



National Association
of Orthopaedic Nurses

Advancing the Art and Science of Orthopaedic Care

***GUIDELINES
FOR
CONTINUING
EDUCATION
DEVELOPMENT
AND APPROVAL***

NAON Approver Unit



National Association
of Orthopaedic Nurses

Advancing the Art and Science of Orthopaedic Care

Guidelines for Continuing Education Development and Approval

**January 2009
Approver Unit**

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General Information

HOW TO USE THIS MANUAL

This manual is designed to assist NAON's Approver Unit applicants in developing continuing 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 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 education will improve health care to the consumer.

The 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 (ANCC) Commission on Accreditation. The Commission on Accreditation allows NAON's Approver Unit to grant continuing education credit.

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.

We believe 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.

We believe continuing nursing education is a process designed to promote competence and expertise in clinical practice. Continuing 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 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 cosponsors. This process is completed in a manner that reflects the philosophy of NAON, using peer review.

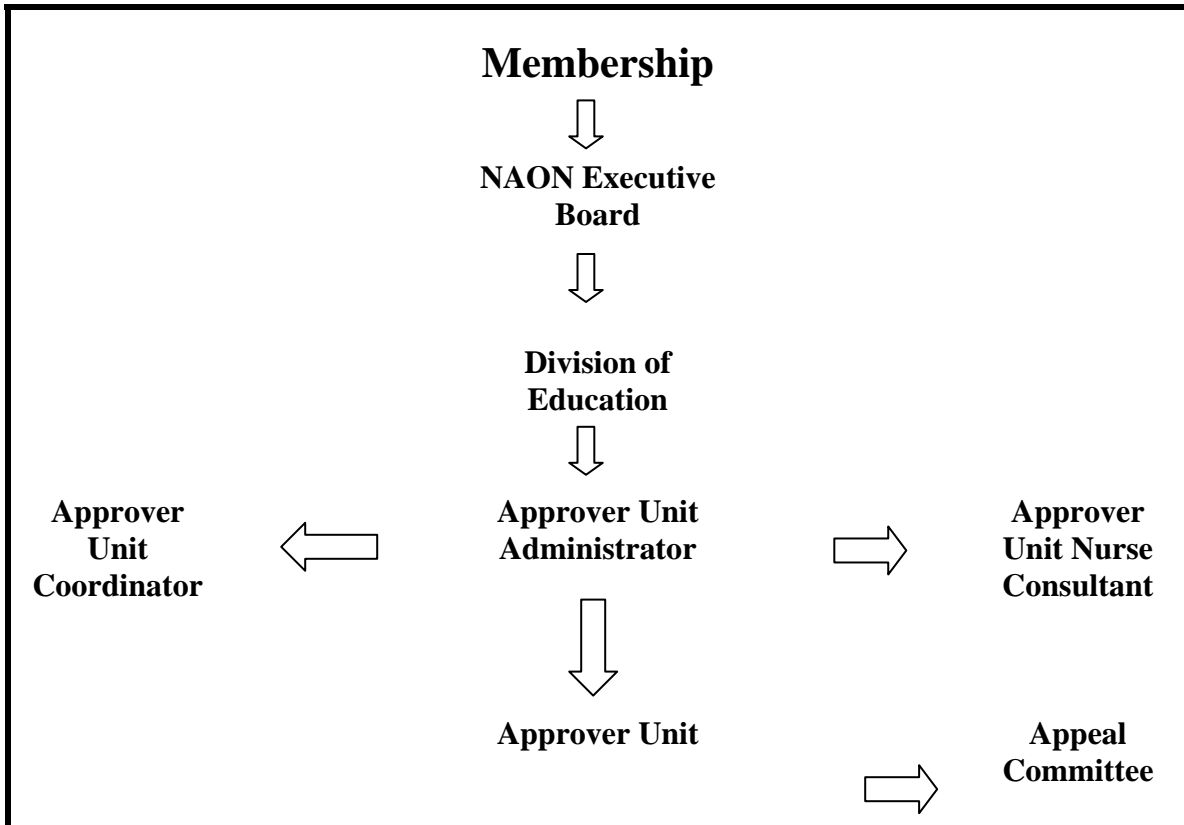
FUNCTION

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



Approver Unit Policies

DEFINITION OF CONTINUING 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." Continuing nursing education builds upon the registered professional nurse's education and experience, according to American Nurses Credentialing Center's Commission on Accreditation and ANA's *Scope and Standards of Practice for Nursing Professional Development (2000)*.

