



Contact Hour (CNE) or Nursing Educational Attendance List

Grosse Pointe Royal Oak Troy

Rec'd 2/25/2016

Topic: RN Preceptor Workshop

OH #378-134

Date: February 24, 2016

4.5 Contact Hours

Presented by: Bonnie Via RN

Attendance/Program Topic verified by:

For contact hour approval, a representative of Beaumont Hospitals provider unit is present at the event to ensure adherence to the criteria. Representative name:

Please check which course code pertains to your sign-in sheet: Not all these categories meet continuing education requirements.

- | | |
|---|--|
| <input type="checkbox"/> Computer Training RN/NA/NT (CT) | <input type="checkbox"/> Documentation (DOC) - electronic or paper |
| <input type="checkbox"/> Drug (DG) | <input type="checkbox"/> Equipment (EQ) |
| <input type="checkbox"/> General Info/updates on Clinical Topics (GU) | <input type="checkbox"/> Procedures/Policies/Protocols (PPP) |
| <input type="checkbox"/> Nursing Case Review (NCR) | <input type="checkbox"/> Pain (PN) |
| <input type="checkbox"/> Products/Supplies (PRO) | <input type="checkbox"/> Research/Studies (RECH) |
| <input type="checkbox"/> Other (OT) please describe: | |

**Please fill out the information below so we may contact you with a link to complete your evaluation following this presentation. You will only receive your certificate by completing this evaluation. If you are a Beaumont employee, please use your employee email address.*

Please Print: 1=R N, 2 = NA/NT, 3 = Other

Attendance				Employee ID #	Email Address (Required)
Full Name (Please Print Legibly)	(Circle) Category	Unit			
1. Vita Ferranti	<input checked="" type="radio"/> 2 <input type="radio"/> 3	85 oncology 201	1 2 5 5 7 5		vita.ferranti@beaumont.org
2. Chelsea Stevens	<input checked="" type="radio"/> 2 <input type="radio"/> 3	6C palliative hospt	1 3 3 8 2 4		chelsea.stevens@beaumont.org
3. Nicole Nardone	<input checked="" type="radio"/> 2 <input type="radio"/> 3	5N reo	1 2 2 7 0 3		Nicole.Nardone@beaumont.org
4. Stefanie Brimiski	<input checked="" type="radio"/> 2 <input type="radio"/> 3	85 rehab	1 2 5 5 8 2		stefanie.brimiski@beaumont.org
5. Meredith Jones	<input checked="" type="radio"/> 2 <input type="radio"/> 3	ccu grossept	1 1 6 5 0 9		Meredith.Jones@beaumont.org
6. Anthony Antonino	<input checked="" type="radio"/> 2 <input type="radio"/> 3	2esica	1 7 5 7 1 0		anthony.antonino@beaumont.org

name	I=RN	unit	ID #	Beaumont email address
7. Gina Watt	① 2 3	9 North	52020	Gina.Watt@beaumont.org
8. Holly House	① 2 3	BW	12710	Holly.House@beaumont.org
9. Cynthia McGrath	① 2 3	FBC	129162	Cynthia.mcgrath@beaumont.org
10. Sandra Case	① 2 3	9N	125606	Sandra.Case@beaumont.org
11. Madison Forsyth	① 2 3	8S	128006	madison.forsyth@beaumont.edu
12. Laura McWhirter	1 2 3	CPCU	118304	Laura.mcwhirter@beaumont.edu
13. Anna Djaps	① 2 3	6C	131509	anna.djaps@beaumont.edu
14. Tamela Minkoff	① 2 3	6C	129837	Tamela.Minkoff-Munack@beaumont.edu
15. Cheryl Jensen	① 2 3	6E	48948	Cheryl.jensen@beaumont.org
16. Vanessa Armendi	① 2 3	6N	135331	Vanessa.armendi@beaumont.org
17. Kaylin Hurlbert	① 2 3	4C	1360109	Kaylin.Hurlbert@beaumont.org
18. ERIN WEISHAUPP	① 2 3	4C	101298	ERIN.LEISHAUPP@beaumont.org
19.	1 2 3			
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28.	1 2 3			



