**American Association of Diabetes Educators**

**Individual Educational Activity Application**

**2015 Criteria**

Guidelines for submitting an application:

* Applications must be received by 45 business days prior to the program date
* AADE will return applications less than 30 days prior to the program’s initial date as we are unable to process applications that quickly
* AADE does not process applications for continuing education programs that have already occurred (retro-active approval)
* AADE does not process applications from continuing education programs developed by commercial entities, such as pharmaceutical and medical device companies.

Applicants interested in submitting an individual educational activity for approval must complete:

Individual Activity Applicant Eligibility Verification Form,

Individual Activity Applicant Eligibility Commercial Interest Addendum (if applicable),

This form - Individual Educational Activity Application

1. Applicant's Name:
2. Applicant category: Choose an item.
3. Applicant contact information for this activity.

Name and credentials: Click here to enter text.

Email Address: Click here to enter text.

Will this activity be co-provided with another group?  Yes  No

1. Has the application been received and denied by another accrediting body?

Yes  No If **yes**, please describe the circumstances and resolutions in a cover letter and attach to application

1. Continuing education credit is being sought for (check all that are requested):

Pharmacists (ACPE)  Nurses (ANCC)

1. Is this continuing education? Is this learning activity intended to build upon the educational and experiential bases of the professional Nurse and Pharmacist for the enhancement of practice, education, administration, research, or theory development, to improve the health of the public and Nurses’ and Pharmacists’ pursuit of their professional career goals?

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

1. Title of Activity: Click here to enter text.
2. Date of Activity: Click here to enter a date.
3. Location of Activity: Click here to enter text.
4. Activity Type-A:

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

* Date of live activity: Click here to enter a date.
* Live activity Contact hour Calculation:

|  |  |  |
| --- | --- | --- |
| Total minutes of activity CE: | Divided by 60 minutes = | Total amount of CE’s for activity: |

Provider-directed, learner-paced: Enduring material

* Start date of enduring material: Click here to enter a date.
* Expiration/end date of enduring material: Click here to enter a date.

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| --- | --- |
| Enduring only: What was the method for calculating contact hours? | |
| Pilot Study data | Historical Data |
| Complexity of content and data | Other: Describe Click here to enter text. |
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Blended activity

* Date(s) of enduring materials (e.g. prework): Click here to enter a date.
* Date of live portion of activity: Click here to enter a date.

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| Enduring only: What was the method for calculating contact hours? | |
| Pilot Study data | Historical Data |
| Complexity of content and data | Other: Describe Click here to enter text. |

1. **Nurse Planner contact information for this activity**.

Name and credentials: Click here to enter text.

Email Address: Click here to enter text.

The Nurse Planner will review the Summative Activity Evaluation Report to assess the activity’s effectiveness to identify how results may be used to guide future educational activities

The **Nurse Planner** must be a registered nurse who holds a current, unencumbered nursing license (or international equivalent) **AND** hold a baccalaureate degree or higher in nursing (or international equivalent) **AND** be actively involved in planning, implementing and evaluating this continuing education activity.

1. Activity Type-B *(Pharmacist credit only)* as defined by the Accreditation Council on Pharmacy Education, ACPE). Please check only one box:

Knowledge-based(minimum 15 min or .25 contact hour) program designed primary for participants to acquire factual knowledge.

Application-based (minimum 60 min or 1 contact hour)program designed primarily for participants to apply information learned in the allotted timeframe of the program.

Practice-based (minimum of 15 hours) program designed to systematically acquire specific knowledge, skills, attitudes, and performance behaviors that expand or enhance practice competencies.

1. **Provide a brief description of the program (100 words or less):**



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

Describe the current state:



Describe the desired state:



Identified gap:



1. **AADE7TM Self Care Behaviors – Select from the AADE7TM Self Care Behavior area(s) this activity will address**

Healthy Eating  Being Active  Monitoring

Taking Medication  Problem Solving  Healthy Coping  Reducing Risks

1. **Evidence to validate the professional practice gap (check all methods/types of data that apply)**

Survey data from stakeholders, target audience members, subject matter experts or similar

Input from stakeholders such as learners, managers, or subject matter experts

Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement

Evaluation data from previous education activities

Trends in literature, law and health care

Direct observation

Other—Describe:

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



1. **Educational need that underlies the professional practice gap (e.g. knowledge, skill and/or practices)**

Choose an item

1. **Description of the target audience. (You can select more than one target audience).** 
   1. Choose an item.
   2. Choose an item.
   3. Choose an item.
   4. Choose an item.
   5. Choose an item.
2. **Desired learning outcome(s) *(What will the outcome be as a result of participation in this activity?)***



**Area of impact (check all that apply):**

Nursing Professional Development Pharmacist Professional Development Patient Outcome

