Instructions and Examples for Completing Application by Section

Application

Applicant Name: The name of the group submitting for CE credit.

Applicant Category: The type of organization submitting for CE credit (i.e. member owned business, not for profit healthcare)

Applicant Contact Information: The Applicant contact is the primary person for AADE to contact with any questions or concerns. This person identifies and works with the Planning Team, is responsible for responding to AADE CE reviewer inquiries, and is responsible submitting all materials to AADE and maintaining the record file after the program.

Previous Denial: Indicate if CE Program Application has been previously submitted to and denied by an accrediting body. If so, please outline, in detail, the application submitted and the reasons for denial, per the accrediting body.

Continuing Education Credit: Applications are for nurse and pharmacist credit. If an applicant is a Joint-Provider for CDR, dietitian credit will be available. If eligible for dietitian credit, credit must be in increments of .5. CDR does not accept credits in increments of .25.

Title of Activity: Program title, as it will appear on any promotional materials.

Date of Activity: Confirmed date for CE activity

Location of Activity: Physical Location of Activity. For enduring programs, you may leave blank or enter N/A

Activity Type-A: Indicate whether this activity will be a Live Event (in person or webinar) or Enduring (webinar recording, journal CE; provider-directed, learner-paced) activity
   a. Live Events - Scheduled Date(s): List the date or dates this program will be offered. List the city and state(s) where this program will be held.
   b. Enduring Activities: List the program release date and expiration date. List the method for calculating contact hours. For applications eligible for dietitian credit, CDR requires a Pilot Study must be completed. Please contact AADE for specific forms and instructions to complete a Pilot Study.
   c. Blended Activity: List the details for both "a" and "b" as listed above

Total Amount of CE's for Activity: List the **total** number of minutes for the activity and divide by 60 to calculate the amount of CE hours requested. If an applicant is a Joint-Provider for CDR, dietitian credit will be available. If eligible for dietitian credit, credit must be in increments of .5. CDR does not accept credits in increments of .25

Nurse Planner Contact Information: If requesting CNE, the Nurse Planner **must** be a currently licensed Registered Nurse with a Baccalaureate degree or higher in nursing, and be actively involved in planning, implementing and evaluating this continuing education activity. If the Nurse Planner has an actual or potential conflict of interest, he or she must recuse himself or herself from the role as Nurse Planner for the educational activity.

Activity Type-B: This is applicable to pharmacist credit only. Identify the program's Activity Type by selecting one of the following:
Knowledge-based program: Designed primarily for participants to acquire factual knowledge. The minimum credit for these would be 15 minutes or .25 contact hour.
Application-based program: Designed primarily for participants to apply information learned in the allotted timeframe of the program. The minimum credit for these is 60 minutes or 1 contact hour.
Practice-based: Primarily constructed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, and performance behaviors. The minimum credit for these is 15 contact hours.

Brief Program Description: Provide a description of your program that explains who will attend, what they will learn, why health care professionals will choose to participate in your program. Your description should refer to the program's Learning Outcomes, target audience, and teaching methods. Please limit your description to 100 words.

Description of current state: Describe current state of practice: Example: "Diabetes educators are responsible for providing diabetes self-management education including topics relevant to insulin pump use."

Description of desired/achievable state: Describe desired state: Example: "Diabetes educators will have increased knowledge about advanced insulin pump features to better meet the challenges of daily diabetes self-management."

Identified gap: Identify any **professional gap** in knowledge, skills, and/or practice based on needs assessment: Example: "Insulin pumps are becoming more common for treatment of type 1 diabetes as an alternative to multiple daily injections. Diabetes educators need advanced knowledge about insulin pump management".

AADE7™ Self Care Behaviors: Please review the seven (7) Self-Care Behaviors and check which, if any, is included in the CE program.

Evidence to validate the professional practice gap: Education developed must address a gap in care that has been identified prior to the development of a program. Indicate what type of methods were performed to identify a gap in care. For example, if evaluation data from a previous continuing nursing educational activity was used to indicate a need for the topic for nursing professional development.