Contact Hour (CNE) or Nursing Educational Attendance List

Grosse Pointe □ Royal Oak ✓ Troy □

Topic: Corporate RN Preceptor Workshop

CH# OH378-134
Contact Hour: 4.5

Date: April 14, 2016

Presented by: Laura Van Horn MSN RN

Attendance/Program Topic verified by:

For contact hour approval, a representative of Beaumont Hospitals provider unit is present at the event to ensure adherence to the criteria. Representative name:

Please check which course code pertains to your sign-in sheet: Not all these categories meet continuing education requirements.

- Computer Training RN/NA/NT (CT)
 - Drug (DG)
 - General Info/updates on Clinical Topics (GU)
 - Nursing Case Review (NCR)
 - Products/Supplies (PRO)
 - Documentation (DOC) – electronic or paper
 - Equipment (EQ)
 - Procedures/Policies/Protocols (PPP)
 - Pain (PN)
 - Research/Studies (RECH)
 - Other (OT) please describe:

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Please Print: 1=R N, 2 = NA/NT, 3 = Other

Attendance		Please Print: A- RRN, B- MN/MI/C- Other						
Full Name (Please Print Legibly)	(Circle) Category	Unit	Employee ID #				Email Address (Required)	
1. Rachel Bush	<input checked="" type="radio"/> 2 <input type="radio"/> 3	85	1	3	4	2	86	Rachel.bush@beaumont.org
2. Carrie Salvati	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	FBC	4	3	0	1	2	carrie .salvati@beaumont.org
3. ERIN LITSCHERT	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	IR						ERIN.LITSCHERT@BEAUMONT.ORG
4. Radmila Simorski	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	3E	1	0	9	6	26	r.mihailo@gmail.com/radmila.simorski@beaumont.org
5. Shirley M Vicente	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	5N	1	3	8	9	14	shirley.m.vicente@gmail.com
6. Kristen Chaulk	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	CPC	1	3	2	1	24	KChaulkCRA3@gmail.com/kristen.chaulk@beaumont.org

7. Pamela Magas	(1) 2 3	5N	1 3 1 4 9 2	Pamela.Magas@Beaumont.org
8. Giulia Heiden	(1) 2 3	3W	1 3 6 2 9 1	Giulia.Heiden@beaumont.org
9. DWEIL KANT	(1) 2 3	15NSOU	1 0 9 6 3 5	Daniel.KANT@beaumont.org
10. Tara Swenson	(1) 2 3	6C	1 4 0 0 1 2	Tara.Swenson@Beaumont.org
11. Lauren Lilly	(1) 2 3	FBC	1 1 9 6 4 8	Lauren.Lilly@beaumont.org
12. Andrea Brenton	(1) 2 3	8South	1 3 5 2 9 0	Andrea.Brenton@beaumont.org
13. Shyla Gerslak	(1) 2 3	6C	1 3 8 6 6 5	Shyla.Gerslak@beaumont.org
14. Jordyn Turkiewicz	(1) 2 3	6C	1 3 5 7 1 9	jordyn.turkiewicz@beaumont.org
15. Paige Stankus	(1) 2 3	6C	1 3 0 8 6 8	Paige.Stankus@beaumont.org
16. Maria Bonds	(1) 2 3	6C	3 0 7 3 8 -	Maria.Bonds@Beaumont.org
17.	1 2 3			
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27.	1 2 3			
28.	1 2 3			



**Contact Hour (CNE) or
Nursing Educational Attendance List**

Grosse Pointe Royal Oak Troy

Topic: RN Preceptor Workshop

OH # 378-134

Date: June 16, 2016

Contact Hours #: 4.5

Presented by: Cheryl Barger

Attendance/Program Topic verified by:

For contact hour approval, a representative of Beaumont Hospitals provider unit is present at the event to ensure adherence to the criteria. Representative name:

Please check which course code pertains to your sign-in sheet: Not all these categories meet continuing education requirements.