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 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

COPROVIDERSHIP

The ANCC feels that the entities co-providing an approved activity is so distant that it loses the legal oversight authority. There are legal responsibilities which it cannot fulfill in the situation of an approved co-provided activity.

Therefore NAON will not approve any educational activities that are being co-provided.

APPROVAL STATUS

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

<u>Approval Status</u>	<u>Action Required</u>
Approved	The provider may grant NAON contact hours for the activity during the 2 year approval period.
Approval denied	The chairperson 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 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.

SUBMISSION DEADLINE

THE APPLICATION MUST BE POSTMARKED OR SUBMITTED ELECTRONICALLY AT LEAST 6 WEEKS (42 DAYS) PRIOR TO THE IMPLEMENTATION DATE OF THE EDUCATIONAL ACTIVITY. ANY APPLICATION POSTMARKED LESS THAN 6 WEEKS (42 DAYS) PRIOR TO THE IMPLEMENTATION DATE WILL NOT BE REVIEWED AND THE FEE WILL BE RETURNED.

The review process, which takes 42 days from the postmark date or 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 can not 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. All

applicants are encouraged to submit the education activity 6-8 weeks prior to the implementation date to allow time for correction of deficiencies if necessary.

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	
		Mail	Electronic	Mail	Electronic
60-180	1.0 - 3.0	\$60	\$40	\$100	\$80
181-360	3.1 - 6.0	\$70	\$50	\$150	\$130
361 - 540	6.1 - 9.0	\$80	\$60	\$200	\$180
541 - 720	9.1 - 12.0	\$90	\$70	\$250	\$230
721 - 900	12.1 – 15.0	\$100	\$80	\$300	\$280
901 – 1,080	15.1 – 18.0	\$110	\$90	\$350	\$330
1,081 +	>18.1	\$120	\$100	\$400	\$380

Category 1 – NAON Chapters and NAON Members*

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

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

PUBLICITY

An education activity that lasts longer than four hours may be submitted to the continuing education calendars for NAON's Web site (www.orthonurse.org), *NAON News* and *Orthopaedic Nursing*. Call NAON's staff at the national office for the continuing education calendar submission deadlines. The "Publicity Form" on page 42 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. 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. 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. 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 credit 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.

REVOCAION 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. Title of education activity.
2. Number of contact hours awarded.

3. Name, titles, and expertise of persons responsible for planning the education activity and presenters/content specialists.
4. Description of needs assessment.
5. Description of target audience.
6. Location(s) and date(s) of the activity
7. Names and addresses of participants, and number of contact hours awarded each.
8. Purpose.
9. Objectives and content.
10. Teaching/learning strategies, including resources, materials, delivery methods, and learner feedback.
11. Process to verify completion of the education activity and how learners were informed of these requirements.
12. Sample of the certificate awarded to participants.
13. Copy of the evaluation tool(s), including a summary evaluation.
14. Marketing/promotional materials.
15. If applicable, documentation of how program integrity was maintained for an education activity receiving commercial support.
17. Vested interest forms.

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. NAON continuing education certificate template is available through the national office, and will be e-mailed 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 38 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/Nurse Consultant on a year round basis. This process assists in monitoring overall activity quality.

Annually, applicants and approver unit members are sent a questionnaire about their experience with the Approver Unit during the continuing education development and approval process. 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.

Application / Review Process

APPLICATION PROCESS

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

1. Obtain a copy of the *Guidelines for Continuing Education Development and Approval (2008)*. Copies can be ordered through the national office or downloaded from the NAON Web site. All application materials are located in the guidelines. An online application is also available through the web site.
2. READ THE *GUIDELINES FOR CONTINUING EDUCATION DEVELOPMENT AND APPROVAL* THOROUGHLY.
3. Complete the application forms and attachments to this packet.
4. **OR SUBMIT 4 COPIES OF YOUR COMPLETED APPLICATION AND ALL ATTACHMENTS** to the National Association of Orthopaedic Nurses, 401 North Michigan Avenue, Suite 2200, Chicago, Illinois 60611, **postmarked at least 6 weeks (42 days) prior to the implementation date** of your education activity (see submission deadline in policy section on page 9). The review process takes 42 days. Please allow time for your approval letter to be sent to you prior to the implementation date.
6. Once your application is received, the Approver Unit Coordinator will check it for completeness. If documents are missing, the coordinator 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 Approver Unit Administrator.
2. Members of the approver unit will review your application and recommend approval status to the Approver Unit Administrator. The form used for the review process is located in the Appendices on Page 51.
3. If the application is recommended for approval, the Approver Unit Administrator notifies the NAON national office staff, 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 Approver Unit Administrator 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. If there is substantial information that needs to be corrected, the Administrator will discuss the information with the Nurse Consultant to determine if the criteria have been met, once that has been determined the Administrator asks the Approver Unit Coordinator to notify the applicant of the approval status.
6. **Approval can only be granted before an education activity is implemented. All clarifications and corrections must be completed before implementation of the educational activity. No educational activity can be granted approval retroactively.**
7. You will be notified of your approval status as soon as possible. **If your application is submitted 6 weeks before implementation, the review process may take until the day of the educational 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 12).