Brief summary of data gathered: Applications require a brief summary of the data gathered that validates the need for the activity. Example: Previous program evaluations completed by diabetes educators identified that insulin pump therapy is an area where they feel they need more information and education to effectively help type 1 and type 2 patients with insulin pumps.

Educational need the underlies the professional practice gap: State whether knowledge, skills, practice, or other. If "other" is chosen, please also provide a description.

Target Audience: Select each discipline for which the educational program in intended.

Level of Program for Target Audience: (Applies to Dietitian Credit Only) Level 1: Basic; Level 2: Intermediate; Level 3: Advanced

Desired Learning Outcome: Write a Learning Outcome or reason why the program is being presented. A Learning Outcome is different from behavioral objectives; behavioral objectives help participants achieve the Learning Outcome. A Learning Outcome statement frequently starts with the word "To" and can include non-measurable terms, such as inform, expose, increase awareness, etc. Short programs typically have 1 or 2 Learning Outcomes. Longer programs may have 4 or more Learning Outcomes. The following are 2 examples of an outcome statement:
1. The learner will become more knowledgeable about advanced insulin pump features to better meet the challenges of daily diabetes management.
2. The learner will be able to effectively facilitate behavior change through use of motivational interviewing and goal setting strategies.

Area of impact: Applications **must show** that the activity is intended to build upon the educational experiential bases of the professional for enhancement of practice, education, administration, research, or theory development, to improve the health of the public and the pursuit of professional career goals.

Outcome Measure: Provide a description for how the outcome will be measured. For example: The outcome will be measured via case study analysis and evaluation which includes a question on intent to change practice.

Content of Activity: Data provided on educational planning table. See educational planning table for example of learning objectives, content outline and teaching methods/learner engagement strategies.

Content for this educational activity was chosen from: Select the types of evidence-based information used to develop this activity.

Learner engagement strategies: In order to assure that active learning takes place in the program, please indicate which of the active learning activities will be used in planning the teaching methodology. Mark all that apply and be certain to mark at least one.

Criteria for Awarding Contact Hours: Check all criteria for successful completion that apply. Criteria should be consistent with the Learning Outcomes, objectives and teaching and learning strategies. Example of written successful completion: To successfully complete the program to earn CE credit, learners must view the recorded session in it's entirety, complete any associated assessment activities, and submit an evaluation survey.

Description of evaluation method: Select the evaluation method for both short-term and long-term evaluation options.

Application-Individuals in a Position to Control Content

Individual's Role in activity: See definitions for activity roles below:

a. Nurse Planner: the Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the ANCC criteria.

b. Content expert: must have appropriate subject matter expertise for the educational activity being offered.

c. Presenter/Author/Content author: must have documented qualifications that demonstrate their education and/or experience in the content area they are presenting. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. The qualifications must address how the individual is knowledgeable about the topic and how expertise has been gained. Presenters do not have to be nurses, but nurses should address nursing care and nursing implications, as applicable.

d. Content Reviewer: the purpose of the content reviewer is to provide independent and expert evaluation of content to ensure best available evidence is presented, content is balanced, and content is not promotional or biased.

Planning committee member:

e. If requesting continuing education nursing credits (CNE), the planning committees must have a minimum of a 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. The Nurse Planner and Content Expert must be identified.

f. Since AADE is a multidisciplinary organization, we encourage a minimum of 2 different disciplines represented on the planning team who are appropriate to content.

Name of commercial interest/nature of relationship: The Nurse Planner *(or Content Expert) if no CNE is requested)* is responsible for evaluating whether any individual involved in the activity has a relationship with a commercial interest. The Nurse Planner must document the following on each individual involved in the activity:

➢ No relevant relationship with a commercial interest exists. No resolution required.
➢ Relevant relationship with a commercial interest exists. Resolution required.

Evaluation of Conflict of Interest: Nurse Planners are required to document the concern for potential conflict of interest along with the information/discussion that took place in order to resolve the potential conflict of interest.

Application-Attachments (Prior-Approval Materials)

Biographical data/conflict of Interest form: Bio must have appropriate subject matter expertise for the educational activity being offered. Document the resolution process on each individual involved in the activity as applicable: The Nurse Planner *(or Content Expert if no CNE is requested)* is responsible for evaluating whether any individual involved in the activity has a relationship with a commercial interest.

