



**Directions for Completing
Application for Approval of Contact Hours
Live Presentation**

The Association of periOperative Registered Nurses, Inc. is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Please review the following instructions before you begin.

After reviewing the instructions, gather all the information you will need to complete the application process before you log in. As you work, you will be asked to upload your marketing materials. Please create your documents and save them as word or PDF files.

NOTE: Activity topics which do not support the definition of continuing nursing education are not permitted, including programs on financial planning and retirement, as identified by ANCC. Contact hours are only approved for continuing education activities. In-service activities are not eligible for contact hours.

- **In-Service Education** consists of activities intended to assist the professional nurse to acquire, maintain, and/or increase competence in fulfilling nursing responsibilities specific to the expectations of an employer of nurses.
- **Continuing Education** is the systematic professional learning experience designed to augment the knowledge, skills, and attitudes of nurses and, therefore, enrich the nurses' contributions to quality health care and to their pursuit of professional career goals.

Continuing Education Approval Committee (CEAC) members have specific criteria they must follow when reviewing an application. These criteria are dictated by the American Nurses Credentialing Center's Commission on Accreditation. Failure to comply with reviewers' requests could jeopardize contact hour approval for this activity. Failure on the reviewer's part to ensure complete application files could jeopardize AORN's accreditation from ANCC.

Approval for Contact Hours cannot be given for an application submitted the same day as the event nor can retroactive approval be given for any application submitted after the event date.

Fee payment via credit card (Visa, MasterCard, American Express, Discover) must accompany the application.

If at any time during the application process you enter incorrect information, or omit information, the program will not advance. Instructions regarding the correct action will appear in red. Please contact 800-755-2676 ext. 254 for assistance.

If you are working online in excess of one hour, you may need to login again. All work will be saved and can be retrieved.

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BEGINNING THE APPLICATION PROCESS

When you access the web-based application via the AORN home page or internet directly at www.aorn.org/Education/CEApprovalProcess/, you will be taken to the page where you must log in.

After you log in, you will be taken to the first page of the application. If you or a representative of your group using your login information has submitted applications previously, you will see any pending and/or approved applications stored here.

To input a new application, click on the tab that says “**create a new application.**” You will be directed to a page that gives a brief overview of the kinds of information that you will need to complete the application process.

If you are **Editing an Existing Application**, click on the tabs located on the left-hand side of your computer screen to easily find the section you want to edit.

You will be directed to a page that will ask you to identify what type of applicant you are. Select the appropriate level :

Level I: AORN Constituents – All AORN Chapters, Specialty Assemblies, and State Councils

Level II: Non-AORN Constituents – Health Care Providers, Hospitals, Ambulatory Settings, Clinics, Local/Regional Nursing Organizations, Non-Profit Organizations

Level III: Non-AORN Constituents – Entrepreneurs or National/Specialty Nursing Associations with a primary focus on Continuing education; and Industries.

ACTIVITY INFORMATION

Next, you will be directed to a page that will require you to enter the **title of the activity**, and the **type of activity**, Live Presentation or Independent Study. Level II and III applications are required to enter an **employer or sponsor name**.

PLANNING COMMITTEE MEMBERS

Biographical information must be completed for each Planning Committee Member. One member must have at least a BSN. Other required information:

BIOGRAPHICAL DATA FORM (BDF) – Planning Committee Member Only

Name, Credentials – provide person’s full name and credentials

Preferred Street Address – provide person’s complete street address

City, State, Zip – provide person’s preferred mailing address city, state, and ZIP Code information.

Preferred Telephone/Contact Method - provide person’s telephone number (indicate whether this is a home, cell, pager, or work number) or other preferred contact method – email, fax, US mail.

Employer – provide the name of the person’s current employer; you do not need to provide the address. If person is self-employed, indicate so.

Present Position – provide person’s current title(s); do not provide a job description.