- | | |
|---|--|
| <input type="checkbox"/> Computer Training RN/NA/NT (CT) | <input type="checkbox"/> Documentation (DOC) – electronic or paper |
| <input type="checkbox"/> Drug (DG) | <input type="checkbox"/> Equipment (EQ) |
| <input type="checkbox"/> General Info/updates on Clinical Topics (GU) | <input type="checkbox"/> Procedures/Policies/Protocols (PPP) |
| <input type="checkbox"/> Nursing Case Review (NCR) | <input type="checkbox"/> Pain (PN) |
| <input type="checkbox"/> Products/Supplies (PRO) | <input type="checkbox"/> Research/Studies (RECH) |
| <input type="checkbox"/> Other (OT) please describe: | |

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Please Print: 1=R N, 2 = NA/NT, 3 = Other

Attendance				Email Address - Required (Beaumont employees please use BEAUMONT email address)	
Full Name (Please Print Legibly)	(Circle) Category	Unit	Employee ID #		
1. Lauren Trewaskis	① 2 3	9S	1 0 1 6 3 8	Lauren.Trewaskis@beaumont.org	
2. Joy Trompeta	① 2 3	8C	1 3 5 3 4 8	IrishJoy.Trompeta@beaumont.org	
3. Kayla Teasdale	① 2 3	4C	1 3 3 0 9 8	Kayla.teasdale@beaumont.org	
4. Milena Klyce	② 2 3	8N	1 3 2 9 7 9	milajoice.beaumont.org	
5. Sara Hopson	① 2 3	3N	1 3 3 3 0 7	sara.hopson@beaumont.org	
6. Chelsey McDonald	① 2 3	4S	1 2 9 6 2 5	chelsey.mcdonald@beaumont.org	



**Contact Hour (CNE) or
Nursing Educational Attendance List**

Grosse Pointe Royal Oak Troy

Topic: RN Preceptor Workshop

134
OH # 378-113

Date: August 15, 2016

Contact Hours #: 4.5

Presented by: Cynthia Nelson

Attendance/Program Topic verified by:

For contact hour approval, a representative of Beaumont Hospitals provider unit is present at the event to ensure adherence to the criteria. Representative name:

Please check which course code pertains to your sign-in sheet: Not all these categories meet continuing education requirements.

- | | |
|---|--|
| <input type="checkbox"/> Computer Training RN/NA/NT (CT) | <input type="checkbox"/> Documentation (DOC) – electronic or paper |
| <input type="checkbox"/> Drug (DG) | <input type="checkbox"/> Equipment (EQ) |
| <input type="checkbox"/> General Info/updates on Clinical Topics (GU) | <input type="checkbox"/> Procedures/Policies/Protocols (PPP) |
| <input type="checkbox"/> Nursing Case Review (NCR) | <input type="checkbox"/> Pain (PN) |
| <input type="checkbox"/> Products/Supplies (PRO) | <input type="checkbox"/> Research/Studies (RECH) |
| <input type="checkbox"/> Other (OT) please describe: | |

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Please Print: 1=R N, 2 = NA/NT, 3 = Other

Attendance									Email Address - Required (Beaumont employees please use BEAUMONT email address)
Full Name (Please Print Legibly)	(Circle) Category	Unit	Employee ID #						
1. ANGEL THOMAS	1 2 3								angel.thomas@beaumont.org
2. Samantha Smith	1 2 3	SN	1	2	1	5	2	0	samantha.smith@beaumont.org
3. Kristine Palffy	1 2 3	CCSU	1	3	4	1	4	0	Kristine.Palffy@beaumont.org
4. Christine Beebe	1 2 3	ED	1	3	7	8	2	8	Christine.Beebe@beaumont.org
5. Katherine Ormsby	1 2 3	ED	1	3	5	0	1	5	Katherine.Ormsby@beaumont.org
6. Marissa Masakowski	1 2 3	4C	1	2	7	2	9	0	Marissa.Masakowski@beaumont.org



**Contact Hour (CNE) or
Nursing Educational Attendance List**

Grosse Pointe □ Royal Oak □ Troy □

Topic: RN Preceptor Workshop

OH # 378-134

Date: October 13, 2016

Contact Hours #: 4.5

Presented by: Bonnie Via

Attendance/Program Topic verified by:

For contact hour approval, a representative of Beaumont Hospitals provider unit is present at the event to ensure adherence to the criteria. Representative name:

Please check which course code pertains to your sign-in sheet: Not all these categories meet continuing education requirements.