The Nurse Planner *(or Content Expert if no CNE)* must provide signature on every bio-coi form submitted for each individual involved in the activity. The Nurse Planner must document the following on each individual involved in the activity:

➢ No relevant relationship with a commercial interest exists. No resolution required.
➢ Relevant relationship with a commercial interest exists. Resolution required.

Education Planning Table: This is the lesson plan or teaching guide for the session. In the columns of the form, please indicate the behavioral learning objectives that participants should achieve, what content will be covered, how long each part of the presentation will last, who will speak or guide discussion for each part of the session, what teaching methods will be used, and what learner feedback will be provided.

Agenda/Marketing Material: AADE must provide approval on any marketing materials, promotional items and agendas for activities. Since the accrediting bodies have requirements for what information should be listed on these materials AADE has created a Sample Promotional Material document for applications. Once an application has been approved, AADE will provide the accreditation logos and approval language for an approved activity.

Joint-Provider: Applicants may jointly provide educational activities with other organizations. The jointly providing organization cannot be a commercial interest. The Applicant is referred to as the provider of the educational activity; the other(s) is referred to as the joint provider(s). In the even that two or more organizations are approved, one will assume program responsibility. Materials associated with the educational activity, such as marketing materials, advertising, agendas, and certificates of completion, must clearly indicate the approved organization awarding contact hours and responsible for adherence to accreditation criteria.

Commercial Support: A commercial interest is defined by AADE as any entity either producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes health care goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-health care related companies. Commercial Support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a continuing education activity.
Keep education separate from promotional activities and disclose all commercial support of educational activities. Commercial support must not influence the planning, development, content, implementation or evaluation of education. If you are receiving commercial support, you must also complete and submit the Commercial Support Agreement Form.

Sponsorship: Sponsorship is financial, or in-kind, contributions given by an entity that is not a commercial interest, which is used to pay all or part of the costs of a continuing education activity. A sponsor is identified as an organization that does not meet the definition of commercial interest. If you are receiving sponsorship, you must also complete and submit the Commercial Support Agreement Form.

Evaluation form: This is a template AADE provides for guidance on creating an activity evaluation form. All criteria listed on template must be used when creating an evaluation. The format and delivery (i.e. paper evaluation, online evaluation) can be modified by the applicant. Insert the learning outcome,

learning objectives and presenters from the application.

Pre and/or Post-test: A short-term evaluation option. Criteria should be based on the desired learning outcome(s). Successful completion of a post-test can be measured by attendee scoring X% or higher.

Program handouts/PowerPoint slides: to be submitted 15-30 days prior to the program date.

Application-Attachments (Post-Program Materials)

FINAL-Program handouts/PowerPoint slides: A **final** copy of presentation materials received by the attendees. AADE will send a Disclosure slide to be included and shown to the attendees prior to the start of the educational activity.

Completed sign-in sheets per discipline: AADE will keep these on file to verify attendance for approved activities. Approved groups will be required to send a copy of these sign in sheets. AADE is required to report pharmacist attendance within 60 days of program date.

Summative evaluation: Evaluation of an activity is also summative at the conclusion of the educational activity. Following the conclusion of the educational activity, the Nurse Planner and/or Planning Committee review the summative evaluation to assess the impact of the educational activity and determine how results may be used to guide future educational activities, as applicable.

FINAL-copy of Final Program Advertising Brochure/Agenda: A **final** copy of materials that includes the accreditation statement and logos.

Documentation of completion/certificate: A certificate or documentation of completion is awarded to a participant who successfully completes the requirements for the individual educational activity. The certificate or document must include:
  a. Title and date of the educational activity;
  b. Name and address of the provider (applicant). Web address acceptable
  c. Number of contact hours awarded
  d. Approval statement; and
  e. Participant name
AADE will send a CE Completion Certificate template to the program coordinator prior to the start of the educational activity.

Application-Attachments (Record-keeping materials)

Records and Storage Information: Document the name and title(s) of person(s) responsible for planning the activity. Document the name, address, telephone number and email address of person(s) responsible for maintaining records for seven years.