Instructions for Application

Provider:	Name of provider of educational activity. See policy section, page 8, for list of eligible providers.
Activity Title:	Title of educational activity.
Start Date:	Date educational activity starts.
Number of Contact Hours Requested:	Include in the contact hours requested, time for the education, evaluation, and question/answer period. Breaks and meals are not included. <i>An educational activity must be at least 30 minutes in length to be eligible for the application process.</i>
Fee Attached:	Enter amount of fee. Refer to fee schedule on page 10 of the policy section.
NAON Certificates:	State whether you need the NAON certificate template. If using own certificate, please attach copy.
Planning Committee Chairperson:	Include name and credentials of person administratively responsible for planning and implementing the educational activity.
Chairperson's Address and Phone Numbers:	Include full address, phone numbers (please choose address and phone number and email address that will expedite approval process whether it is work or home). The chairperson must also submit a Biographical Data Form (BDF) and Vested Interest Form (VI).
Committee Members:	List names of planning committee. A minimum of <u>one registered nurse</u> (RN) must be involved in the planning process. The RN must hold a baccalaureate or higher degree. Each member of the committee must submit a Biographical Data Form (BDF) and Vested Interest/Off-Label Use Form (VI).
Need:	Check the box(es) stating how the need for this educational activity was determined.
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.

- Purpose of Learning Activity: Check the box(es), which states the purpose of this activity.
- Objectives: Submit the objectives for this entire educational activity. **The “Education Documentation Form”** (located on page 23), **can be used to submit this information.** The objectives are based on the overall purpose of the educational activity. *The objectives need to be written statements that describe the learner outcomes. The objectives must be expressed in measurable terms, identify observable actions, and specify one action or outcome per objective.* 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 31) for further guidance.
- Content: Submit the content for this educational activity. **The “Education Documentation Form”** (located on page 23), **can be used to submit this information.** *The content is related to and consistent with the objectives. The content should be written in outline form and be more than 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.
- 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. Refer to section on teaching strategies and adult learning principles (page 33) 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 (unless they have objectives and content for that time).

- 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.
- 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 approval 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 38 for example.
- Evaluation Method: Check the box that describes the evaluation method 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.
- Use of Evaluation Data: Check the box(es) that describes how the evaluation information will be used.
- Marketing Materials: Check the "YES" box to note that all marketing materials related to this educational activity are attached to the application. Examples of marketing materials include flyers, brochures, etc.
- Co-providership: Check the "YES" or "NO" box to indicate whether the activity is co-provided. Please note that NAON does not approve co-provided activities.

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 exhibitors’ fees. If there is commercial support, complete the **Commercial Support Form** (located on page 42) 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.

Presenters’/Content Specialists’: Check the “YES” box to indicate that the presenters/content specialists are listed with the respective content and a **Vested Interest/Off-Label Use Form** for all presenters and/or content specialists is attached to the application. The vested interest section allows presenters/content specialists to disclose if they gain financial and/or other benefits related to the information that they are presenting; i.e. payment from pharmaceutical corporations.

Presenters/Content Specialists must also declare if they are using a pharmaceutical or medical device for a purpose that is not currently approved for. This information must be shared with all participants to maintain the integrity of the program. This form is located on page 25.

Record Keeping and Storage:

Sign the record keeping and storage statement.

