



National Association  
of Orthopaedic Nurses

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*Advancing the Art and Science of Orthopaedic Care*

**GUIDELINES  
FOR  
CONTINUING EDUCATION  
DEVELOPMENT  
AND APPROVAL**

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NAON Approver Unit

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# **Guidelines for Continuing Education Development and Approval**

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**2011 Approver Unit**

National Association of Orthopaedic Nurses  
401 North Michigan Avenue, Suite 2200, Chicago, IL 60611  
1-800-289-NAON (6266)

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## *General Information*

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### **HOW TO USE THIS MANUAL**

This manual is designed to assist NAON's Approver Unit applicants in developing continuing nursing education activities for credit. To have a thorough understanding of the development and approval process, each section in this manual should be read. However, basic information for the approval application can be found in the following sections: policies, application/review process, instructions/application/samples and appendices. Photocopying any part of this manual to assist in the development and approval of an educational activity is permitted.

### **INTRODUCTION**

The goal of the National Association of Orthopaedic Nurses (NAON) and the Approver Unit is to provide quality continuing nursing education designed to assist orthopaedic nurses to function as competent practitioners in a variety of settings.

These guidelines have been developed to assist in the planning of an organized learning experience to expand the knowledge, skills and perceptions of orthopaedic nurses. We believe that enhancement of nursing practice, education, and research through continuing nursing education will improve health care to the consumer.

The NAON Approver Unit is organized to assist providers in meeting continuing education requirements. Members of the Approver Unit want to see educational activities gain approval and are here to help in any stage of the process. If applicants have any questions, or need any help, contact the Approver Unit early. The Approver Unit can be of assistance in the developmental stages, as well as during the approval process.

The information requested during the approval process is essential for compliance with the American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA). The Commission on Accreditation allows NAON's Approver Unit to grant continuing nursing education contact hours.

These guidelines will be reviewed annually and updated as needed. Please forward any suggestions or comments related to the guidelines or the approval process to the Approver Unit Administrator, National Association of Orthopaedic Nurses, 401 North Michigan Avenue, Suite 2200, Chicago, IL 60611.

### **PHILOSOPHY**

The Approver Unit of NAON believes nursing is a professional practice directed towards the care of the whole person for the prevention of illness, the maintenance and improvement of health, the restoration to desired optimum wellness, or imparting dignity and meaning to death.

Nursing education is a planned process that utilizes principles of adult learning to assist the professional nurse to develop nursing competence as a member of the health care delivery system. This process is facilitated when it is based on goal directed, problem-solving approaches that are relevant and unified.

Continuing nursing education is a process designed to promote competence and expertise in clinical practice. Continuing nursing education provides opportunities for the practitioner to develop proficiency in skills, master competencies and expand or enhance the individual's knowledge of orthopaedic nursing. Continuing nursing education is essential to maintain currency in an environment of rapidly changing technology and

treatment modalities. It is the responsibility of the providers of continuing nursing education to provide a variety of learning experiences and situations that will meet the needs and interests of the individual practitioner and learner. Professional orthopaedic nursing is achieved and maintained through initiation, evaluation, and/or participation in educational and research activities related to improving patient care, refining nursing practice, and increasing the body of nursing knowledge.

## GOAL

In accordance with the philosophy, the Approver Unit of NAON is designed to review, evaluate, and critique continuing education activities developed and implemented by NAON's defined constituents and their co-providers. This process is completed in a manner that reflects the philosophy of NAON, using peer review.

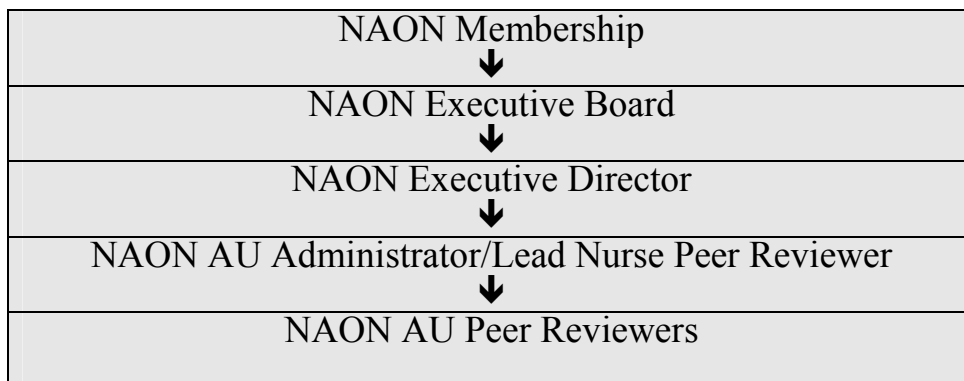
## FUNCTION

The functions of the NAON Approver Unit include:

- Assisting applicants during the entire development process to assure high quality nursing continuing education programs.
- Providing written guidelines and requirements for educational activity development and approval.
- Reviewing, approving, and monitoring educational activities for orthopaedic nurses to promote achievement of established criteria.
- Maintaining records of continuing nursing educational activities.
- Reviewing and revising the Approver Unit philosophy, policies, and procedures on a yearly basis, as needed.
- Serving as a resource in continuing nursing education for Approver Unit applicants.
- Facilitating interaction and communication between all members of the Approver Unit.

## ORGANIZATIONAL CHART

The NAON Approver Unit's organizational chart shown below represents the structure of the Approver Unit in relation to the NAON's membership and Executive Board. The Approver Unit is composed of volunteer members from a variety of geographic regions who provide a national view and avoid regional bias when reviewing applications.



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## *Approver Unit Policies*

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### **DEFINITION OF CONTINUING NURSING EDUCATION**

Continuing education in nursing is defined as "Systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses and therefore enrich the nurses' contributions to quality health care and their pursuit of professional career goals" (American Nurses Association, 2000, p. 24).

### **ACCREDITATION**

NAON has been accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

### **ELIGIBILITY**

Those eligible to apply for continuing nursing education approval through NAON's Approver Unit are defined as "constituents" of NAON. NAON defines their constituents as follows:

- NAON member
- NAON chapter
- Professional/voluntary organization providing orthopaedic related content
- Healthcare facility providing orthopaedic related content
- Independent educational consultants providing orthopaedic related content

### **CO-PROVIDERSHIP**

Defined as the planning, developing, and implementing an educational activity by two or more organizations or agencies. The NAON provider must retain responsibility for (a) determination of the educational objectives and content, (b) selection of the content specialist planners and presenters, (c) the awarding of contact hours for the individual continuing nursing education activity, (d) recordkeeping, (e) evaluation methods, and (f) management of any commercial support or sponsorship. A continuing nursing education activity cannot be co-provided with a vendor.

### **APPROVAL STATUS**

After an application has been reviewed by the Approver Unit, the applicant will be notified of the approval status:

#### **Approval Status**

#### **Action Required**

#### **Approved**

The provider may grant NAON contact hours for the activity during the 2 year approval period.

#### **Revisions Required**

The nurse planner submits revisions that have been requested by the Lead Nurse Peer Reviewer in order for approval of the activity to progress.

### Approval denied

The nurse planner may either rework the application and resubmit it as a new application (along with associated fees) or file an appeal. See policies on appeal process and resubmission process.

### CONTACT HOURS

A contact hour is defined as a unit of measurement that describes 60 minutes of an organized learning activity that is either a didactic or clinical experience. Included in the calculation of contact hours is time for tests, questions/answers, and evaluation. Meals and break time are not included, nor is time allocated for viewing vendor exhibits, where specific objectives and content are not planned. NAON is approved to grant “contact hours”, not continuing education units (CEUs). The term “contact hours” should be used for NAON approved education activities.

Contact hours for a learner-directed activity may be (a) calculated as above, (b) piloting the activity to average the hours needed to complete it, or (c) using a formula for word count and level of reading and technical difficulty.

### SUBMISSION DEADLINE

**THE APPLICATION MUST BE SUBMITTED ELECTRONICALLY AT LEAST A FULL 6 WEEKS (42 DAYS) PRIOR TO THE IMPLEMENTATION DATE OF THE EDUCATIONAL ACTIVITY.**

**The review process, which takes a full 42 days from the electronic submission, must be successfully completed prior to the initial implementation date of the educational activity in order for contact hours to be awarded. Applications cannot be approved retroactively.** If the applicant has any concerns about the application meeting approval criteria, the Approver Unit recommends that the applicant call the national office to discuss concerns prior to submitting the application. Every effort will be made to review an application within 3 weeks of submission, but sometimes that is not possible. NOTE: all NAON Approver Unit reviewers are volunteers.