- Computer Training RN/NA/NT (CT)
 - Drug (DG)
 - General Info/updates on Clinical Topics (GU)
 - Nursing Case Review (NCR)
 - Products/Supplies (PRO)
 - Documentation (DOC) – electronic or paper
 - Equipment (EQ)
 - Procedures/Policies/Protocols (PPP)
 - Pain (PN)
 - Research/Studies (RECH)
 - Other (OT) please describe:

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Please Print: 1=R N, 2 = NA/NT, 3 = Other

Attendance							Email Address - Required (Beaumont employees please use BEAUMONT email address)		
Full Name (Please Print Legibly)	(Circle) Category	Unit	Employee ID #						
1. Erin Erdman	① 2 3	8N	1	2	9	4	Erdman.erin@Beaumont.org		
2. Damian Tomasik	① 2 3	7N	1	3	4	2	Damian.Tomasik@Beaumont.org		
3. Michelle Longe	① 2 3	3W	1	2	6	8	0	4	Longe.michelle@Beaumont.org
4. Andrea Sorenson	① 2 3	5N	1	4	2	0	3	0	andrea.sorenson@beaumont.org
5. Jody Balkany	① 2 3	6C	1	3	5	9	7	6	Jbalkany@bramaled
6. Chelsea Smoufe	① 2 3	EC	1	3	6	6	0	5	chelsea.smoufe@beaumont.org



**Contact Hour (CNE) or
Nursing Educational Attendance List**

Grosse Pointe Royal Oak Troy

Topic: RN Preceptor Workshop

OH # 378-134

Date: December 21, 2016

Contact Hours #: 4.5

Presented by: Bonnie Via

Attendance/Program Topic verified by: *BV*

For contact hour approval, a representative of Beaumont Hospitals provider unit is present at the event to ensure adherence to the criteria. Representative name:

Please check which course code pertains to your sign-in sheet: Not all these categories meet continuing education requirements.

- | | |
|---|--|
| <input type="checkbox"/> Computer Training RN/NA/NT (CT) | <input type="checkbox"/> Documentation (DOC) - electronic or paper |
| <input type="checkbox"/> Drug (DG) | <input type="checkbox"/> Equipment (EQ) |
| <input type="checkbox"/> General Info/updates on Clinical Topics (GU) | <input type="checkbox"/> Procedures/Policies/Protocols (PPP) |
| <input type="checkbox"/> Nursing Case Review (NCR) | <input type="checkbox"/> Pain (PN) |
| <input type="checkbox"/> Products/Supplies (PRO) | <input type="checkbox"/> Research/Studies (RECH) |
| <input type="checkbox"/> Other (OT) please describe: | |

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Please Print: 1=RN, 2 = NA/NT, 3 = Other

Full Name (Please Print Legibly)	Attendance				Employee ID #							Email Address - Required (Beaumont employees please use BEAUMONT email address)
	(Circle) Category	Unit	1	2	3	4	5	6	7	8	9	
1. Tighe Westrick	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	5N	1	3	9	2	3	5				tighe.westricks@beaumont.org
2. Maria Brown	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	SN	1	2	3	8	6	6				Maria.brown3@beaumont.org
3. Nancy Branicki	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	3CN	1	3	1	5	5	4				Nancy.Branicki@beaumont.org
4. Antonina Crudo	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	7N	1	4	0	6	4	9				antonina.crudo@beaumont.edu
5. Soumia Thomas	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	5N	1	2	6	0	5	3				Soumia.thomas@beaumont.edu
6. Jerrica Harris	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	ER	1	3	6	5	3	6				Jerrica.harris@outlook.com Jerrica.harris@beaumont.org

