**Approved Provider Activity Planning Template**

**Non-Clinical Topic**

**This is a topic that does not relate to any aspect of clinical knowledge or skill. Examples include such topics as communication, leadership, or precepting. For non-clinical topics, there is no need to identify, mitigate, and disclose financial relationships.**

Provider:

Title of Activity:

Date Form Completed:

Contact Hours:       Advanced Pharmacotherapy Contact Hours (if applicable):

Activity Type:

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

 Date       Location of live in-person activity (City, State \*this is needed for NARS)

Check here if Internet Live Course [ ]

[ ] Provider-directed, learner-paced: Enduring Material, online, video, article

 Start date of enduring material:

Expiration/end date of enduring material:

[ ] Blended Activity

 Date (s) of pre-work/post-work material:

 Date of live portion of activity:

Is this activity jointly provided:      Yes      No If yes, who is this activity being joint provided with?          Note: An ineligible company may not be a joint provider.

Has this activity received commercial support (defined as financial or in-kind support from ineligible companies)?

     Yes      No If yes, attach a copy of the commercial support agreement to the activity file.

**Nurse Planner:** must be actively involved in planning, implementing, and evaluating this continuing education activity and must be a Nurse Planner for the Provider Unit.

Nurse Planner contact information for this activity:

Name/Credentials:

Email:

**Qualified Planners and Faculty/Presenters/Authors/Content Reviewers**

Complete the table below for each person on the planning committee and for all faculty, presenters, and authors involved in the activity. Also include any content reviewers if applicable (see bulleted information below). Include each person’s name, credentials, educational degree(s), and role in the activity being planned. Planning committee must have a minimum of a Nurse Planner and a content expert. The Nurse Planner is knowledgeable of the planning process and is responsible for adherence to the criteria. The content expert needs to have appropriate subject matter expertise for the educational activity being offered. **The Nurse Planner and Content Expert must be identified.** (Note: The Nurse Planner can be both the Nurse Planner and the content expert, but there still must be a second planning member.)

* A content reviewer is not included on the planning committee. The purpose of a content reviewer is to evaluate a speaker(s) before an educational activity during the planning process or after it has been planned but prior to delivery to learners, for quality of content, potential bias.

|  |  |
| --- | --- |
| **Name of individual, credentials, educational degrees** | **Individual’s role in activity (Nurse Planner, content expert, other planner, presenter, author, etc.)** |
|  | **Nurse Planner (Required)** |
|  | **Content Expert (Required)/ Presenter** |
|  | **Presenter** |

*Add additional lines to the above table, if needed.*

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

1. **Evidence to validate the professional practice gap**

1. **The fundamental educational need that must be addressed to close the professional practice gap.** Is it a deficit in knowledge, skill and/or practice? Most activities are designed to address knowledge or skill.

1. **Description of the target audience**

     RNs      RNs in Specialty Areas (Identify):

     APRNs

     Interprofessional      Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Measurable learning outcome expected of learners at the end of the activity. (How will you measure whether the gap identified in “A” above was narrowed or closed?)**

1. **Description of evaluation method: Evidence that change in knowledge, skills and/or practices of target audience will be assessed. (If using an evaluation form, describe question(s) specifically asked to measure the outcome.)**

1. **Content of activity: A description of the content (please provide paragraph or outline) with supporting references or resources.**

1. **Learner engagement strategies, check all that apply (must work for type of activity; live, enduring, blended)**

     **Integrating opportunities for dialogue or question/answer**

    **Including time for self-check/reflection**

    **Analyzing case studies**

    **Providing opportunities for problem-based learning-e.g. simulation**

     **Other: Describe**

1. **Criteria for awarding contact hours/Criteria for Successful Completion**

     Attendance at entire event or session

     Signing in on registration sheet

     Completion/submission of evaluation form

     Achieving passing score on post-test (Score =      %)

     Credit awarded commensurate with participation

     Return demonstration

     Other: Describe

1. **Calculation of contact hours: Describe how contact hours were calculated including evaluation time:**

Show evidence of how contact hours were calculated (“show” the math).

 If activity is longer than 3 hours, upload an agenda

 **Content:**

 **Pharmacotherapeutic time/content if applicable:**

 **Testing/return demonstration:**

 **Evaluation:**

**Independent study activity:**

**What was the method for calculating the contact hours? (Check the best description that applies and show the data that resulted from the method)**

**Pilot Study**

**Historical Data**

**Mergener Formula** [**http://touchcalc.com/calculators/mergener**](http://touchcalc.com/calculators/mergener)

**Other: Describe:**

**ATTACHMENTS**

**Please provide evidence of the following along with this Activity Document**:

|  |  |
| --- | --- |
| **Attachment 1** | Evidence of required disclosure information provided to learners:1. Approved provider statement of provider awarding contact hours
2. Criteria for awarding contact hours/Criteria for Successful Completion. Assure that this matches “I” in your activity planning document.
3. Commercial support (if applicable)
4. Expiration date (if applicable, enduring materials only)
5. Joint Providership (if applicable)
 |
| **Attachment 2**  | Documentation of Completion and/or Certificate |
| **Attachment 3** | Commercial Support Agreement with signature and date (if applicable)  |
| **Attachment 4** | Agenda if applicable (more than 3 hours) |

**Nurse Planner: Summative Evaluation to be completed by the Nurse Planner following the activity. Include objective and subjective data by the Nurse Planner that evaluates the outcome and includes future plan for the activity or how what was learned from this activity can be applied to other activities in the future.**