NAON Approver Unit Application

Before completing this application, read the "Guidelines for Continuing Education Development and Approval." This manual contains essential information for the application process. This application will not be reviewed until ALL information for the application is submitted. **FOUR COPIES OF THE APPLICATION AND ALL ATTACHMENTS should be sent to the NATIONAL ASSOCIATION OF ORTHOPAEDIC NURSES, 401 North Michigan Avenue, Suite 2200, Chicago, IL 60611.**

Provider:

Activity Title:

Start Date: **Number of Contact Hours Requested:**
Fee Attached: **NAON Certificate Template Requested:**
Planning Committee: (include biographical data form)
Chairperson: **email:**
Chairperson's Address:
Phone Numbers (home): **(work):** **(cell):**

Committee Members: (include biographical data form on all members)

Name:

Name:

Name:

Name:

Need: How was the need for this activity determined? (check all that apply)

Survey Prior evaluation Other (please specify):

Target Audience: How was the target audience determined? (check all that apply)

Survey Prior evaluation Other _____

Target Audience includes: (check all that apply) RN LPN/LVN Allied Health Professionals Other (please specify):

Purpose of Learning Activity: (check all that apply) Increase quality of care for patients

Promote professional development Other (please specify):

Objectives and Content are attached. (check) YES (follow instructions)

Teaching/Learning Strategies include: (check all that apply) lecture Q & A

PowerPoint discussion case study Other (please specify):

Contact Hour Determination: How were number of contact hours determined:

(Check) Total number of minutes for educational activity divided by 60

Other (please specify):

Participant Requirements: Participant needs to do the following to be awarded contact hour certificate: (check all that apply) Sign-in Attend whole activity Complete post-test

Complete evaluation Other: (please specify):

Participation Verification: How is participation in activity verified: (check) Sign In Sheet
 Other (please specify):

Participant Information: When will the participant be informed of requirements for contact hour certificate? (check) Registration for activity Beginning of activity
 Other (please specify):

Contact Hour Certificate: (check) use NAON certificates Use non-NAON certificate, attached

Evaluation Method: (check) Use NAON form Use non-NAON form, attached

Use of Evaluation Data: (check all that apply) Information for future activities
 Feedback for planners/content specialists/presenters Other (please specify):

Marketing Material (i.e. flyers, brochures) YES
This must be attached

Co-providership: Is the activity co-provided? YES NO
(If yes, then the program will not be approved)

Commercial Support: YES, commercial support form attached NO

Presenters/Content Specialist: All are listed with the respective content; Biographical Data Forms (BDF) and Vested Interest/Off-Label Use Forms are enclosed and signed/check:
 YES

RECORD KEEPING and STORAGE SYSTEM:

Please sign the following record keeping statement: As planning committee chairperson, I certify that the following information will be kept on file for at least SIX (6) years: (1) copy of this application in its entirety including all attachments and approval correspondence, (2) approval letter with number of contact hours awarded, (3) Location/dates of activity, (4) Copy of marketing materials, (5) names and addresses of all participants and number of contact hours awarded, and (6) summary of participants evaluations. In addition, I certify that all records will be filed and stored to maintain confidentiality and access by authorized individuals only.

Signature of Chairperson: _____
(required)

Please check each box to indicate that you have enclosed all the required forms and fees.

Applications will not be accepted by Fax.

<input type="checkbox"/> 5 copies of application and attachments	<input type="checkbox"/> Objectives/content
<input type="checkbox"/> Chairperson/committee BDFs & Vested Interest/Off-Label Use forms	<input type="checkbox"/> Evaluation Form, if not NAON
<input type="checkbox"/> Presenters/content specialist BDFs & Vested Interest/Off-Label Use forms	<input type="checkbox"/> Fee
<input type="checkbox"/> Commercial Support Form, if needed	<input type="checkbox"/> Certificate, if not NAON

Education Documentation Form

(Copy and use to provide information)
Please submit objectives, content (topics), time frame, presenter on this form.

Title of Activity: _____
Total # of Contact Hours: _____

Objectives	Content (Topics)	Time Frame	Presenter
List the educational objectives (written statements that describe the learner outcomes)	Provide an outline of content/topic presented and indicate to which objective(s) the content/topic is related.	Provide a time frame for the topic/ content.	List presenter for each topic or content area.

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):

Preferred Mailing Address:

Preferred Email 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
BSN			
MSN or MN			

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.

Vested Interest Form

Faculty Name:
Presentation Title:

Please read the following two statements and place a check mark in the box opposite the statement which applies. If you have received something of value from a commercial company or institution which related directly or indirectly to the subject of your presentation, place a check in the first box. Also include the name of the commercial company or institution that provides the support. Your disclosure may be known to the participants.

