee to choose the applicable learning outcome(s):

* What is the measurable goal or outcome that this activity sets out to achieve?
* *What should the learner(s) know, show, and/or be able to do at the end of the activity? (underlying educational need)*
* What will be measured when the learner completes the activity?

**Identify the desired learning outcome(s):**

|  |
| --- |
|  |

1. **Description of evaluation method:**
	* Explain how you will collect evidence to show change in knowledge, skills and/or practices of target audience at the end of the activity.
		+ TIP: The evaluation method chosen should align with the educational need(s) identified and the expected learning outcome(s) identified.
		+ TIP: The chosen evaluation methods should be measuring the success or expected results relate to the identified learning outcome(s) and where the underlying educational need exists.
		+ TIP: An evaluation form is not required. The description of the evaluation method should discuss how the evaluation data is obtained and analyzed and should clearly describe the data being collected. For example, do not simply state that an evaluation form will be completed, go into detail on what types of questions are being asked on the evaluation form.

**Examples of Short-term evaluation options:**

* Self-report of learner(s) intent to change practice
* Active participation in learning activity
* Post-test (knowledge)
* Return demonstration (e.g., skill when simulated, practice when observed in practice)
* Case study analysis
* Role-play

**Examples of Long-term evaluation options:**

* Self-reported change in practice over a period of time
* Change in quality outcome measure (e.g., recruitment and retention data, patient safety data)
* Return on Investment (ROI)
* Observation of performance (at a predetermined point in time after post activity)

**Describe the chosen evaluation method(s):**

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| --- |
| To enable the nurse to increase knowledge on anesthesia techniques, hypothermia, preop education, perianesthesia potential complications and ASPAN standards |

1. **Description of evidence-based content with supporting references or resources:**

**✓REMEMBER:** This criterion has two parts:

1. the description of the evidence-based content, and
2. supporting references
* Description of evidence-based content can be presented in various formats, such asan educational planning table, an outline format, an abstract, an itemized agenda, or a narrative response
* The supporting resources should include the best available evidence that appropriately supports the outcome of the educational activity
	+ Best practice is for references and resources that have been developed and/or published within the last 5-7 years.
* **TIP:** It is not required that references be provided in APA format, however references should include adequate detail to ensure the information referenced can be located (i.e. page number, standard number)

**Examples of Supporting evidence-based references or resources:**

* Information available from 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(s)should be within past 5 – 7 years)
* Clinical guidelines (example - [www.guidelines.gov](http://www.guidelines.gov))
* Expert resource (individual, organization, educational institution) (book, article, web site)

**Description of the evidence-based content:**

|  |  |  |
| --- | --- | --- |
| **Content (Topics)** | **Time** | **Presenter** |
| Anesthetic Techniques | 8:00am-10:00am | The Wizard of Oz MD |
| Hypothermia | 10:15am-11:15am | Cowardly Lion RN BSN CPAN |
| Preop Education  | 11:15am-12:15pm | Cowardly Lion RN BSN CPAN |
| Perianesthesia Potential Complications | 1:15pm-3:15pm | Cowardly Lion RN BSN CPAN |
| ASPAN Standards | 3:30pm-4:30pm | Cowardly Lion RN BSN CPAN |
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**Description of the supporting references or resources:**

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| --- |
| 1. 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements2. PeriAnesthesia Nursing Core Curriculum 4th edition 2021 Saunders Schick, L. & Windle P. E. Chapters 2, 5, 14, 15, 36 |

1. **Learner engagement strategies:**
	* Learner engagement strategies must be congruent with activity format and the underlying educational needs identified above (knowledge, skill, and/or practice).
	* The learner engagement strategies can be provided in an educational activity table, a list, or in a narrative format.
	* Learner engagement strategies should be developed by the Nurse Planner and planning committee, in collaboration with the speaker(s).
	* Strategies should be realistic for the activity type.
	* **Note: This section is about learner engagement, not teaching methods.**

**Examples of learner engagement strategies:**

* Integrating opportunities for dialogue or question/answer
* Including time for self-check or reflection or discussion groups
* Analyzing case studies or peer review
* Think, pair share
* Providing opportunities for problem-based learning