Education - Provide person’s education information from basic college preparation through highest degree held. Do not include work/degree in progress; only completed degrees. (NOTE: “RN” is not a degree.) If person does not have a college degree, state “NONE – high school diploma only” in the space marked for Institution Name. Completed special training/certification programs provided by an employer, relative to the program topic, may be included.

Planning Committee Member Expertise – Information should include **only** the person’s past experience/expertise in planning continuing educational activities/programs or positions which included planning such activities/programs. If this is the first time a committee member has participated in the planning process of a continuing education activity, please indicate as such. You may also include the name of the person who is mentoring you through the process of education planning.

NOTE: Planning Committee members must declare whether or not they have a conflict of interest.

Conflict of Interest – Planning Committee Member - Each member of the Planning Committee must indicate whether or not he/she has a real or perceived conflict of interest with the program/content to be presented. Having an interest in a commercial organization or product does not prevent a person from being on the Planning Committee. However, each committee member must follow all guidelines and criteria regarding conflict of interest. Any real or perceived conflict of interest must be disclosed. For this purpose, a real or perceived conflict of interest is defined as

- a) having a significant financial interest in a product to be discussed directly or indirectly during the presentation or,
- b) being/having been an employee of a company with such financial interest and/or,
- c) having had substantial research support by an industry to study the product to be discussed at the presentation.

A Planning Committee Member indicating that he/she does have a conflict of interest must specify what that conflict is and how it was resolved. A verbal announcement must then be made at the beginning of the event or a written notification distributed to each participant prior to the beginning of the program.

Entering Planning Committee Member Information

You will be asked to identify the first planning committee member by selecting the “**Add a New Committee Member**” tab. Enter the name in the box provided and select the “**Search**” tab. If the name doesn’t appear, try entering only the last name of the committee member and searching that way. Select the “**Add**” button directly to the left of the name. If the planning committee member is an AORN member, the name will be in our database. You should not have to input any new contact information.

You will then indicate that person’s role and click “**Next.**”

Biographical Information Details: You will be directed to a page where you will indicate the person's **expertise** as a planner of continuing education in nursing, their **declaration of perceived conflict of interest** and **how the participants will be informed of that conflict of interest**, if any.

Area of Expertise – ANCC requires that all three areas of expertise, **Target Audience, Adherence to Criteria, and Relevant Content Expertise**, must be covered by the planning committee members and the speaker(s). Select the area of expertise that best fits each planner. In general, the presenter would fill the requirement for **Relevant Content Expertise**. You will fill that in when you complete the presenter biographical information.

Describe Your Expertise – In a few sentences, describe the person's expertise as a planner of continuing education in nursing.

Conflict of Interest Guidelines – Planning Committee Member - Each member of the Planning Committee must indicate whether or not he/she has a real or perceived conflict of interest with the program/content to be presented.

AORN is accredited as an approver of continuing nursing education (CNE) by the American Nurses Credentialing Center's Commission on Accreditation. As an accredited approver, AORN must ensure objectivity, and balance, in all approved activities. Presentations must provide a balanced view of therapeutic options. Use of generic names will contribute to this impartiality.

All planners/presenter(s) are required to disclose all potentially biasing financial relationships on the part of those who may have an impact on the content of an education activity (e.g. pharmaceutical companies, biomedical device manufactures and or corporations whose products or services are related to pertinent therapeutic areas).

ANCC/AORN defines "financial relationships" as those relationships in which the individual benefits by receiving:

- salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit.
- Financial relationships can also include 'contracted research' where the institution gets the grant and manages the funds and the individual is the principal or name investigator on the grant.

Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which a fee is received, or expected. ANCC considers relationships of the person involved in the CNE activity to include financial relationships of a family member.

ANCC/AORN considers financial relationships in any amount occurring within the past 12 months as "relevant" in terms of creating a perceived conflict of interest that may impact an educational activity.

Select whether or not planner has a Conflict of Interest.

If planner does have a Conflict of Interest, you must indicate the nature of the conflict.