Full Name (Please Print Legibly)	Circle Category	Unit	Employee ID #	Email Address - Required (Beaumont employees please use BEAUMONT Email Address)
7. Rachel Funk	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	EC	131440	rachel.funk@beaumont.org
8. Amy Ballazar	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	SN	132247	amy.m.ballazar@beaumont.org
9. Violla Lite	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	SC	111003	Violla.Lite@beaumont.org
10. Roberta Phillips	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	2N	18300	Roberta.Phillips@beaumont.org
11. Michelle Durmisevich	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	FE	112734	Michelle.Durmisevich@beaumont.org
12. Lois Webb	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	GN	113406	Lois.Webb@beaumont.org
13. Nina Smith	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	SN	135289	Nina-Louise.Smith@beaumont.org
14. Jaime Clarke	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	4C	136009	Jaimie.Clarke@beaumont.org
15. Ashley Melone	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	SN	136193	ashley.melone@beaumont.org
16. Jon Teeter	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Cathy was	103485	Jon.Teeter@beaumont.org
17.	1 2 3			
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Activity Documentation Form for Approved Provider Units based on 2015 Criteria

Demographic Data:

1. Title of learning activity: RN Preceptor Workshop (OH-378-134)

2. Contact hours: 4.5

3. Activity type:

 Faculty directed (live - in person or webinar)

Date of event: February 24, 2016 and ongoing

Independent study (enduring materials, online, video, article)

Start and ending date of independent study: _____

Blended activity (both faculty directed and independent study)

Start and ending date of independent study portion: _____

Date of live portion of activity: _____

Can these parts be done separately? _____ Yes _____ No Are they always done together? _____ Yes _____ No

This activity will be done live first and then turned into an independent study.

4. Nurse Planner who actively planned this activity with the planning committee:

Name & Credentials: Lorna Gallogly, MSN, ANP, BC

Address: 3601 W. 13 Mile Road

Daytime Phone including extension: 248-898-1954 Email Address: lorna.gallogly@beaumont.org

5. Is this activity Category A (about Ohio nursing law & rules): _____ Yes No
*If yes, include the slides, handouts, etc. that will be given to the learner. Include the ORC/OAC 4723 numeric citations being addressed in the event.***6. 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 at least one other person to plan each educational activity. This other person must be a content expert. The Nurse Planner is knowledgeable of the CNE 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.**

- If LPNs are expected in the target audience of activities based in Ohio, an LPN must be included on the planning committee.
- If this activity is specifically designed for APRNs, then an APRN must be on the planning committee.
- A content reviewer is not included on the planning committee. The purpose of a content reviewer is to evaluate a speaker(s) in 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, and COI.

Name of individual, credentials, educational degrees	Individual's role in activity (Nurse Planner, content expert, LPN, APRN, other planner, presenter, author, etc.)	Name of commercial interest that has financial relationship with	Nature of relationship (own stock, speakers bureau, research grant, employee, etc.)
Lorna Gallogly, MSN, AP, BC	Nurse Planner (Required)	None	None
Gail Ranger, BSN	Content Expert (Required)	None	None
	Nurse Presenter	None	None

A. Describe the professional practice gap (e.g. change in practice, problem in practice, opportunity for improvement).

1. Describe the learner's current state. What is the problem?

Place Answer Here: Nursing preceptors do not have sufficient knowledge to successfully precept new nurses in their new nursing role on a unit. Often lacking the knowledge of various learning styles and how to adapt learning based on the learners need

2. Describe the desired state. What/how should the nurse know, know how to do or practice differently?

Place Answer Here:

RNs will be knowledgeable with regard to skills and techniques to effectively precept new nurses.