### FEE SCHEDULE

The application fee is based on the number of contact hours awarded for the educational activity. Use the following table to determine the fee amount for an application. **The fees must be submitted with the application.**

Minutes of Education	Contact Hours	Category 1	Category 2	Category 3
		Electronic	Electronic	Electronic
60-180	1.0 - 3.0	\$40	\$80	\$500
181-360	3.1 - 6.0	\$50	\$130	\$600
361 - 540	6.1 - 9.0	\$60	\$180	\$700
541 - 720	9.1 - 12.0	\$70	\$230	\$800

Minutes of Education	Contact Hours	Category 1	Category 2	Category 3
721 - 900	12.1 – 15.0	\$80	\$280	\$900
901 – 1,080	15.1 – 18.0	\$90	\$330	\$1,000
1,081 +	>18.1	\$100	\$380	Please contact the NAON National Office for this price.

**Category 1** – NAON Chapters and NAON Members\*

**Category 2** - Professional/Voluntary organizations, Health Care Facilities, Independent Education Consultants with Orthopaedic related content

**Category 3** – Corporations providing orthopaedic related content.

\*If a NAON Member is paying on behalf of a facility, they must pay the facility rate.

## PUBLICITY

NAON Chapter related education activities may be submitted to the continuing education calendars for NAON's Web site ([www.orthonurse.org](http://www.orthonurse.org)), *NAON News*, and the *Orthopaedic Nursing Journal*. Deadlines for submitting your educational activity can be found on NAON's web site or you can contact the national office at 800.289.6266 for this information. The "Publicity Form" on page 37 in the appendices must be completed and sent to the NAON national office before the submission deadline. If the activity does not have a title, the title "Orthopaedic Nursing Workshop" can be used on the submission form until a title is selected and submitted. The respective editors reserve the right of final editing based on space limitations.

## PUBLICITY FLYERS

***NO EDUCATIONAL ACTIVITY CAN STATE THAT NAON WILL BE APPROVING THE CONTACT HOURS PRIOR TO THE ACTUAL APPROVAL OF CONTACT HOURS FROM NAON.*** The Approver Unit strongly recommends that flyers do not advertise that the activity has been submitted to NAON for contact hours, because the approval is not guaranteed and participants may feel misled if NAON contact hours are not obtained. Sample wording could be "5.0 contact hours pending approval" or "5.0 contact hours have been applied for". In addition, prior to the approval by NAON, the NAON logo cannot be used on any publicity.

After receiving written notification of approval of an educational activity, the applicant is permitted to use the NAON logo on publicity and advertise using the following wording:

***THIS CONTINUING NURSING EDUCATION ACTIVITY WAS APPROVED BY THE NATIONAL ASSOCIATION OF ORTHOPAEDIC NURSES, AN ACCREDITED APPROVER BY THE AMERICAN NURSES CREDENTIALING CENTER'S COMMISSION ON ACCREDITATION.***

## LENGTH OF APPROVAL

Approval of an educational activity is granted for a 2 year period from the date of approval. During this time period, the constituent may repeat the educational activity an unlimited number of times.

## **WITHDRAWAL OF AN APPLICATION**

The applicant may withdraw an application for approval at any time by contacting the NAON national office in writing. If the application has not been reviewed yet, all fees will be refunded minus a handling fee of \$35.00. If the review process has begun, no fees will be refunded.

## **RESUBMISSION OF A WITHDRAWN APPLICATION**

A withdrawn application may be resubmitted at any time. The application will be treated as a new application with corresponding fees and submission deadlines.

## **APPEAL PROCESS**

If an application has been denied approval, the applicant may file an appeal. The appeal must be submitted in writing to the Approver Unit Administrator, National Association of Orthopaedic Nurses, 401 North Michigan Avenue, Suite 2200, Chicago, Illinois 60611, within *thirty (30) days* of the date of denial. A copy of the application, all related correspondence and any other desired supportive materials are to be sent to the NAON national office, along with a written appeal request.

An Appeal Committee will be appointed by the Approver Unit Administrator and will consist of three Approver Unit members. One will serve as the chairperson. None of the original reviewers of the application will be eligible to serve on the Appeal Committee. Within two weeks, the Appeal Committee will review the application according to the American Nurses Credentialing Center's Commission on Accreditation criteria and grant or deny approval. The decision of the Appeal Committee is final.

*The appeal must be postmarked at least three weeks prior to the implementation date of the education activity, to allow sufficient time for the Appeal Committee to be selected and review the application.* RETROACTIVE APPROVAL CANNOT BE GRANTED except in the case of a point-of-care learner-directed activity.

Despite denial of approval, the planning committee may decide to conduct the *education activity*. In that case, it may not be advertised as NAON reviewed nor NAON approved and NAON continuing education contact hours cannot be given to the participants.

## **RESUBMISSION OF A DENIED APPLICATION**

If an *education activity* has been denied approval and the applicant does not wish to use the appeal process, the application may be resubmitted. The recommendations of the Approver Unit should be used as guidance for corrective actions. The application will be treated as a new application with corresponding fees and submission deadlines.

## **REVOCACTION OF APPROVAL**

Prior to implementation of the education activity, NAON may deny approval of an application or revoke the approval if falsified or misrepresented information has been supplied on the application. Such

misrepresentation may be discovered through verifiable complaints. The applicant will have the opportunity to reply to any complaints before definitive action is taken.

If the education activity was already approved and implemented, the participants will be able to retain their earned contact hours. However, the applicant will be barred from repeating the education activity without reapplication for approval. If only a portion of an approved education activity has been implemented, the approval may be revoked for the remaining portion.

## **RECORD KEEPING**

The provider of a NAON approved education activity is responsible for keeping all records for a **minimum of six (6) years**.

The records for an approved activity must contain the following:

1. Copy of the needs assessment results.
2. Planner Biographical Data Forms and Conflict of Interest Forms.
3. Presenter Biographical Data Forms, Conflict of Interest Forms, and FDA Forms.
4. Commercial Support Form (if applicable).
5. Contact Hour Certificate.
6. Evaluation Form.
7. Marketing Form.
8. Approval Letter.
9. Participant Sign-in Roster.

A system must exist that allows for the above information to be retrieved when necessary, but must be available only to authorized individuals. Authorized individuals generally include members of the planning committee. Faculty should have access to their own evaluations and participants would have access to their own records. Information should only be released to a participant with a written request. No information should be given to anyone about the participant's involvement in an educational activity without the participant's written permission.

## **CERTIFICATES AND ATTENDANCE ROSTER**

A continuing education certificate will be awarded to all individuals attending an approved continuing education activity. A NAON continuing education certificate template is available through the national office and will be e-mailed as desired to the chairperson with the letter of approval. The demographic data on the certificate may be completed by the planning committee as registrations come in or by the participants on site.

The NAON continuing education certificate should be printed as a two-part form:

- (1) the original certificate is to be kept by the provider.
- (2) the copy is for the participant's personal records

Participants are responsible for maintaining their own copies of continuing education certificates. See page 32 for an example of the certificate issued by NAON. Each participant is expected to give his/her name and address for the attendance roster. If a preregistration listing has been prepared, participants' names and addresses may be checked off when they arrive.

## **QUALITY ASSURANCE**

NAON's Approver Unit is committed to efficiently and effectively assisting constituents in developing quality nursing continuing education for credit. To assure that this commitment is kept, the Approver Unit monitors the quality of educational activities and the approval system annually.

Randomly selected provider record keeping files of education activities are reviewed by the Approver Unit Administrator on an annual basis. This process assists in monitoring overall activity quality.

Annually, Approver Unit applicants and Approver Unit reviewers are sent a questionnaire about the approval process and forms. This questionnaire assesses the effectiveness and efficiency of the Approver Unit system and personnel. Feedback from these questionnaires is used to update all aspects of the Approver Unit.

Feedback from constituents about the Approver Unit is important. If you have any comments or concerns, please write the Approver Unit Administrator at the National Association of Orthopaedic Nurses, 401 North Michigan Avenue, Suite 2200, Chicago, Illinois, 60611 or e-mail at [naon@smithbucklin.com](mailto:naon@smithbucklin.com).