Other- Describe:

1. **Outcome Measure(s) *(A quantitative statement as to how the outcome will be measured):***



1. **Content of activity: A description of the content with supporting references or resources**

See Educational Planning Table

**Content for this educational activity was chosen from:**

Information available from the following organization/web site (organization/web site must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health):

Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years):

Clinical guidelines (example - www.guidelines.gov):

Expert resource (individual, organization, educational institution) (book, article, web site):

Textbook reference:

Other:        
**Learner engagement strategies**

See Educational Planning Table OR

Integrating opportunities for dialogue or question/answer

Including time for self-check or reflection

Analyzing case studies

Providing opportunities for problem-based learning

Other:

1. **Criteria for Awarding Contact Hours**

Criteria for awarding contact hours for live and enduring material activities include:

(Check all that apply)

Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)

Credit awarded commensurate with participation

Attendance at 1 or more sessions

Completion/submission of evaluation form

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

Successful completion of a return demonstration

Other - Describe:

Partial credit will be available for this program. Please describe breakout for partial credit:

1. **Description of evaluation method: Evidence that change in knowledge, skills and/or practices of target audience was assessed**



**Short-term evaluation options:**

Intent to change practice

Active participation in learning activity

Post-test

Return demonstration

Case study analysis

Role-play

Other – Describe:

**Long-term evaluation options:**

Self-reported change in practice

Change in quality outcome measure

Return on Investment (ROI)

Observation of performance

Other – Describe:

**Attachment 1**

**Individuals in a Position to Control Content**

Complete the table below for each person in a position to control content of the educational activity and include name, credentials, educational degree(s), role on the planning committee, and expertise that substantiates their role. There must be one Nurse Planner and one other planner to plan each educational activity. The Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the ANCC criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered (Content Expert). **The individuals who fill the roles of Nurse Planner and Content Expert must be identified.**

*Names and credentials of all individuals in a position to control content (must identify the individuals who fill the roles of Nurse Planner and content expert(s)).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of individual and credentials** | **Individual’s role in activity** | **Planning committee member? (Yes/No)** | **Name of commercial interest** | **Nature of relationship** |
| *Example: Jane Smith, RN-BC* | *Nurse Planner* | *Yes* | *None* | *---* |
| *Example: Sue Brown, RNC* | *Content Expert* | *Yes* | *None* | *---* |
| *Example: John Doe, PhD* | *Presenter* | *No* | *Pfizer* | *Speakers Bureau* |
|  | 1. Choose an item. |  |  |  |
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Evaluation of Conflict of Interest:  
During review of the conflict of interest forms, were there any potential conflict of interest relationships identified?

Yes  No If **yes**, what was the concern and what was done to resolve it? Click here to enter text.

**ATTACHMENTS**

**Prior-Approval materials - Please provide evidence of the following:**

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| --- | --- |
| **Attachment 1** | Biographical data/Conflict of Interest form for all individuals involved in planning, implementing and in a position to control content for this activity. |
| **Attachment 2** | The agenda for the entire activity AND the Marketing/Promotional material (cannot distribute, post or market activity without prior approval) |
| **Attachment 5 (if applicable)** | Will there be a Joint-Provider for the program?  Yes  No  Joint-Provider Agreement with signature date (required if Joint-Provider) |
| **Attachment 6 (if applicable)** | Will there be Sponsorship or Commercial Support for the program?  Yes  No  Commercial Support Agreement with signature and date (required if Commercial Support)  Sponsorship Agreement with signature and date (required if Sponsorship) |
| **Attachment 7** | Activity evaluation form and  if applicable, Pre and/or Post-test |
| **Attachment 8** | Documentation of completion and/or certificate (attach template) |
| **Attachment 9** | Program handouts/PowerPoint slides (to be submitted 15-30 days prior to program date) |

**Post-Program materials – to be submitted to AADE no later than 30 days post program date**

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| **Attachment 1** | FINAL copies of handouts/PowerPoint slides that were distributed to attendees at program including disclosure slide |
| **Attachment 2** | Completed sign-in sheets per discipline verifying participants attendance in the program |
| **Attachment 3** | Completed Summative Evaluation |
| **Attachment 4** | One copy of final program advertising brochure or other marketing literature with final accreditation statement and logo |
| **Attachment 5** | Copy of the Nurse Planner’s review of the Summative Activity Evaluation Report to assess the activity’s effectiveness and to identify how results will be used to guide future educational activities. |

**Record-keeping materials – to be confidentially stored for up to seven (7) years from program date**

|  |  |
| --- | --- |
|  | I agree to retain a copy of this application and keep the required program records on file for seven (7) years from the program date |
|  | Please provide name, title, address, location and secure method for which storage of records for this program will be kept for retrieval: Click here to enter text. |