



## **PREPARING A CONTINUING EDUCATION ACTIVITY**

Your continuing education activity MUST:

- Address a professional practice gap  
(i.e., change in standard of care, problem in practice, opportunity for improvement)
- Actively involve a Nurse Planner in the planning process
- Contain content founded in evidence-based practice or best available evidence
- Analyze the educational needs (knowledge, skills, and/or practices) of registered nurses and/or health care team members underlying the problem or opportunity  
(i.e., why the problem or opportunity exists)
- Identify one or more learning outcomes to be achieved by learners participating in the activity
- Use strategies (compatible with the educational needs and desired learning outcomes) that engage the learner in the activity
- Evaluate the achievement of learning outcomes
- Be designed independently from the influence of commercial-interest organizations

### **Still unsure where to start? Need help planning your activity?**

Download the editable .PDF packet, “ACCME Toolkit - Activity Planning”. Complete all forms and email the .PDF packet to [NurseCE@psu.edu](mailto:NurseCE@psu.edu) for assistance.

## **CONTINUING EDUCATION ACTIVITY: APPLICATION CHECKLIST**

Please submit all required forms to the Office for Outreach and Professional Development via email (nursece@psu.edu) **45 DAYS prior** to the scheduled activity. This informational packet is meant as a guide and does NOT need to be submitted with the application packet.

### **Your application packet MUST include the following:**

**Clinical/Non-Clinical Planning Form**

Please title and save your Planning Form with the full date (MM.DD.YY), list if it is Clinical or Non-Clinical, add your program title on the end, separated with an underscore.

E.g., "04.27.25 Non-Clinical Planning Form\_Nursing Education"

**CVs/Resumes**

For ALL planners and speakers. CVs/Resumes must have been updated within the last 12 months.

**Disclosure Statements**

First, review the Program Disclosure Statements document below. After you have selected the appropriate program disclosure statements, check that they appear on ALL promotional materials, (e.g., flyers, emails, brochures, websites, as well as presentations). If your presentation is in-person without a PowerPoint, provide a text file/script of the disclosures to be verbally read to learners at the program start.

Typically, this includes a PowerPoint presentation slide and an associated email flyer. Note: not all disclosure statement details need to be shared with the participants. Pay close attention to which details are part of the Planning Form and which details must be shared with participants/in promotional materials.

Refer to the Clinical/Non-Clinical Planning Form, Q13 – Q17 after reviewing the checklist in its entirety.

For enduring activities ONLY, provide the expiration date on ALL promotional materials and at the beginning of the activity.

**Relevant Financial Relationship Forms**

Refer to the Clinical/Non-Clinical Planning Form, Standards for Integrity and Independence (Q13 - Q15).

*For non-clinical activities:* Read the Program Disclosure Statements document below. Then, confirm you have initialed next to the Q13 statement. You do NOT need to submit a separate document.

*For clinical activities:* Evidence addressing relevant financial relationships can be shared as an attachment.

### **Your application packet MAY include the following if applicable:**

**Evaluation Method(s) and Tool(s)**

Refer to the Clinical/Non-Clinical Planning Form, Q6.

For more complex evaluations, please attach a supplementary document detailing the evaluation tools, questions, and methods. Do NOT attach a link to a survey.

**Program Agenda**

Refer to the Clinical/Non-Clinical Planning Form, Q9.

**Commercial Support Agreement**

Refer to the Clinical/Non-Clinical Planning Form, Q16.

**Joint Provider Agreement**

Refer to the Clinical/Non-Clinical Planning Form, Q17.

## **POST-EVENT MATERIALS: CHECKLIST**

Please submit all required forms to the Office for Outreach and Professional Development via email (NurseCE@psu.edu) **within 14 DAYS** following the activity.

- Summative Evaluation**  
Two-page document provides us with ANCC and PSNA required post-event numerical and qualitative data.
- Post-Event Data (Excel-preferred)**  
Refer to the provided Excel template. At a minimum, you must provide the full name, email address, and RN license number of RNs who completed the program, met all requirements, and are requesting contact hours in a table.
- Roster of Attendance (Digitized; if applicable)**  
Please digitize rosters of attendance for in-person events, as well as submitting images of original roster.  
For online/digital events, the roster of attendance can be included as a separate sheet in the data template described above.

We will generate and distribute digital certificates within one month of receiving all completed post-event materials. Certificates will arrive as a downloadable .PDF through a clickable link. If you would like to be informed when certificates are distributed to participants, please state this in your post-event email.

## **PROGRAM DISCLOSURE STATEMENTS**

The following statements **MUST** be read to all attendees prior to starting the program that is offering contact hours and **MUST** appear in all <sup>1</sup>promotional materials for both live and enduring programs. Please update all information in red.