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## *Application / Review Process*

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### APPLICATION PROCESS

To apply for continuing education contact hours through NAON, follow the step-by-step instructions below:

1. Access an online copy of the *Guidelines for Continuing Education Development and Approval (2011)*. All application materials are located in the guidelines. An online application through the NAON web site is the only way to submit an approver unit application.
2. Read the NAON *Guidelines for Continuing Education Development and Approval* thoroughly.
3. Complete the online application and all necessary forms and attachments in this packet. The online application can be found on the NAON web site ([www.orthonurse.org](http://www.orthonurse.org)). Select the Education & Conferences tab located at the top on the NAON web site, then Approver Unit.
4. Submit your completed online application and all attachments at least **a full 6 weeks (42 days) prior to the implementation date** of your education activity (see submission deadline in policy section on page 8). The review process takes 42 days. The approval letter and contact hour certificate (if needed) will be sent to you as soon as approval has occurred.
6. Once your application is received, the Approver Unit Operations Associate will assess it for completeness. If documents are missing, the Operations Associate will contact you. Your application will not be sent out for review until it is complete. **The six weeks needed by the approver unit to review the application will begin when the application is complete.** Sending an incomplete application to meet the postmark deadline is not acceptable.

### REVIEW PROCESS

1. The completed application will be sent out to members of NAON's Approver Unit and the Lead Nurse Peer Reviewer.
2. Members of the Approver Unit will review your application and recommend approval status to the Lead Nurse Peer Reviewer. The form used for the review process is located in the appendices on page 43.
3. If the application is recommended for approval, the Lead Nurse Peer Reviewer notifies the Approver Unit Operations Associate and the approval letter with the requested contact hour certificate template is e-mailed to the application chairperson.
4. If the application is not recommended for approval, the Lead Nurse Peer Reviewer contacts the applicant to clarify submitted material or correct deficiencies.
5. Once steps are taken which result in the clarification or correction of the application by the applicant, the approval will be granted.

6. **Approval can only be granted before an education activity is implemented except in the case of a point-of-care learner-directed activity.** All clarifications and corrections must be completed as requested by the Lead Nurse Peer Reviewer.
7. You will be notified of your approval status as soon as possible. If many revisions to your application are necessary, **submit them immediately** or the review process may take until the day before the educational activity. Again, retroactive approval for an activity is not possible except in the case of a point-of-care learner-directed activity.

## **FINAL FILE**

**The applicant is responsible for keeping all records related to the education activity for a minimum of six (6) years.** A complete list of these records is located in the policy section under record keeping (page 11).

## *Instructions for Application*

Contact Information	Include full address and phone numbers of the activity chairperson (please choose address and phone number and email address that will expedite approval process whether it is work or home).
Provider	Name of provider of educational activity (this is not the presenter). It is the NAON chapter, organization, or facility responsible for providing the CNE activity.
Activity Title	Title of educational activity.
Start Date	The date they educational activity starts. Must be at least a full 6 weeks or 42 days before the start of your program.
Number of Contact Hours Requested	Include time for education, questions and answers, and evaluation in the amount of contact hours requested. Breaks and meals are not included. <i>An educational activity must be at least 30 minutes in length to be eligible for contact hours.</i>
Event Category	Refer to page 8 of the policy section for category descriptions.
Record Keeping and Storage	Check the box next to the record keeping and storage statement.
Need	Check the box(es) that explain how the need for this educational activity was determined.
Contact Hour Determination	Check the box(es) stating how the number of contact hours were determined.
Participant Requirements	Check the box(es) that state what the participant must do to be awarded the contact hours.
Participant Verification	Check the box that describes how participants' involvement will be confirmed (verified).
Participant Information	Check the box(es) that describe when the participant will be informed of the requirements to obtain the contact hour certificate for this educational activity.
Planning Committee Information	Attach the appropriate completed planner forms to the application. Each member of the committee must submit a Biographical Data Form (BDF) and Conflict of Interest Form (COI). The Conflict of Interest form allows planners to disclose if they gain financial and/or other benefits related to the information to be presented (e.g., payment from pharmaceutical corporations, orthopaedic vendors). Planning committee members should include the chairperson, representatives from each target audience category, and presenter(s). There must be a minimum of <b>two</b> planners. At least one planner must have a BSN degree. The Conflict of Interest Form must be completed within 12 months before the activity.
Presenter Information	Attach the appropriate completed forms to the application. Each presenter must submit a completed Biographical Data Form (BDF), Conflict of Interest Form (COI), and FDA Form. The Conflict of Interest form allows presenters/content specialists to disclose if they gain financial and/or other benefits related to the information to be presented (e.g., payment from pharmaceutical corporations, orthopaedic vendors). Presenters/Content Specialists must also declare on the FDA Form if they are using a pharmaceutical or medical device for a purpose that is not currently approved. This information must be shared with all participants to maintain the integrity of the program. This form is located on page 20 .

Objectives	Submit all objectives for the activity on the Activity Outline Form. The objectives are based on the overall purpose of the educational activity. An objective is singular (one verb) that specifies one outcome, measurable, and learner-directed. Objectives usually describe knowledge, skills, or attitude changes that should occur with the learner upon successful completion of the activity. The number of objectives should be sufficient to accomplish the intended purpose of the activity. Objectives should be written at a level consistent with the professional status, experience, and educational background of the target audience. Refer to section on writing objectives (page 26) for further guidance.
Content	Submit all content for the activity on the Activity Outline Form. Content must show direct support for the objectives and not be a restatement of the objectives. The outline should provide information on the material that will be presented to support the intended outcome and facilitate learner achievement of the objectives. Content can be listed in outline or bulleted format.
Purpose of Learning Activity	Check the box(es), which states the purpose of this activity.
Teaching/Learning Strategies	Check the box(es) that describe the teaching/learning strategies to be used in this educational activity. The strategies should be congruent with the objectives and content to be presented. Examples of teaching strategies are lecture, question and answer, flip charts, handouts, discussion, role-play, case studies, self-learning module, programmed study, hands-on or clinical experience. Be sure to check only those strategies identified by the presenter(s). Refer to section on teaching strategies and adult learning principles (page 28) for further guidance.
Contact Hour Determination	Check the box, which describes how the number of contact hours was determined for this learning activity. By definition, a contact hour is equivalent to 60 minutes of an organized learning activity. To determine the number of contact hours, the provider should count the total number of minutes for the educational activity (this includes evaluation and question and answer time) and divide this number by 60. Minutes that are excluded from this total are introductions, breaks, and exhibit time. Obtain additional contact hour information for a learner-directed activity from the NAON national office.
Contact Hour Certificate	Check the box that states the type of contact hour certificate that will be used. If using own, please attach. Certificates must contain name of learner, number of contact hours awarded, name and address of the provider of the education activity, title and date of the educational activity, and the official accreditation statement: "This continuing nursing education activity was approved by NAON, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation" see page 32 for example.
Evaluation Method	Check the box that states the type of evaluation form that will be used. Any method must evaluate the effectiveness of the activity and include learner input. If using own evaluation, please attach a copy. An evaluation must include achievement of each objective, effectiveness of the presentation/presenters, presence of product promotion/bias, and presenter financial disclosure.
Use of Evaluation Data	Check the box(es) that describes how the evaluation information will be used.

Marketing Materials	Attach all marketing materials to the application. Examples of marketing materials include flyers, brochures, etc. Do not include NAON's name associated with contact hours unless the hours have been approved by NAON.
Target Audience	Check the box(es) stating how the target audience (RN, LPN, etc.) for this educational activity was determined. Also, check the boxes to identify members of the target audience that are on the planning committee.
Co-providership	If you choose to co-provide, note the responsibilities that must be retained by the reader on page 7.
Commercial Support	Check the "YES" or "NO" box to note whether there is commercial support for this activity. Commercial Support is defined as "grants provided by industry in support of continuing educational activities." This includes meals, exhibitor fees, any funds or supplies used to offset activity expenses. If there is commercial support, complete the <b>Commercial Support Form</b> (located on page 35) and attach it to the application. This form assists in clarifying how the integrity for the education activity is maintained with regards to commercial support. If you are declaring commercial support, be sure to inform participants on the marketing flyer and on printed activity materials that are distributed to the participants.



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## NAON Biographical Data Form

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The Biographical Data Form (BDF) is to be completed by all individuals involved in continuing education development (planning committee members, presenters, represented target audience members). *Curriculum vitae may not be substituted. Do not attach additional material.*

Name (degrees, certification):

Preferred Mailing Address:

Preferred Telephone:

Present Position (title, employer, job description):

Education (include basic preparation through highest degree held)

Degree	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded

Previous experience pertinent to this educational activity: Use space below to briefly describe your professional experience or areas of expertise (including publications) related to your involvement in continuing nursing education and your particular role, e.g. planner, presenter, peer reviewer, administrator, etc.