**Describe how the learner will be actively engaged in the educational experience:**

|  |
| --- |
| Learner engagement strategies that will be used by the 2 speakers is question and answers. Speakers will allow time at the end of each session for Q&A and have agreed to remain available after each session is completed in order to answer additional questions. in order to increase knowledge.  |

1. **Number of contact hours awarded and calculation method:**
	* The number of contact hours for an activity needs to be logical and defensible.
	* Documentation should include the number of contact hours and the calculation method.
	* The rationale for the number of contact hours awarded must be present in the activity file.
	* Provider must keep a record of the number of contact hours earned by each participant (this does not need to be provided in the activity file documentation).
	* **Reminder:** Rounding contact hours: If rounding the contact hours, the provider may round up or down to the nearest 1/4 (0.25) hour (i.e., if the calculation is 1.19 contact hours, it may be rounded up to 1.25 contact hours).

**Number of contact hours to be awarded and identification/description of how contact hours were calculated:**

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

**Total Minutes** *(enter minutes)* 420 divided by 60 = *(enter hours)* 7 **contact hours(s)**

**Number of Contact Hours to be awarded:** *(enter total contact hours)* 7

1. **Criteria for Awarding Contact Hours:**
	* Determine what the learner must do or achieve in order to receive contact hours for the activity.
		+ Clearly outline what is expected.
		+ The criteria for awarding contact hours should relate to the learning outcome(s) and be enforceable for the activity.
	* Keep in mind that some options are mutually exclusive – for example, a learner cannot be expected to attend the entire activity and also receive credit commensurate with participation.
	* **Note:** Criteria identified here must match disclosure provided to learners.
	* **Note:** Do not confuse criteria for awarding contact hours with calculation of contact hours. These criteria are not the same.

**Criteria for Awarding Contact Hours (Check all that apply):**

[x]  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 of a conference or multi-session activity

[x]  Completion/submission of evaluation form

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

[ ]  Successful completion of a return demonstration

[ ]  Other – List or Describe:

1. **Documentation of completion and/or certificate of completion:**
	* **Attach a sample certificate (See template provided on ASPAN website)**
	* **A sample certificate must include:**
		+ Title and date of educational activity
		+ Name and address of the provider of the educational activity (a web address is acceptable)
		+ Number of contact hours awarded
		+ Activity approval statement as issued by the Accredited Approver
		+ Space for participant name
2. **Names and credentials of all individuals on the planning team:**
	* **When providing a list of individuals, clearly identify who is the nurse planner and who is the content expert.**
	* Provide credentials along with the names of the individuals.
	* **Note:** A Planning committee must consist of a minimum of two individuals

**PLANNING TEAM MEMBERS**

|  |  |
| --- | --- |
| **Name and Credentials (if applicable)** |  |
| Dorothy Gale RN MSN CPAN CAPA | [x]  Nurse Planner[ ]  Content Expert[ ]  Team Member |
| Tin Man RN CCRN  | [ ]  Nurse Planner[x]  Content Expert[ ]  Team Member |
|       | [ ]  Nurse Planner[ ]  Content Expert[ ]  Team Member |
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|       | [ ]  Nurse Planner[ ]  Content Expert[ ]  Team Member |

**Standards for Integrity and Independence and Standards (13 – 15):**

**Before completing this section answer the following:**

**Refer to and review the Standards for Integrity and Independence and Standards for Integrity and Independence IAA Toolkit provided to you by the Accredited Approver.**

1. **Is the activity nonclinical in nature (e.g., preceptor development, management or leadership)?** **[ ]  Yes** **[x]  No**
	* **If Yes**, skip questions 13 - 14 and move to **section 15**.
2. **If No, answer sections 13 - 14.**
	* Evidence of addressing can be shared in the provided template as an attachment.
3. **Demonstration of identification of financial relationships with ineligible companies for all individuals in a position to control content (planners, presenters, faculty, authors, and/or content reviewers) as described in the toolkit.**
	* Provide evidence that financial relationship data has been collected and analyzed for **all individuals in a position to control conten**t – this includes the planning team.
	* This might be in a table, on a spreadsheet, or other document e.g., email documentation.
4. **Evidence of mitigation of relevant financial relationships?**
	* If a relevant financial relationship is identified, describe steps taken to mitigate the risk of undue influence in planning and/or providing the activity. Mitigation strategies might include (here is another place for a list of examples – with or without checkboxes!)
5. **Commercial Support Agreement:**
	* **Purpose:** Activities that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.
	* Key elements that must be addressed in the activity file:

Appropriate management of commercial support, if applicable.