THE PROVIDER DOES NOT VIEW THE EXISTENCE OF THESE INTERESTS OR COMMITMENTS AS NECESSARILY IMPLYING BIAS OR DECREASING THE VALUE OF YOUR PARTICIPATION IN EDUCATION ACTIVITIES.

1. I or a member of my immediate family **have received** something of value from or own stock or stock options in a commercial company or institution related directly or indirectly to the subject of my presentation. Check all that apply:
- A. Research or institutional support has been received from _____ (Name of Source)
 - B. Miscellaneous non-income support (e.g. equipment or services), commercially derived honoraria, or other non-research related funding (e.g. paid travel) has been received from: _____ (Name of Source)
 - C. Royalties have been received from: _____ (Name of Source)
 - D. Stock or stock options held in: _____ (Name of Source)
 - E. Consultant or employee: _____ (Name of Source)
2. I (or a member of my immediate family) **have not received** anything or value* from or own stock (or stock option) in a commercial company or institution related directly or indirectly to the subject of my presentation.
* Any item, payment, or service valued in excess of \$500.

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

Signature: _____ Date: _____

Off-Label Use Form

To obtain information regarding the clearance of a device or pharmaceutical refer to the product labeling or visit the FDA at www.fda.gov/cdrh/510khome.html

- 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 CE 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 approval 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: _____ Date: _____

NAON Approver Unit Application

Before completing this application, read the "Guidelines for Continuing Education Development and Approval." This manual contains essential information for the application process. This application will not be reviewed until ALL information for the application is submitted. **FOUR COPIES OF THE APPLICATION AND ALL ATTACHMENTS should be sent to the NATIONAL ASSOCIATION OF ORTHOPAEDIC NURSES, 401 North Michigan Avenue, Chicago, IL 60611.**

Provider: Greatest Chapter

Activity Title: Osteoporosis Update

Start Date: 2/2/09 Number of Contact Hours Requested: 1
Fee Attached: \$60.00 NAON Certificate Template Requested: X

Planning Committee: (include biographical data form)

Chairperson: Jane Doe, BSN, RN, ONC email: Jane@bones.net

Chairperson's Address: 111 Femur Lane, Scapula, PA 12345

Phone Numbers (home) 111-222-3333 (work) 111-222-4444 (cell) 111-333-5555

Committee Members: (include biographical data form on all members)

Name: Bob Jones, RN, ONC Name: Sherry Smith, BSN, RN, ONC

Name: _____ Name: _____

Need: How was the need for this activity determined? (check all that apply)

Survey Prior evaluation Other _____

Target Audience: How was the target audience determined? (check all that apply)

Survey Prior evaluation Other _____

Target Audience includes: (check all that apply) RN LPN/LVN Allied Health Professionals

Other _____

Purpose of Learning Activity: (check all that apply) Increase quality of care for patients

Promote professional development Other _____

Objectives and Content are attached. (check) YES (follow instructions)

Teaching/Learning Strategies include: (check all that apply) lecture Q & A

Powerpoint discussion case study Other _____

Contact Hour determination: How were number of contact hours determined:

(Check) Total number of minutes for educational activity divided by 60

Other _____

Participant Requirements: Participant needs to do the following to be awarded contact hour certificate: (check all that apply) Sign-in Attend whole activity Complete post-test

Complete evaluation Other: _____

Participation Verification: How is participation in activity verified: (check) Sign In Sheet
 Other: _____

Participant Information: When will the participant be informed of requirements for contact hour certificate? (check) Registration for activity Beginning of activity
 Other: _____

Contact Hour Certificate: (check) use NAON certificates Use non-NAON certificate attached

Evaluation Method: (check) Use NAON form Use non-NAON form attached

Use of Evaluation Data: (check all that apply) Information for future activities
 Feedback for planners/content specialists/presenters Other _____

Marketing Material attached (i.e. flyers, brochures) YES (required)

Co-providership: Is the activity co-provided ? YES, agreement attached NO

Commercial Support: YES, commercial support form attached NO

Presenters/Content Specialist: All are listed with the respective content, Biographical Data Forms (BDF) and Vested Interest/Off-Label Use Forms are enclosed: YES

RECORD KEEPING and STORAGE SYSTEM:

Please sign the following record keeping statement: As planning committee chairperson, I certify that the following information will be kept on file for at least SIX (6) years: (1) copy of this application in its entirety including all attachments and approval correspondence, (2) approval letter with number of contact hours awarded, (3) Location/dates of activity, (4) Copy of marketing materials, (5) names and addresses of all participants and number of contact hours awarded, and (6) summary of participants evaluations. In addition, I certify that all records will be filed and stored to maintain confidentiality and access by authorized individuals only.