## NAON Conflict of Interest Form

All relevant financial interest or affiliation or any potential bias with a corporate organization must be made known in advance to the learners in accordance with the American Nurses Credentialing Center's (ANCC) Commission on Accreditation. A financial relationship is defined as one in which the individual benefits by receiving a consulting fee, intellectual property rights, ownership interest (i.e., stocks, stock options, or other ownership interest, excluding diversified mutual funds), royalty, salary, or other financial benefit. Also included is 'contracted research' in which the facility obtains the grant and manages the funds while the individual is the principal or names the investigator on the grant. Financial benefits are often associated with roles such as board membership, consulting, employment, management position, independent contractor (including contracted research), membership on advisory committees or review panels, speaking and teaching, and other activities from which remuneration is received, or expected.

- No, I, my spouse, family member, or partner do/have not have financial interests, arrangements, affiliations, or any bias with any of the corporate organizations offering financial support or educational grants for this program over the last 12 months.
- Yes, I, my spouse, family member, or partner do have/have had relevant financial interests, arrangements, affiliations, or bias with one or more of the corporate organizations offering financial support or an educational grant for this program over the last 12 months. (Please describe and explain)

**Please indicate below the organization(s), your role(s) and what you received.**

**Roles:** Advisory Board Member; Board Member; Consultant; Employee, Independent Contractor, Major Stock Holder, Ownership Interest; Review Panel; Speaker's Bureau; Other [explain]

**Received:** A. Consulting Fee; B. Grant/Research Support; C. Honoraria; D. Intellectual Property Rights; E. Royalty; F. Salary; G. Other [explain]

<u>Organization</u>	<u>Role</u>	<u>Received</u>

**State the actions you will take to resolve any potential conflict of interest:**

- Disclose potential conflicts of interest to learners *before* the program (all planners/presenters).
- Direct planning of the program on education, not on any specific proprietary entity (all planners).
- Provide information about classes of medications/devices, but no specific medication/device (all presenters).
- Use generic trade names for medications/devices as possible. Trade names from other companies (when available) will also be mentioned if a specific trade name must be used (all presenters).
- Submit presentation materials for a peer review process (all presenters).
- Use no commercial logos on presentation materials (all presenters).
- Other:

**Agreement**

- I understand that no advertising or marketing of any product or services will take place during or in the geographic vicinity of this continuing nursing educational program.
- I understand that I must download [NAON's Conflict of Interest Slide](#) from NAON's speaker resource page,

update it, and insert the slide after the title slide. The slide will appear in the presentation and handouts.

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Title of Presentation

Date and Time of Presentation

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Presenter's Signature (E-signature)

Date



# NAON FDA Form

Presenter's Name:

Date and Time of Presentation:

Presentation Title:

To obtain information regarding the clearance status of a device or pharmaceutical refer to the product labeling or call the FDA 1-800-63-2041 or visit the FDA web site at [www.fda.gov/cdrh/510khome.html](http://www.fda.gov/cdrh/510khome.html).

**CHECK ONE:**

- The FDA has cleared all pharmaceuticals and/or medical devices for the use described in this presentation.
- The FDA has not cleared the following pharmaceuticals and/or medical devices for the use described in this presentation. The following pharmaceuticals and/or medical devices are being discussed for an off-label use.

Manufacturer Name	Drug or Device

The Provider stipulates that "off label" use of a device or pharmaceutical may be described in the provider's contact hour activities so long as the "off label" status of the device or pharmaceutical is also specifically disclosed (i.e. that the FDA has not approved labeling the device for described purpose). Any device or pharmaceutical is being used "off label" if the described use is not set forth on the product's approved label.

- Not Applicable. No pharmaceuticals or medical devices will be discussed in this presentation.

I am checking the following box to acknowledge that I have read and disclosed all necessary information above.

Signature (E-signature):

Date:

# NAON Activity Outline Form

(Complete one form for EACH presentation)

An objective should have one verb, be measurable, and behavioral related to the learner. The content outline should should direct support of the objectives. The outline description does not need to be detailed. Major topics and subtopics will be sufficient to show direct support of each objective. PLEASE TYPE OR NEATLY PRINT THE REQUESTED INFORMATION.

Presenter's Name:

Presentation Date/Time:

Presentation Title:

OBJECTIVES	CONTENT (TOPICS)	TIME FRAME	FACULTY	TEACHING METHODS	EVAL. TOOL*	EVAL CATEGORY**
<i>Example:</i> Describe two methods of treating osteoarthritis of the knee.	<i>Example:</i> Medications (anti-inflammatories, analgesics, viscous supplementation)  Surgery (arthroscopy, total or minimally invasive knee replacement)	<i>Example:</i> 8:30-9:00 a.m.	<i>Example:</i> Sean Jones, MD	<i>Example:</i> Slide show Lecture Q&A	<i>Example:</i> Evaluation Form	<i>Example:</i> Learner satisfaction, knowledge change

\* 1) Pre and post tests; 2) structured interviews; 3) attitude scales; 4) direct observation of skill performance; 5) evaluation form

\*\*1) Learner satisfaction; 2) knowledge; skill and attitude change; 3) change in practice/performance; 4) relationship of the practice change to quality of service

## **SAMPLE** Biographical Data Form

The Biographical Data Form (BDF) is to be completed by all individuals involved in continuing education development (committee members, presenters, content specialists). *Curriculum vitae may not be substituted. Do not attach additional material.*

Name (degrees, certification): Jane E. Doe, BSN, RN, ONC

Preferred Mailing Address: 111 Femur Lane, Scapula, PA 12345

Preferred Telephone: 111-222-3333

Present Position (title, employer, job description): Staff Nurse on 40 bed orthopaedic unit.  
 Responsibilities include patient care, charge nurse, occasional in-services.

Education (include basic preparation through highest degree held)

Degree	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
BSN	Osteo University, Patella, OH	Nursing	1980

Previous experience pertinent to this educational activity: Use space below to briefly describe your professional experience or areas of expertise (including publications) related to your involvement in continuing nursing education and your particular role, e.g. planner, presenter, peer reviewer, administrator, etc.

Member of the unit education committee at work, served on orthopaedic workshop committee in 2009, authored an article on the presentation topic.

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# SAMPLE NAON Conflict of Interest Form

All relevant financial interest or affiliation or any potential bias with a corporate organization must be made known in advance to the learners in accordance with the American Nurses Credentialing Center's (ANCC) Commission on Accreditation. A financial relationship is defined as one in which the individual benefits by receiving a consulting fee, intellectual property rights, ownership interest (i.e., stocks, stock options, or other ownership interest, excluding diversified mutual funds), royalty, salary, or other financial benefit. Also included is 'contracted research' in which the facility obtains the grant and manages the funds while the individual is the principal or names the investigator on the grant. Financial benefits are often associated with roles such as board membership, consulting, employment, management position, independent contractor (including contracted research), membership on advisory committees or review panels, speaking and teaching, and other activities from which remuneration is received, or expected.

- No, I, my spouse, family member, or partner do/have not have financial interests, arrangements, affiliations, or any bias with any of the corporate organizations offering financial support or educational grants for this program over the last 12 months.
- Yes, I, my spouse, family member, or partner do have/have had relevant financial interests, arrangements, affiliations, or bias with one or more of the corporate organizations offering financial support or an educational grant for this program over the last 12 months. (Please describe and explain)

**Please indicate below the organization(s), your role(s) and what you received.**

**Roles:** Advisory Board Member; Board Member; Consultant; Employee, Independent Contractor, Major Stock Holder, Ownership Interest; Review Panel; Speaker's Bureau; Other [explain]

**Received:** A. Consulting Fee; B. Grant/Research Support; C. Honoraria; D. Intellectual Property Rights; E. Royalty; F. Salary; G. Other [explain]

**Organization**

**Role**

**Received**

Biotech

Presenter

Honorarium

**State the actions you will take to resolve any potential conflict of interest:**

- Disclose potential conflicts of interest to learners *before* the program (all planners/presenters).
- Direct planning of the program on education, not on any specific proprietary entity (all planners).
- Provide information about classes of medications/devices, but no specific medication/device (all presenters).
- Use generic trade names for medications/devices as possible. Trade names from other companies (when available) will also be mentioned if a specific trade name must be used (all presenters).
- Submit presentation materials for a peer review process (all presenters).
- Use no commercial logos on presentation materials (all presenters).
- Other:

**Agreement**

- I understand that no advertising or marketing of any product or services will take place during or in the geographic vicinity of this continuing nursing educational program.
- I understand that I must download [NAON's Conflict of Interest Slide](#) from NAON's speaker resource page, update it, and insert the slide after the title slide. The slide will appear in the presentation and handouts.