Maintenance of the separation of promotion from education, if applicable.

Promotion of improvements in health care and NOT proprietary interests of a commercial interest.

**Required Disclosures to Learners (This information is included on the Required Handout) (16 -21):**

* Evidence of what is required information that must be provided to learners prior to start of the educational activity.
* include relevant slide(s), screen shot(s), script(s), or other evidence showing what the learners will receive.

**Disclosures are to include the following:**

1. **Activity approval statement as issued by the Accredited Approver:**
	* Verbiage should be consistent with the statement provided by the Accredited Approver (see number 11) and should match the approval statement on the sample certificate or document of completion.
2. **Criteria for awarding contact hours:**
	* Criteria for awarding contact hours should be consistent with the criteria documented in the planning process.
3. **Presence or absence of relevant financial relationships for all individuals in a position to control content, including mitigation (if applicable):**
	* If you did not identify relevant financial relationships because the activity was non-clinical, no disclosure should be provided.
	* If relevant financial relationships were identified the disclosure statement must include:
* The names of individuals with relevant financial relationships
* The names of the ineligible companies with which they have a relationship (Identify ineligible companies by their names only, do not include logos or trade names.)
* The nature of the financial relationships
* A statement that all relevant financial relationships have been mitigated. The mitigation steps do not need to be outlined.
* **Example:** Samantha Turner is on the speakers’ bureau for ABC Pharmaceuticals. The relevant financial relationships have been mitigated. No relevant financial relationships were identified for any other individuals with the ability to control content of the activity.
* If no financial relationships were identified, the disclosure should inform the learners that no relevant financial relationships with ineligible companies were identified.
	+ **Example:** Samantha Turner, Jessica Smith, and Eva Grace have no relevant financial relationship(s) with ineligible companies to disclose.
	+ **Example:** None of the planners for this activity have relevant financial relationship(s) to disclose with ineligible companies.
1. **Commercial Support from ineligible organization/companies (if applicable):**
	* If the educational activity received commercial support, there must be a disclosure to learners of the names of the ineligible companies that gave the support and the nature of the support.
	* No logos, trade names, or product group messages for the organization can be provided in the disclosure.
2. **Expiration date for enduring activities or materials (if applicable):**
	* If the activity is enduring, the expiration date must be provided to learners.
3. **Joint providership (if applicable):**
	* **If the activity is jointly provided, there should be a statement that demonstrates that two or more groups were involved in the planning and development of the activity.**
	* There is not a prescribed statement that must be used for disclosing joint providership.
	* **Remember:** Joint providership occurs when two or more groups collaborate to develop an educational activity. The individual activity applicant is responsible for ensuring adherence to ANCC educational design criteria. The individual activity applicant name should be clear, and **the activity approval statement as issued by the accredited approver must be on the certificate and disclosure**, and it should be clear that the approved activity organization is providing the contact hours. If both or more than one organization has activity approval, one organization needs to take responsibility for being the provider of contact hours.

**Summative evaluation (This will be included in the post activity materials that you submit):**

**The summative evaluation contains two components:**

* A summary of data highlighting whether the activity was effective in closing or narrowing the gap and achieving the educational activity outcome.
* An analysis of what was learned from the evaluation data and what can be applied to future activities.

**TIPS:**

* The summative evaluation does not simply include the data collected from the evaluations.
* There should be a clear analysis of the data from the NP and planning committee documented.
* There is no prescribed method for providing the summative evaluation information.
* Common delivery methods include a narrative format, SBAR format, SOAP note, or table with analysis information.

**Additional Attachments Required**

**Please provide evidence of the following for activities with clinical content:**

|  |  |
| --- | --- |
| Attachment 1 | Financial Relationship Disclosure Form 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) |

**Please provide evidence of the following for activities with no clinical content:**

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