Signature of Chairperson: _____ *Jane E. Doe, BSN, RN, ONC*
(required)

Please check each box to indicate that you have enclosed all the required forms and fees.

Applications will not be accepted by Fax.

<input type="checkbox"/> 5 copies of application and attachments	<input type="checkbox"/> Co-providership, if needed	<input type="checkbox"/> Objectives/content
<input type="checkbox"/> Chairperson/committee BDFs & Vested Interest/Off-Label Use forms		<input type="checkbox"/> Evaluation Form, if not NAON
<input type="checkbox"/> Presenters/content specialist BDFs & Vested Interest/Off-Label Use forms		<input type="checkbox"/> Fee
<input type="checkbox"/> Commercial Support Form, if needed		<input type="checkbox"/> Certificate, if not NAON

Education Documentation Form

(Copy and use to provide information)

Please submit objectives, content (topics), time frame, presenter on this form.

Title of Activity: Osteoporosis Update

Total # of Contact Hours: 1

Objectives	Content (Topics)	Time Frame	Presenter
List the educational objectives (written statements that describe the learner outcomes)	Provide an outline of content/topic presented and indicate to which objective(s) the content/topic is related.	Provide a time frame for the topic/ content.	List presenter for each topic or content area.
The learner will be able to: Define osteoporosis.	Definition of osteoporosis: Disease process Incidence Symptoms Risk factors	15 minutes	Mary Smith, RN, MSN
Describe two treatments for osteoporosis.	Treatment of osteoporosis: Activity / exercise Diet Medications	15 minutes	Mary Smith, RN, MSN
Name two publications available for patient education on osteoporosis.	Osteoporosis patient education resources: Medication information sheets National Osteoporosis Foundation literature	10 minutes	Dr. Rebecca May, RN, PhD
	Questions/Answer/Evaluation	10 minutes	Jane Doe, RN, BSN

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 inservices.

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.

Presented inservices at work and served on orthopaedic workshop committee in 1993.

Vested Interest Form

Faculty/Committee Member Name: Mary Smith, MSN, RN
 Presentation Title: Orthopaedic Update

Please read the following two statements and place a check mark in the box opposite the statement which applies. If you have received something of value from a commercial company or institution which related directly or indirectly to the subject of your presentation, place a check in the first box. Also include the name of the commercial company or institution that provides the support. Your disclosure may be known to the participants.

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1. I or a member of my immediate family **have received** something of value from or own stock or stock options in a commercial company or institution related directly or indirectly to the subject of my presentation. Check all that apply:
- A. Research or institutional support has been received from _____ (Name of Source)
 - B. Miscellaneous non-income support (e.g. equipment or services), commercially derived honoraria, or other non-research related funding (e.g. paid travel) has been received from: _____ (Name of Source)
 - C. Royalties have been received from: _____ (Name of Source)
 - D. Stock or stock options held in: _____ (Name of Source)
 - E. Consultant or employee: _____ (Name of Source)
2. I (or a member of my immediate family) **have not received** anything or value* from or own stock (or stock option) in a commercial company or institution related directly or indirectly to the subject of my presentation.
 * Any item, payment, or service valued in excess of \$500.

I am checking the following box to acknowledge that I have completed the vested interest form above.
 Date: 1/31/07

Off-Label Use Form

To obtain information regarding the clearance of a device or pharmaceutical refer to the product labeling or visit the FDA at www.fda.gov/cdrh/510khome.html

- 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 CE 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 approval 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 completed the off-label use form above.
 Date 1/31/07

Writing Objectives

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*
- *are expressed in measurable terms*
- *identify observable actions*
- *specify one action or outcome for each objective*
- *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 action verbs assists in making objectives measurable and observable. Examples of action verbs included **list, state, compare, outline, identify, demonstrate, describe, differentiate, construct, select, recall, define, and contrast**. To further assure that the verbs are 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 which 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 professions, 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 nurses 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. This 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.*
- *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).

Learning Level	Cognitive (Knowledge-related)	Psychomotor (skill-related)
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 in using
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: League for Nursing.