Total Joint Componentry

4/17/11

4:30 p.m.

Title of Presentation

Date and Time of Presentation

*Jane Doe*

2/1/11

Presenter's Signature (E-signature)

Date

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## SAMPLE NAON FDA Form

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Presenter's Name: Jane Doe

Date and Time of Presentation: 4/17/11 4:30 p.m.

Presentation Title: Total Joint Componentry

To obtain information regarding the clearance status of a device or pharmaceutical refer to the product labeling or call the FDA 1-800-63-2041 or visit the FDA web site at [www.fda.gov/cdrh/510khome.html](http://www.fda.gov/cdrh/510khome.html).

**CHECK ONE:**

The FDA has cleared all pharmaceuticals and/or medical devices for the use described in this presentation.

The FDA has not cleared the following pharmaceuticals and/or medical devices for the use described in this presentation. The following pharmaceuticals and/or medical devices are being discussed for an off-label use.

Manufacturer Name	Drug or Device

The Provider stipulates that "off label" use of a device or pharmaceutical may be described in the provider's contact hour activities so long as the "off label" status of the device or pharmaceutical is also specifically disclosed (i.e. that the FDA has not approved labeling the device for described purpose). Any device or pharmaceutical is being used "off label" if the described use is not set forth on the product's approved label.

Not Applicable. No pharmaceuticals or medical devices will be discussed in this presentation.

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I am checking the following box to acknowledge that I have read and disclosed all necessary information above.

Signature (E-signature): *Jane Doe*

Date: 2/1/11

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# SAMPLE NAON Activity Outline Form

(Complete one form for EACH presentation)

An objective should have one verb, be measurable, and behavioral related to the learner. The content outline should should direct support of the objectives. The outline description does not need to be detailed. Major topics and subtopics will be sufficient to show direct support of each objective. PLEASE TYPE OR NEATLY PRINT THE REQUESTED INFORMATION.

Presenter's Name: Jane Doe

Presentation Date/Time: 4/17/11 4:30-5:30 p.m.

Presentation Title: Total Joint Componentry

OBJECTIVES	CONTENT (TOPICS)	TIME FRAME	FACULTY	TEACHING METHODS	EVAL. TOOL*	EVAL CATEGORY**
<i>Example:</i> Describe two methods of treating osteoarthritis of the knee.	<i>Example:</i> Medications (anti-inflammatories, analgesics, viscous supplementation)  Surgery (arthroscopy, total or minimally invasive knee replacement)	<i>Example:</i> 8:30-9:00 a.m.	<i>Example:</i> Sean Jones, MD	<i>Example:</i> Slide show Lecture Q&A	<i>Example:</i> Evaluation Form	<i>Example:</i> Learner satisfaction, knowledge change
Recount the history of total joint replacement.	1970s, material, specific joints, success rate	4:30-4:45	Jane Doe	Lecture, slides, discussion, Q&A	5	1, 2
Describe two types of joint componentry material.	Titanium Alloy, Cobalt Chrome, Polyethelene liners, allografts, and autografts	4:45-5:00				
Identify some current joints that can be replaced and their special considerations.	- Disc, shoulder, elbow, wrist, hand bones, fingers, hip, knee, ankle, foot bones, toes - Wear, revision, cost, complications	5:00-5:20				
	Q&A, evaluation	5:20-5:30				

\* 1) Pre and post tests; 2) structured interviews; 3) attitude scales; 4) direct observation of skill performance; 5) evaluation form

\*\*1) Learner satisfaction; 2) knowledge; skill and attitude change; 3) change in practice/performance; 4) relationship of the practice change to quality of service

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## Writing Objectives

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Objectives are based upon the overall purpose of the educational activity, and describe the expected outcomes for the learner. The educational objectives clearly identify what the participant will be able to do at the completion of the educational activity. The goal when writing objectives is to develop objectives which:

- *are expected outcomes for the learner, not the presenter*
- *are expressed in measurable terms*
- *identify observable actions*
- *specify one action or outcome for each objective (one verb)*
- *are sufficient in number to accomplish the intended purpose of the activity*
- *are achievable in the time allotted*
- *consistent with the background of the target audience*

The use of an action verb assists in making an objective measurable and observable. Examples of action verbs included **list, state, compare, outline, identify, demonstrate, describe, differentiate, construct, select, recall, define, contrast, analyze, examine, formulate, and develop**. To further assure that a verb is measurable, list a specific amount of the objective to be accomplished. An example of a measurable and observable objective follows: List the five classic signs and symptoms of compartment syndrome. *Verbs that are generally not measurable and should be avoided include: understand, appreciate, improve, know, believe, learn, and become familiar with or knowledgeable.*

Another aspect of writing educational objectives is assuring that the **objective is achievable in the time allotted**. For example, if an objective states that the participant will **demonstrate** a skill, time must be allocated for each participant to complete a return demonstration.

Educational objectives need to be consistent with the background of the participants. The profession, experience, and education of the target audience must be considered when developing objectives. For example, it would not be appropriate for a nurse to demonstrate a surgical procedure (i.e. total hip replacement). This is not consistent with the nurse's professional background. The objectives also need to be consistent with the presenter(s)/content specialist(s)' profession, experience, and education. For example, it would not be appropriate for a physician to be addressing nursing care to assist the target audience in achieving an objective involving nursing care because it is not consistent with the physician's professional and educational background.

Examples of well written objectives are as follows:

- *Identify five key components of a neurovascular assessment of the upper extremity.*
- *Compare the differences between osteo and rheumatoid arthritis.*
- *Demonstrate proper technique for applying an air splint to an injured lower extremity.*

The next section outlines examples of behavioral verbs with corresponding levels of learning. These levels represent a progression from novice to expert. Remember that the higher the level of learning planned, the more difficult the verb is to measure (especially in large groups).

<b>Learning Level</b>	<b>Cognitive (Knowledge-related)</b>	<b>Psychomotor (skill-related)</b>
1.0	Define Identify List Name Recall	Follow example of Follow lead of
2.0	Draw conclusions Estimate Infer Predict Determine Choose Demonstrate use of Describe Differentiate Explain Interpret Select Cite examples of	Carry out according to procedure Follow procedure Practice
3.0	Apply Develop Employ Generalize Relate Use	Demonstrate skill
4.0	Compare Contrast Criticize Detect Distinguish Evaluate Identify	Carry out Use
5.0	Classify Design Develop Organize Restructure Synthesize	Demonstrate competency

**References:**

Bloom, BS. (1981). *Taxonomy of educational objectives: cognitive domain*. New York: Longman, Inc.  
 Reilly, DE. & Oermann, MH. (1996). *Behavioral objectives-evaluation in nursing 3rd ed.* New York: National League for Nursing.

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## ***Teaching Strategies and Adult Learning Principles***

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In developing an educational activity, the teaching strategies chosen must be based upon the activity's objectives and content, characteristics of the target audience, time allotted for activity, facility, and available equipment. The teaching strategies should also be chosen after giving consideration to the principles of adult learning. Listed below are examples of teaching strategies and corresponding adult learning principles:

<b><u>Teaching Strategies</u></b>	<b><u>Adult Learning Principles</u></b>
Lecture	Familiar format, requiring little adjustment in learning style.
Question and Answer	Content is focused on achievement of behavioral objectives. Involves no risk-taking by participant. Allows active participation of learner. If information is presented at speed/level inconsistent with learner needs, learner can clarify. Able to clarify how content can relate to own situation. Allows for feedback to the learner.
Slide show, Overhead, Videotapes, Flip chart, Chalkboard	Attracts learner attention. Visual memory tends to be greater than auditory. Repetition of verbal material. Illustrates process/procedure. Breaks down concepts to individual components.
Handouts	Logical progression toward goals/objectives. Allows greater listening rather than note-taking. Visual memory tends to be greater than auditory.
Discussion, Role-playing, Case Studies, Programmed Study	Allows active participation of learner. Encourages problem solving. Allows application of theory to reality. Learner able to share/learn from own and others experiences. Allow feedback to learner.
Demonstration, Clinical Experience	*See discussion, etc. Allows learner to gain manipulative and interactive skills.