### **SPONSORSHIPS/GRANTS:** (if applicable)

List names of any sponsors that provided commercial or in-kind support for the program:

*We thank the following sponsor(s) for our program: **Sponsor(s)**.*

### **APPROVAL STATEMENT:**

The following statement **MUST** be included and **read aloud** in its entirety. Verbiage on sample certificates or documents of completion should match the approval statement. **NO CHANGES ARE PERMITTED.**

*Penn State Ross and Carol Nese College of Nursing is approved as a provider of nursing continuing professional development by Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

### **Criteria for awarding contact hours:**

Should be consistent with the criteria documented in the Application file. Also, include ONE of the following:

#### **If the program is approved prior to marketing:**

*Participants with a valid RN license that attend the entire Nursing Continuing Professional Development program can earn **1.0** contact hours; partial contact hours are not awarded.*

#### **-OR- if the program is being marketed prior to approval:**

*This Nursing Continuing Professional Development program has been submitted for **2.5** contact hours for participants who hold a valid RN license and attend the entire program; partial contact hours are not awarded.*

### **RELEVANT FINANCIAL RELATIONSHIPS (RFR):** (for clinical activities ONLY)

If you did not identify RFRs because the activity was non-clinical, NO RFR disclosures should be provided. "Individuals in a position to control content for this educational activity" includes the nurse planners, all committee members, presenters, faculty, authors, and/or content reviewers.

#### **If there are NO relevant financial relationships identified:**

*E.g. 1) None of the planning committee for this educational activity have relevant financial relationships to disclose with ineligible companies who primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

*E.g. 2) Of the individuals in a position to control content for this educational activity, none have relevant financial relationships to disclose with ineligible companies.*

*E.g. 2) Samantha Turner, Jessica Smith, and Rafael Lopez have no relevant financial relationships with ineligible companies to disclose.*

**-OR- if there ARE relevant financial relationships identified:** Disclose names of individuals with RFRs, names of the ineligible companies with which they have relationships (identify ineligible companies by their names only, do not share logos/trade names) and the nature of the RFRs, and a statement that all RFRs have been mitigated. Mitigation steps do not need to be outlined.

*E.g. 1) All the relevant financial relationships listed for these individuals have been mitigated.*

*E.g. 2) Nicolas Garcia, faculty for this educational event, is on the speakers' bureau for XYZ Device Company. The relevant financial relationships have been mitigated. No relevant financial relationships were identified for any other individuals with the ability to control content of the activity.*

### **COMMERCIAL SUPPORT AGREEMENT:** (if applicable)

If the educational activity received commercial support, there **MUST** be a disclosure to learners of the names of the ineligible companies that gave the support and the nature of the support. No logos, trade names, or product group messages for the organization can be provided in the disclosure.

### **JOINT PROVIDERSHIP:** (if applicable)

If the educational activity is developed by two or more groups, there **MUST** be a disclosure to learners of the name of the individual activity applicant, name(s) of collaborating group(s)/organization(s), and that the Approved Provider Unit (Penn State Ross and Carol Nese College of Nursing) is providing the contact hours.

### **ENDURING PROGRAMS ONLY:**

Programs recorded or offered online for future viewing (“enduring”) **MUST** list the program expiration date as stated in the Approval Letter within promotional materials. Enduring programs **MUST** include the expiration date within the paragraph of other disclosure statements or as stand-alone text anywhere within the <sup>1</sup> promotional materials.

E.g. 1) *Penn State Ross and Carol Nese College of Nursing is approved ... contact hours. This program expires on MM/DD/YYYY.*

E.g. 2) *This program expires on MM/DD/YYYY.*

E.g. 3) *Enduring programs are valid for 2 years after the initial session has been offered. Therefore, this program begins on April 10, 2025, and expires on April 9, 2027.*

### **FORMATTING:**

The font size may be adjusted so the text fits within the <sup>1</sup> promotional materials.

The statements can appear as one paragraph:

*Penn State Ross and Carol Nese College of Nursing is approved as a provider of nursing continuing professional development by Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. Of the individuals in a position to control content for this educational activity, none have relevant financial relationships to disclose with ineligible companies. Participants with a valid RN license that attend the entire Nursing Continuing Professional Development program can earn 1.0 contact hours; partial contact hours are not awarded.*

The statements can appear separately within different places in the <sup>1</sup> promotional material, for example:

#### **Front page of a brochure:**

*Penn State Ross and Carol Nese College of Nursing is approved as a provider of nursing continuing professional development by Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.*

#### **Bottom of brochure describing an educational program:**

*Of the individuals in a position to control content for this educational activity, none have relevant financial relationships to disclose with ineligible companies.*

#### **Included with program details:** (i.e., cost, location, time, how to register, etc.)

*Participants with a valid RN license that attend the entire Nursing Continuing Professional Development program can earn 1.0 contact hours.*

<sup>1</sup> **Promotional materials:** includes electronic methods (e.g., websites and emails) as well as hard copies (e.g., flyers, brochures, newspapers, and mailings) of advertisements and marketing materials.