National

Teaching Strategies and Adult Learning Principles

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:

<u>Teaching Strategies</u>	<u>Adult Learning Principles</u>
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.
Slides (PowerPoint), 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

Accreditation	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.
Accredited Approver	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 education over an extended period of time.
Administrator	The Commission on Accreditation defines administrator as the person designated to have administrative responsibility for the approver and/or provider unit.
Adult Learning Principles	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.
Appeal	A process that allows the applicant to obtain a reconsideration by another review group of an approval denial.
Approval	A decision made by an accredited approver that the criteria for approval of continuing education have been met.
Approver Unit	Within the organization, the distinct body responsible for coordinating all aspects of the continuing education approval process.
Biographical Data	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.
Commercial Support	Grants provided by industry in support of continuing education activities.
Commission on On Accreditation (COA)	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

9 members representing accredited organizations, consumers, the ANA Congress on Nursing Practice, nursing evaluation, adult education/society and economics.

Constituents	Providers that an accredited federal nursing service or specialty nursing organization identifies as being eligible to submit continuing education activities to its approval body.
Content Specialist	An individual with documented qualifications that demonstrate education, knowledge, and experience in a particular subject matter.
Continuing Education	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.
Continuing Education Unit	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. (CEU)
Coprovidership	Planning, developing, and implementing an education activity by two or more individuals, organizations, or agencies.
Criteria	Relevant, measurable indicators of the standards.
Denial	A decision made by NAON's approver unit based on ANCC criteria to not approve an application.
Education Activity	A planned, organized effort either learner directed or provider directed aimed at accomplishing education objectives.
Education Objective	A statement of a learner outcome(s) of an education activity that is measurable and achievable within the designated time frame.
Evaluation	The process of determining significance or quality by systematic appraisal and study.
Evidence	Specific indicators that document compliance with accreditation/approval criteria.
Monitor	To periodically assess and evaluate continuing compliance with operational requirements and the criteria.
Needs	Discrepancy between what is desired and what exists.

Nurse Planner	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.
Off-Label Use	Using a pharmaceutical agent or medical device for a purpose other than the purpose for which it was approved by the FDA.
Peer Review	Professional judgement on the quality of the continuing education offered based on designated standards and criteria for continuing education in nursing.
Provider	An individual, institution, organization, or agency responsible for the development, implementation, evaluation, financing, record keeping, and quality of nursing continuing education activities.
Purpose	A statement describing why and for whom an educational activity has been designed.
Resubmission	A process that provides for review and action on applications that had been previously submitted and withdrawn prior to action.
Retroactive Approval	Peer review and approval of an activity that has already taken place; not authorized in the ANCC Commission on Accreditation system.
Revoke	To rescind approval/accredited status.
Target Audience	Group for which an educational activity has been designed.
Teaching Strategies	Instructional methods and techniques in accord with principles of adult learning.
Vested Interest	Having a financial interest or some other benefit related to a product, organization, etc., that is being presented in the education activity.
Withdrawal	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 (ANCC COA). (2001). *Manual for accreditation as an approver of continuing education in nursing*. Washington, DC: Author.

Appendices



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

CONTACT HOUR CERTIFICATE

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

Title of Educational Activity: _____

Date: _____

Provider Name: _____

Provider Address: _____

This is to verify that (Name): _____

has successfully completed this activity and has been awarded _____ contact hours
for this educational activity.

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 five 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
_____	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
_____	1	2	3	4	5
_____	1	2	3	4	5

Comments: _____

14. Please list recommendations for future topics:

Commercial Support Form

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.

- | | <input type="checkbox"/> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|--|--------------------------|--|---------------------------------------|
| 1. Have the funds been given in the form of an educational grant?
If no, please explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have these funds been acknowledged in printed material and brochures?
If no, please explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do the commercial exhibits influence/interfere with the presentation of the education activities?

If yes, please explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will the learner be made aware of the nature of all commercial support of all education activities?

If no, please explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 ?
If no, please explain: | <input type="checkbox"/> | <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?

If no, please explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Will the learner be informed of any off-label use of a commercial product that is presented in the education activities?

If no, please explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Faculty Data Sheet/Audiovisual Request Form

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 Atlanta 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 completed all necessary information above.