### **References:**

- Alspach, JG. (1995). *Educational process in nursing staff development*. St Louis: Mosby.  
Cooper, SS. (1983). *The practice of continuing education in nursing*. Rockville, MD: Aspen System.  
O'Connor, AB. (1986). *Nursing staff development and continuing education*. Boston: Little, Brown, & Co.

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## *Glossary*

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<b>Accreditation</b>	A voluntary process in which an institution, organization, or agency submits to in-depth analysis to determine its capacity to provide or approve quality continuing education over an extended period of time.
<b>Accredited Approver</b>	An eligible organization credentialed by the American Nurses Credentialing Center after having submitted to an in-depth analysis to determine its capacity to approve quality continuing nursing education over an extended period of time.
<b>Administrator</b>	The person designated to have administrative responsibility for the approver and/or provider unit.
<b>Adult Learning Principles</b>	The basis for, or the beliefs underlying, the teaching and learning approaches to adults as learners based on recognition of the individual's autonomy and self-direction, life experiences, readiness to learn, and problem-orientation to learning. Approaches include mutual, respectful collaboration of educators and learners in the assessment, planning, implementation, and evaluation of educational activities.
<b>Appeal</b>	A process that allows the applicant to obtain a reconsideration by another NAON Approver Unit review group of an activity denial.
<b>Approval</b>	A decision made by NAON's Approver Unit that the criteria for approval of continuing nursing education have been met.
<b>Approver Unit</b>	Within the organization, the distinct body responsible for coordinating all aspects of the continuing education approval process.
<b>Biographical Data</b>	Information required of persons involved in the peer review process or planning and delivery of continuing education activities. The data provided should document their qualifications relevant to the continuing education process or a specific activity with respect to their education, professional achievements and credentials, work experience, honors, awards, and professional publications.
<b>Commercial Support</b>	Financial or in-kind contributions given by a commercial interest which is used to pay all or part of the costs of a CNE activity.
<b>Commission on On Accreditation (COA)</b>	Appointed by and accountable to the ANCC Board of Directors, this body is responsible for development and

implementation of the ANCC program for accreditation and approval of continuing education in nursing. The commission is composed of members representing accredited organizations, consumers, the ANA Congress on Nursing Practice, nursing evaluation, adult education/society and economics.

<b>Conflict of Interest</b>	Exists when an individual has an opportunity to affect continuing nursing education content in relation to a commercial interest with which he/she has a financial relationship.
<b>Constituents</b>	Providers that an accredited specialty nursing organization identifies as being eligible to submit continuing education activities to its approval body.
<b>Content Specialist</b>	An individual with documented qualifications that demonstrates education, knowledge, and experience in a particular subject matter.
<b>Continuing Nursing Education</b>	Systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses and therefore enrich the nurses' contributions to quality health care and their pursuit of professional career goals.
<b>Continuing Education Unit (CEU)</b>	A specific, standard measure ( <u>ten</u> contact hours) of educational achievement used by many universities, and professional organizations under the criteria of the International Association for Continuing Education and Training (IACET) to attest to clock hour completion of continuing education activities. This term is not used by NAON.
<b>Co-providership</b>	Planning, developing, and implementing an education activity by two or more individuals, organizations, or agencies.
<b>Criteria</b>	Relevant, measurable indicators of the standards.
<b>Denial</b>	A decision made by NAON's Approver Unit based on ANCC-COA criteria to not approve an application.
<b>Education Activity</b>	A planned, organized effort either learner directed or provider directed aimed at accomplishing education objectives.
<b>Education Objective</b>	A statement of a learner outcome(s) of an education activity that is measurable and achievable within the designated time frame.
<b>Evaluation</b>	The process of determining significance or quality by systematic appraisal and study.

<b>Evidence</b>	Specific indicators that document compliance with accreditation/approval criteria.
<b>Monitor</b>	To periodically assess and evaluate continuing compliance with operational requirements and the criteria.
<b>Needs</b>	Discrepancy between what is desired and what exists.
<b>Nurse Planner</b>	A registered nurse who is responsible for planning, developing, implementing, and evaluating continuing education activities. This nurse must have a baccalaureate or higher degree in nursing.
<b>Off-Label</b>	Using a pharmaceutical agent or medical device for a purpose other than the purpose for which it was approved by the FDA.
<b>Peer Review</b>	Professional judgment on the quality of the continuing nursing education offered that is based on designated standards and criteria for continuing education in nursing.
<b>Provider</b>	An individual, institution, organization, or agency responsible for the development, implementation, evaluation, record keeping, and quality of nursing continuing education activities.
<b>Purpose</b>	A statement describing why and for whom an educational activity has been designed.
<b>Resubmission</b>	A process that provides for review and action on an application that had been previously submitted and withdrawn prior to action.
<b>Retroactive Approval</b>	Peer review and approval of an activity that has already taken place; authorized by ANCC-COA for only a point-of-care learner-directed activity.
<b>Revoke</b>	To rescind approval/accredited status.
<b>Target Audience</b>	Group for which an educational activity has been designed.
<b>Teaching Strategies</b>	Instructional methods and techniques in accord with principles of adult learning.
<b>Withdrawal</b>	Termination of an application, without prejudice to any future applications, prior to the date on which an official decision is made.

**Reference:** American Nurses Credentialing Center's Commission on Accreditation (2009). Application manual: Accreditation program. Silver Spring, MD: Author.

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## Appendices

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National Association of Orthopaedic Nurses  
401 N. Michigan Avenue  
Chicago, IL 60611

### CONTACT HOUR CERTIFICATE (Chapter/Provider Copy)

The Approver Unit of the National Association of Orthopaedic Nurses has approved:

Title of Educational Activity: \_\_\_\_\_

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

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

This is to certify that (Name): \_\_\_\_\_

Has successfully completed the educational activity and has been awarded \_\_\_\_\_ contact hours.

This continuing nursing education activity was approved by the National Association of Orthopaedic Nurses (NAON), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Disposition of Copies:

Original = Provider      Copy = Participant

*Participant: Please retain this certificate in your personal continuing education files for at least six years.*



National Association of Orthopaedic Nurses  
401 N. Michigan Avenue  
Chicago, IL 60611

### CONTACT HOUR CERTIFICATE (Participant Copy)

The Approver Unit of the National Association of Orthopaedic Nurses has approved:

Title of Educational Activity: \_\_\_\_\_

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

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

This is to certify that (Name): \_\_\_\_\_

Has successfully completed the educational activity and has been awarded \_\_\_\_\_ contact hours.

This continuing nursing education activity was approved by the National Association of Orthopaedic Nurses (NAON), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Disposition of Copies:

Original = Provider      Copy = Participant

*Participant: Please retain this certificate in your personal continuing education files for at least six years.*



**National Association of Orthopaedic Nurses  
Approver Unit  
Evaluation Form**

Please check one answer for each question.

**1. Professional Status:**

- RN
- LPN
- LVN
- Student
- Other

**2. Employment:**

- Full Time
- Part Time
- Not Employed

**3. Employer:**

- Hospital
- Physician (s)
- Industry/Corporation
- Nursing School/University
- Government (Non Hospital)
- Self-Employed
- Nursing Home
- Home Health
- Other

**4. Position:**

- Staff Nurse
- Head Nurse
- Clinical Specialist
- Supervisor/Coordinator
- Instructor/Educator
- Administrator
- RN First Assistant
- Case Manager
- Nurse Practitioner
- Other

**5. Areas of Practice:**

- ER
- OR
- Adult Orthopaedic Unit
- Pediatric Orthopaedic Unit
- Adult Medicine/Surgical Unit
- Pediatric Medical/Surgical Unit
- Physician's Office
- Clinic
- Other

**6. Highest Level of Education Completed:**

- LPN/LVN
- Diploma - Nursing
- AD Nursing
- Bachelor's Nursing
- Bachelor's - Other
- Master's - Nursing
- Master's - Other
- Doctorate - Nursing
- Doctorate - Other

**7. Identify the area of orthopaedics which best represents your clinical practice:**

- Spine
- Operating Room
- Trauma
- Pediatrics
- Gerontology
- Home Care
- Sports Medicine
- Total Joint
- Other

**8. Identify the role which best represents your current position:**

- Office Practice
- Management
- Advanced Practice
- Patient Education
- Staff Education
- RNFA
- Case Management
- Other

**9. Are you a member of NAON?**

- Yes
- No

**Please circle the appropriate response. The scale for this section is 1 to 5 with 1 representing strongly disagree and 5 representing strongly agree.**

	<i>Strongly Disagree</i>				<i>Strongly Agree</i>
10. The objectives were relative to the overall purpose of the presentation.	1	2	3	4	5
Comments: _____					
_____					

11. The teaching strategies were appropriate for the presentation.	1	2	3	4	5
Comments: _____					
_____					

12. As a participant, I achieved the following objectives:					
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

Comments: \_\_\_\_\_

\_\_\_\_\_

13. The following presenters demonstrated expertise in content presented:					
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

Comments: \_\_\_\_\_

\_\_\_\_\_

Circle One

14. The content was presented without bias of any commercial product or drug.	Yes	No
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15. The following presenter disclosed their conflict of interest status. (Please list each individual presenter for your activity.)