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

1. Sources of data may include:

- Survey data from stakeholders, target audience members, others
- Input from learners, managers, subject matter experts, others
- Evidence from quality studies/performance improvement activities
- Evaluation data from previous educational activities
- Trends in literature, law, and health care
- Other: Describe _____

2. Provide a brief summary of data gathered that validates the need for this activity. Why does this problem exist?

Place Answer Here:

Newly graduated nurses and new nurses to a hospital are not familiar to the nursing environment and are in need of an understanding of the required skills and knowledge to safely care for their patients. For a new nurse to have an successful outcome the preceptor must be able to apply various learning styles and identify the learning needs of the employee. Successful nursing orientation will ensure patient safety and nursing retention.

C. Educational need that underlies to professional practice gap (e.g. knowledge, skill and/or practice) Check all that apply.

- gap in knowledge
- gap in skill
- gap in practice

D. Identify the target audience for which this content is being designed:

- RNs

- RNs in Specialty Areas (Identify): _____
- APRNs outside Ohio
- LPNs
- Interprofessional

thinking and positive evaluation and recognize the need to modify orientation in order to have an successful outcome for the new RN.

- F. This activity applies/is related to one or both of the following:

Nursing Professional Development
 Patient Outcome

8. Content: Provide an abstract describing the content that will be presented:

Place Answer Here:

The program will provide information necessary for the successful Precepting of new nurses including:

- The role and responsibilities of the Preceptor
- Elements of effective communication
- Encouraging critical thinking
- Overview of emotional intelligence
- Developing a learning plan considering the learners needs, learning style, and teaching techniques
- Performance evaluation, providing feedback and managing conflict

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

Notes:

- Identify **Pharmacotherapeutic** minutes or hours if the activity is for APRNs and the content relates to pharmacotherapeutics.
- Identify the Category A (Ohio nursing law and rules) minutes or hours if the activity is for Ohio nurses or others regulated by the Ohio Board of Nursing.

Faculty Directed activity: Include *an agenda or schedule* for the entire event if it is more than 2 hours. Clearly state time spent on pre/post tests, presentation, clinical experience and evaluation as these all count in the calculation of contact hours. Welcome, introductions, breaks, and tours, as well as any other non-education components (e.g. viewing of exhibits) do not.

If the activity is two hours or less, insert the amount of time for each applicable section:

Introduction/welcome (NA)
 Content
 Testing/return demonstration
 Evaluation

A contact hour is a 60 minute hour. Activities must be a minimum of 30 minutes (0.5 contact hour). The contact hour may be taken to the hundredths; but may not be rounded up. (e.g. 2.75 or 2.7, not 2.8)

Independent study activity:

1. What was the method for calculating the contact hours: (Check the best description that applies)
 - Pilot Study
 - Historical Data
 - Mergener Formula
 - Other: Describe: ANCC criteria based on the 60 min = 1 contact hour

may add additional references on a separate page if they do not fit within this space.

- Web sites such as CDC, NIH, AHRQ, etc. Citation: _____
- Peer-reviewed journals Citation: _____
- Clinical guidelines such as www.guidelines.gov Citation: _____
- Books- Citation: _____
- Other – Citation: _____

11. Learner engagement strategies to be used in this activity:

- 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 _____

12. Criteria for successful completion: (Consistent with the outcome, content, and learning strategies) (Check all that apply)

- Attendance at entire event or session
- Credit awarded commensurate with participation
- Attendance at 1 or more sessions
- Completion/submission of evaluation form
- Achieving passing score on post-test (Score = _____ %)
- Return demonstration
- Other: Describe _____

13. Description of evaluation method: Note that this is a three part question that addresses achievement of outcome(s) and teaching effectiveness of each speaker as well as evidence that change in knowledge, skills, and /or practice of target audience will be assessed:

A. Attach the evaluation method that includes learner's achievement of the outcome listed above and teaching effectiveness of each speaker.)