Date:

Publicity Form

Please complete and submit to NAON for publicity in *NAON News*, *Orthopaedic Nursing's* and the website. Placement in these publication and website are based upon submission deadlines. Contact NAON national office 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: _____

Conference Development Process

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, objectives and content.
- Select presenters and confirm. Involve them in planning. Send initial speaker letter, biographical data form, and faculty data sheet.
- Solicit exhibitors (if needed).
- Determine registration fees.
- Review Approver Unit application form.
- Construct publicity/registration flyer.

5 months prior to conference

- Complete Approver Unit application.
- Submit 5 copies of the application with all attachment and appropriate fees to NAON to receive contact hour approval before publicity (flyers) area printed.
- Develop publicity flyer.
- Order mailing labels (i.e. NAON Members)
- Confirm exhibitors

4 months prior to conference

- Receive approval of application from Approver Unit Administrator.
- Complete publicity flyers for conference and mail.

1-2 months prior to conference

- Advertise conference everywhere possible.
- Obtain and assemble registration packets.
- Maintain master registration sheets.
- Confirmation 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

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

Speaker Letter

[Date]

[Presenter Name, Credentials]

[Address]

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 which 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, Vested Interest/Off-Label Use Form, objectives and content outline. 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. Bibliography 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. Biographical Data Form and Vested Interest/Off-Label Use Form:

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

[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

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.



Review Form

(January 2008)

Please use this form to review applications to NAON's Approver Unit for adherence to the ANCC-COA criteria for nursing continuing education approval. Please check appropriate boxes below and provide comments as necessary.

Name of Reviewer:

Provider:

Title:

Date of Education Activity:

Action Taken: **Approved** **Denied**

Total contact hours awarded

ANCC Commission on Accreditation Criteria (60 minutes=1 contact hour)

- | A. Resources (Planning Committee) | Yes | No |
|--|--------------------------|--------------------------|
| 1. Chairperson identified | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. One RN on committee | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Committee members qualified (one RN must have baccalaureate or higher degree) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Biographical Data Form attached for each | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Vested Interest Form/Off Label Form attached for each | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

- | B. Needs Assessment and Target Audience | Yes | No |
|--|--------------------------|--------------------------|
| 6. Description included of how need for this activity was determined | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Description included on how target audience was identified | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Target audience identified | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

- | C. Purpose/Goal(s) | Yes | No |
|---------------------------|--------------------------|--------------------------|
| 9. Purpose stated | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

- | D. Objectives | Yes | No |
|--|--------------------------|--------------------------|
| 10. Objectives are identified | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Objectives are congruent with purpose | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Objectives define expected outcome for learner | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

E. Content

- 13. Content is outlined in addition to objectives
- 14. Content is congruent with purpose/objectives

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments:

F. Teaching-Learning Strategies

- 15. Strategies described
- 16. Congruent with objectives and content

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments:

G. Verification of Participation and Successful Completion

- 17. Method identified to verify participation
- 18. Successful completion criteria identified
- 19. Plan to inform learner of criteria identified
- 20. Verification form/certificate contains appropriate information

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments:

H. Evaluation

- 21. Method clearly defined
- 22. Seeks learner input
- 23. Describes how evaluation data will be used

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments:

I. Marketing Materials

- 24. Submitted materials

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Comments:

J. Co-providership, If yes, then it cannot be approved

- 25. Agreement meets criteria

Yes No NA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Comments:

K. Commercial Support

- 26. Commercial support funds have been received for this activity. **(If YES, complete 27-33)**
- 27. Funds submitted as an educational grant
- 28. Provider controls education activity content
- 29. Relationship between provider and support disclosed to learner in printed material
- 30. Exhibits do not influence or interfere with education
- 31. ANCC COA endorsement for education activity only

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

32. Commercial supported research completed with scientific objectivity

33. Learner will informed of any off-label use of commercial products in education activity

Comments:

L. Presenter/Content Specialist Qualifications and Vested Interest/Off-label Use

34. Qualified for content area **Yes** **No** **NA**

35. Biographical Data Form attached

36. Presenters have completed vested interest form

37. Presenters have completed off-label use form

Comments:

M. Record Keeping and Storage System

38. Agreement Indicated **Yes** **No**

Comments:

N. Additional Comments

Specify reasons/changes required

Comments:

References

American Nurses Credentialing Center's Commission of Accreditation. (2001). "Manual for accreditation as an approver of continuing education in Nursing." Washington, DC: 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). (1997). "Guidelines for Continuing Education Development and Approval." Pitman, NJ: NAON.