Presenter Name _____	Yes	No
Presenter Name _____	Yes	No
Presenter Name _____	Yes	No
Presenter Name _____	Yes	No
Presenter Name _____	Yes	No

16. Please list recommendations for future topics:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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***Commercial Support Form***

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**Complete this form if the education activity is receiving commercial support.**

When commercial support is provided for an education activity, the integrity of the activity must be maintained. Thus, the provider is expected to maintain control of the educational content and disclose to the learners all financial relationships or lack of, between the commercial supporter and the provider and/or presenters. Please answer the following questions about the education activity commercial support funds.

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Have the funds been given in the form of an educational grant?<br>(includes lunch, fee for booth, etc.) If no, please explain:  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have these funds been acknowledged in printed materials and marketing flyers? If no, please explain:  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do the commercial exhibits influence/interfere with the presentation of the education activities?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please explain:  |                          |                          |
| 4. Will the learner be made aware of the nature of all commercial support of all education activities?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, please explain:   |                          |                          |
| 5. Will the approval of this education activity represent only the approval of the education activities by the American Nurse Credentialing Center's Commission on Accreditation and not an endorsement of the commercial products ?<br>If no, please explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will the research by commercial companies that is presented in this education activity be designed and presented with scientific objectivity?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, please explain:   |                          |                          |
| 7. Will the learner be informed of any off-label use of a commercial product that is presented in the education activities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, please explain:   |                          |                          |



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## *Faculty Data Sheet/Audiovisual Request Form*

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Your name, title, and credentials will appear as printed below.

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's City: \_\_\_\_\_ State: \_\_\_\_\_

**Presentation:**

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Length: \_\_\_\_\_ minutes

Objective(s): \_\_\_\_\_

**Teaching Strategies: (Please check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Lecture only  | <input type="checkbox"/> Lecture with visual aids |
| <input type="checkbox"/> Demonstration | <input type="checkbox"/> Small group discussion   |
| <input type="checkbox"/> Case studies  | <input type="checkbox"/> Question & Answer        |

**Audiovisual Equipment Needed: (Please check all that apply)**

- Carousel Slide Tray x \_\_\_\_\_ (#)
- Overhead Projector
- Electric Pointer
- Computer
- Video Player
- LCD projector
- Other

**Please check the following that apply and sign at the signature line below:**

- I agree with the above objective(s) and can meet them in time allotted.
- I give permission to the \_\_\_\_\_ chapter to reproduce my image, printed materials and/or my voice recording in connection with the above program in any format.
- Handouts attached.

---

I am checking the following box to acknowledge that I have read and disclosed all necessary information above.

Signature: \_\_\_\_\_

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

---

## ***Educational Offering Publicity Form***

Please complete and submit to the NAON National Office for publicity in *NAON News*, *Orthopaedic Nursing Journal* and the NAON Web Site. Placement in these publications and Web Site are based upon submission deadlines. Contact the NAON National Office at 800.289.6266 or go to [www.orthonurse.com](http://www.orthonurse.com) for submission deadlines.

**Date(s) of Conference:** \_\_\_\_\_  
\_\_\_\_\_

**Location of Conference:** \_\_\_\_\_  
\_\_\_\_\_

**Provider (Constituent):** \_\_\_\_\_  
\_\_\_\_\_

**Title of Conference:** \_\_\_\_\_  
\_\_\_\_\_

**Contact Person's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preferred Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Would you like your marketing materials to be included with the publicity that will be placed online?** (circle one)      Yes      No

If you would, please email your marketing materials in PDF format to  
[naon@smithbucklin.com](mailto:naon@smithbucklin.com).

**Submit completed form via mail, fax or e-mail to:**

401 N. Michigan Ave.  
Suite 2200  
Chicago, IL 60611  
Fax: 312.527.6658  
E-mail: [naon@smithbucklin.com](mailto:naon@smithbucklin.com)

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## *Conference Development Process*

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**Date of Conference:** \_\_\_\_\_

### **9-12 months prior to conference**

- Form planning committee. Select chairperson.
- Determine needs from survey and/or past evaluations for conference (i.e. content, location, scheduling)
- Select and reserve physical facility for conference
- Identify potential presenters

### **7 months prior to conference**

- Determine overall purpose and content.
- Select presenters and confirm. Involve them in planning. Send initial speaker letter, Biographical Data Form, Conflict of Interest Form, FDA Form, and Activity Outline Form
- Solicit exhibitors (if needed).
- Determine registration fees.
- Review Approver Unit application form.
- Construct publicity/registration flyer.

### **5 months prior to conference**

- Develop publicity flyer.
- Complete all required supportive documents that will be attached to the online application.
- Order mailing labels (e.g., NAON Members)
- Confirm exhibitors

### **4 months prior to conference**

- Submit online AU application and supportive documents.
- Complete publicity flyers for conference and mail.

### **2-3 months prior to conference**

- Achieve approval from the NAON Approver Unit.

### **1-2 months prior to conference**

- Advertise conference everywhere possible.
- Obtain and assemble registration packets.
- Maintain master registration sheets.
- Confirm participant registration.
- Send final reminder letter to presenters and exhibitors.
- Prepare contact hour certificates (i.e. title, date, # of hours).
- Reconfirm all arrangements with physical facility.

### **1 week prior to conference**

- Finalize registration.
- Call physical facility with number of registrants.
- Call presenters and exhibitors to finalize any last minute details if needed.

### **Day of conference**

- Sign in all registrants.
- Personally greet presenters and exhibitors.
- Conduct conference.
- Collect evaluations.
- Distribute contact hour certificates.

### **1-6 weeks after conference**

- Summarize and review evaluations.
- Send thank you letters and evaluations to speakers.
- Send thank you letters to exhibitors.
- Store all post-conference materials as agreed to in the NAON Approver Unit application.

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## *Speaker Letter*

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*[Presenter Name, Credentials]*  
*[Address]*

*[Date]*

Dear *[Presenter Name]*:

On behalf of the Planning Committee, it is my pleasure to confirm your participation in the *[Educational Activity]* sponsored by *[Provider]*. The educational activity will be held at the *[location]* in *[city/state]*, on *[date]*.

The purpose of the education activity is *[purpose]*. Enclosed in this packet is a Faculty Data Sheet / Audiovisual Request Form. The information on the Data Sheet reflects the data that will be included in the program describing your presentation. Please notify me or your planning committee contact person **IMMEDIATELY or no later than *[date]***, if you see the need for changes in the course title or objectives. In addition, please check the credentials and position title listed to assure accuracy. Please complete the Data Sheet and return it with the other materials requested in this letter.

In order to provide continuing education (CE) credits for the participants, we ask that you submit a Biographical Data Form, Conflict of Interest Form, FDA Form, and Activity Outline Form. If you decide to use handouts, please submit them so that they can be copied for distribution. The following are guidelines for submission of materials.

### **1. Course Objectives and Outline**

- a. May be submitted via email attachment, disc, or as "camera-ready originals."  
If using "camera ready originals" please note the following guidelines:
  - Image should be black, dense, and very legible on original.
  - Submit originals on 8 ½ by 11 inch white bond paper, single-sided, with a minimum of one inch margins on all four sides.
- b. Begin with the heading consisting of title of presentation, speaker name and credentials, followed by objectives and outline.
- c. A reference list is requested.