B. Other short-term options include but not limited to: (Check all that are applicable)

- Intent to change practice
- Active participation in educational activity
- Post-test
- Return demonstration
- Case study analysis
- Role play
- Debriefing
- Other: describe _____

C. Long-term options include but not limited to: (Check if applicable)

- Self-reported change in practice
- Change in quality outcome measure
- Return on investment

- If commercial support is provided for a CE activity, an employee from the organization providing commercial support may not be a speaker.

Note: You are not required to have a commercial support agreement for those who are only exhibiting at the event.

If commercial support complete items B, C, and D and attach the signed agreement(s).

- This activity has no commercial support.
- Commercial support has been provided by the following: (List name of organization(s) providing commercial support) _____
- _____ *Signed commercial support agreement attached.*

15. Joint-providership (OAC 4723-14)

If not jointly providing, check #A; if yes, answer #B, C and attach signed agreement.

- This activity will not be jointly provided.
- Joint providership of this activity has been arranged with: (List organization name): _____
- _____ As the Approved Provider Unit, we will maintain responsibility for the adherence to criteria for this activity. All joint provider including our name as the provider will be prominently listed in advertising.
- _____ The *signed, dated, written joint-provider agreement is attached.*

16. Approved Provider Statement: Ensure that the Approved Provider statement is worded as noted here.

ABC Hospital (OH-###, insert your expiration date) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

17. Advertising: Include a copy of the advertising material including relevant pages of the web site (if applicable)

18. Written disclosures provided to activity participants:

Learners must receive written disclosure of required items prior to beginning the learning activity. Disclosures are required to be provided for items A through C for all learning activities. Disclosures for item D, E and F apply only in relevant situations. Attach the written disclosures to be given to the activity participants:

- Criteria for successful completion
- Presence or absence of conflict of interest for planners, presenters, faculty, authors and content reviewers. Must disclose name of individual, name of commercial interest, and nature of the relationship the individual has with the commercial interest
- Approved provider statement:
- Commercial support:
- Names of all Joint Providers
- Expiration date for awarding contact hours if this is an independent study.

19. Documentation of completion. Include a copy of the *completed certificate* to be awarded to learners.

Document/certificate to include:

- Name of learner
- Name and address of Approved Provider Unit (web address acceptable)
- Title & date of completion of educational activity
- Number of contact hours awarded
- Include pharmacotherapeutic hours if applicable
- Information about specialized OBN requirements if applicable: (See below & Provider Manual for more detail)
- Official Approved Provider Unit statement

- CE specific to Ohio certified dialysis technicians, add the statement:
This CE activity is designed for the additional hours required for Ohio certified dialysis technicians.

Complete the following if this is an independent study or part of a blended learning activity whereby the learner completes learning independently from a live presentation.

Learning Activity Plan/Process (OBN rule 4723-14 OAC)

- Describe the entire independent study package which includes an outline of all activities of the learner:

____ Article(s): Title(s): _____
 ____ Audiotape: Title(s): _____
 ____ Videotape/DVD: Title(s): _____
 ____ On-line Program
 ____ Registration Form
 ____ Post-test
 ____ Evaluation Form

List other if applicable: _____

- Describe the method the learner will use to get assistance with resources or interact with the provider of the independent study:

Place Answer Here:

3. Effectiveness of Study: (OBN rule 4723-14, OAC)

- Describe how the effectiveness of the independent study was assessed: _____
- Describe the results of the assessment: _____
- Describe the changes made based on the assessment prior to making the study available to learners: _____

Attach for all activities:

- COI identification (and resolution, if applicable)
- Agenda if activity is over 2 hours in length
- Certificate
- Advertising
- Commercial support agreement, if applicable
- Joint provider agreement, if applicable
- Evidence of required disclosure information provided to learner:
 - ALWAYS REQUIRED:**
 - Approved provider statement;
 - Criteria for successful completion;
 - Presence/absence of COI of planning committee/ faculty/authors/content reviewers
 - IF APPLICABLE:** commercial support, joint providership, expiration date for independent studies
- If this is a Category A (Ohio nursing law and rules) activity, attach the slides/article/handouts to be used for this topic. Include