**2. Handouts** are optional. However, the participants greatly appreciate any materials you are willing to share. Please limit the number of handouts to six pages. If you submit copyrighted material, you must enclose written permission to use it or we cannot reproduce it.

### **3. Presenter Forms:**

Complete enclosed forms. The deadline for returning all information is *[date]*. To facilitate preparation of this material, your contact person is: *[Name and Telephone Number]*.  
Return all materials to: *[Name and Address]*.

Thank you for your interest in nursing continuing education. I appreciate this time commitment and willingness to share your expertise. Please feel free to call me or your contact person if you have any questions or concerns. I will send copies of all publicity for the meeting as it becomes available.

Sincerely,

*[Signature]*, Chairperson  
*[Email]*  
*[Telephone Number]*  
Enclosures

*Program Committee*

Jane E. Doe, BSN, RN, ONC  
Tarry Tarsal , RN, MSN, CEN  
Cathy Carpal, RN, ONC  
Frederick Femur, BSN, RN, ONC

**Greatest Chapter  
of  
National  
Association of  
Orthopaedic Nurses  
(NAON)**

Presents.....

**Orthopaedic  
Update**

*The Temporal Conference Center  
12345 East Mandibular Mall  
Sternum, FL 44344*

Day of the Week, Date, Year  
**7 Contact Hours**

Return  
Address  
Label

## CONFERENCE SCHEDULE

- 8:00-8:20 am     **Registration**
- 8:20-8:30 am     **Introductions**
- 8:30-9:30 am     **Patient Mobility**  
John Doe, MSPT Senior Level Physical  
Therapist  
*Jane Doe, OTR-L Occupational Therapist*
- 9:30-9:50 am     **BREAK**
- 9:50-11:00 am    **Famous Tragedies**  
*Mary Smith, RN, MSN, CEN*  
*Trauma Education Coordinator XYZ Hospital*
- 11:00-12:00     **Introduction to Drug Safety**  
*Maggie Jones, RN, MSN*  
*Drug Surveillance Manager – Drug Company*
- 12:00-1:30       **LUNCH** on own
- 1:30-2:50 pm     **Where’s My Nurse?**  
**Facts on the nursing Shortage.**  
Dr. Rebecca May, RN, PhD  
Assistant Professor, University of AAA
- 2:50-3:10 pm     **BREAK**
- 3:10-4:15 pm     **Under Pressure –**  
**the ins and outs of compartment syndrome**  
*Mary Smith, RN, MSN, CEN*  
Trauma Education Coordinator XYZ Hospital
- 4:15-4:30        **Evaluation/Closing**

## DRIVING DIRECTIONS

- North: Follow I-10 South.....
- South: Take I-10 North .....
- East: From the Turnpike, take .....
- West: From the coastline highway .....

**This continuing nursing educational activity was approved for 7 contact hours by the National Association of Orthopaedic Nurses, an accredited approver of the American Nurses Credentialing Center’s Commission on Accreditation.**

Any questions please contact:  
Mary Jane Jones-Smith  
Telephone: 111-222-3333  
Email: [MJJS@somewhere.com](mailto:MJJS@somewhere.com)

## REGISTRATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

NAON Member: \_\_\_ Yes \_\_\_ No

**Fee: \$80.00**

Please make checks payable to the  
XXX Chapter of NAON  
(no credit or debit cards)

### Return to:

Mary Jane Jones-Smith  
111 Tibia Trail  
Ilium, IA 77777

Cancellation Policy: Refund if notified  
by Specific Date.



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## *Summary Review Form* (March 2010)

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**AU Administrator completing this form:**

This is a summary of two reviewer forms.

	Yes	No
1. Chairperson identified	<input type="checkbox"/>	<input type="checkbox"/>
2. Provider		
3. Activity Title		
4. Activity Date		
5. Agreement indicated for record keeping/storage system	<input type="checkbox"/>	<input type="checkbox"/>
6. Contact hours are accurate	<input type="checkbox"/>	<input type="checkbox"/>
7. Participant requirements are listed	<input type="checkbox"/>	<input type="checkbox"/>
8. Verification of participation is listed	<input type="checkbox"/>	<input type="checkbox"/>
9. Plan to inform participant of requirements is listed	<input type="checkbox"/>	<input type="checkbox"/>
10. Planning committee members include		
a. All target audience categories	<input type="checkbox"/>	<input type="checkbox"/>
b. All presenters (content experts)	<input type="checkbox"/>	<input type="checkbox"/>
c. At least one BSN	<input type="checkbox"/>	<input type="checkbox"/>
11. Biographical Data Form submitted for each planning Committee member	<input type="checkbox"/>	<input type="checkbox"/>
a. Committee members are qualified to plan this activity	<input type="checkbox"/>	<input type="checkbox"/>
b. Presenters are qualified to present the activity content	<input type="checkbox"/>	<input type="checkbox"/>
12. Conflict of Interest Form completed appropriately for each		
a. Planning committee member	<input type="checkbox"/>	<input type="checkbox"/>
b. Presenter	<input type="checkbox"/>	<input type="checkbox"/>
13. Off-Label Use Form completed appropriately for each presenter	<input type="checkbox"/>	<input type="checkbox"/>
14. Activity Outline Form includes		
a. Singular, measurable learner objectives	<input type="checkbox"/>	<input type="checkbox"/>
b. Objectives that are congruent with the purpose	<input type="checkbox"/>	<input type="checkbox"/>
c. Content that is more than restatement of the objectives	<input type="checkbox"/>	<input type="checkbox"/>
d. Content that displays direct support of the objectives	<input type="checkbox"/>	<input type="checkbox"/>
e. Content that is congruent with the purpose/objectives	<input type="checkbox"/>	<input type="checkbox"/>
f. Timeframes for each objective	<input type="checkbox"/>	<input type="checkbox"/>
g. Name of presenter for each objective (if > one)	<input type="checkbox"/>	<input type="checkbox"/>
h. Evaluation tool	<input type="checkbox"/>	<input type="checkbox"/>
i. Evaluation category	<input type="checkbox"/>	<input type="checkbox"/>
15. Purpose of the activity	<input type="checkbox"/>	<input type="checkbox"/>
16. Teaching/learning strategies are		
a. Identified	<input type="checkbox"/>	<input type="checkbox"/>
b. Congruent with objectives/content	<input type="checkbox"/>	<input type="checkbox"/>
c. Listed on the Activity Outline Form	<input type="checkbox"/>	<input type="checkbox"/>
17. NAON contact hour certificate is		
a. Being used	<input type="checkbox"/>	<input type="checkbox"/>

- |  |                          |                          |
|--|--------------------------|--------------------------|
| b. Not being used  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If NAON certificate is <i>not</i> being used, own certificate is attached         | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If own certificate <i>is</i> being used, it includes                              |                          |                          |
| 1. Activity title  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Activity date   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Provider name and address   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Space for participant name  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Space for/notation of contact hour credit   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Notation of NAON/ANCC-COA statement on separate line                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. NAON evaluation form is  |                          |                          |
| a. Being used  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Not being used  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If NAON evaluation form is <i>not</i> being used, own evaluation form is attached | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Own evaluation form has item about bias of commercial product/drug                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Own evaluation form has item about presenter conflict of interest                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Own evaluation form seeks learner input   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Own evaluation form describes how evaluation data will be used                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Marketing materials  |                          |                          |
| a. Are attached  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mention seeking approval from NAON  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Target audience  |                          |                          |
| a. Method to determine need for activity   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Method to determine target audience   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is identified   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Agreement indicated for no co-providership                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Commercial support sought  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <i>yes</i> , answer the following   |                          |                          |
| a. Funds given via educational grant   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Funds acknowledged in printed materials/marketing flyer                           | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Commercial exhibits influence/interfere with presentation                         | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Learner will be made aware of commercial support                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Presentation represents only approval from ANCC-COA and no product endorsement    | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Commercial company research designed/presented with scientific objectivity        | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Learner will be informed of any off-label use of a presented product              | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Approval for application   | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments   |                          |                          |
| 24. Total contact hours awarded  |                          |                          |

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## *References*

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American Nurses Credentialing Center's Commission of Accreditation. (2009).

*Application manual: Accreditation program*. Silver Spring, MA: Author.

American Nurses Association (ANA). (2000). *Scope and standards of practice for*

*nursing professional development*. Washington, DC: American Nurses Association.

National Association of Orthopaedic Nurses (NAON). (2010). *Guidelines for continuing*

*education development and approval*. Chicago, IL: Author.