1. Indicated whether or not planner has a significant relationship, as defined above, with the commercial supporter (sponsor) of the program.
2. Indicate whether the planner, or a family member, or partner, have a significant financial interest or other significant relationship with one or more companies that may be perceived as influencing educational content who manufacture products used in the treatment of perioperative patients.
3. Conflict List: Indicate company name and relationship
4. Indicate how the conflict was resolved: always click the box.

Click “Next”.

Education -- You will then be directed to a page where information regarding the planner’s education must be entered. If they are found in the database, the information will automatically appear. If that information has changed, you may edit it at this time. If it is not found in the database, you must enter the institution name, the degree, the major area of study and the year the degree was received. Then click “**Submit.**”

Once you have entered all of the planning committee members’ information, you will be directed to the next page by clicking on **Next**.

Activity Needs -- You will be asked to indicate how the need for this activity was assessed. Then click **Next**.

Target Audience -- You will be asked to identify the target audience. Then click **Next**.

PRESENTER INFORMATION

NOTE: Presenters should have documented qualifications that demonstrate their education and 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. on the specific topic. An active role in planning a presentation can range from development of objectives, content outline, or teaching methods to provide input in these areas. Likewise, the presentation and teaching/learning materials can be prepared by the presenter or prepared by the planners (Planning Committee) with input from the presenters.

Presenters are expected to present for the full time for which they have been scheduled. If a speaker exceeds the amount of the approved timeframe, no additional contact hours can be awarded. The total amount of approved presentation time and subsequent contact hours cannot be increased. Only the total approved presentation time is qualified.

You will be asked to identify the presenter(s). If the presenter is found in AORN’s database, his/her information will appear automatically as it did with the planning committee members. If she/he is not found, you must add information regarding expertise as a presenter. In general, the speaker would fill the requirement for Relevant Content Expertise. If a Conflict of Interest or perceived conflict exists, it must be entered. The method of informing the participants of a conflict of interest, if one exists, must be declared.

A biographical data form will be created for each presenter that contains the following information:

BIOGRAPHICAL DATA FORMS (BDF) – Presenter Only

Name, Credentials – provide person’s name and credentials

Preferred Street Address – provide person’s complete street address

City, State, Zip – provide person’s preferred mailing address city, state, and ZIP information.

Preferred Telephone/Contact Method - provide person’s telephone number (indicate whether this is a home, cell, pager, or work number) or other preferred contact method – email, fax, US mail.

Employer – provide the name of the person’s current employer; you do not need to provide the address. If person is self-employed, indicate so.

Present Position – provide person’s current title(s); do not provide a job description.

Presenter Expertise – Information should include presenter's past experience/expertise in **presenting** the specific program topic. Include research, books/articles written on the subject, prior programs on this topic, etc. If this is the person’s first presentation of this topic, please indicate as such.

Conflict of Interest – Presenter - Each Presenter must indicate whether or not he/she has a real or perceived conflict of interest with the program/content to be presented. Having an interest in a commercial organization or product does not prevent a person from being a presenter. However, each presenter must follow all guidelines and criteria regarding conflict interest. Any real or perceived conflict of interest must be disclosed. For this purpose, a real or perceived conflict of interest is defined as

- a) having a significant financial interest in a product to be discussed directly or indirectly during the presentation, or
- b) being or having been an employee of a company with such financial interest, and/or
- c) having had substantial research support by an industry to study the product to be discussed at the presentation.

A presenter indicating that he/she **does** have a conflict of interest must specify in the space provided what that conflict is. A verbal announcement must then be made at the beginning of the event or a written notification distributed to each participant prior to the start of the presentation.

Entering Presenter Information

Enter the speaker’s name in the same way you entered and searched for planning committee members. If your speaker’s name is not in our database, select **Add an Individual**.

1. Enter the specified Name information in the blanks
2. Work Information:
 - a. Select **Add/Change Company**
 - b. Type in the company information
 - c. Select **Search**
 - d. If name appears, simply **Add** company.
 - e. If name does not appear, select **Add a New Company** and type in the required information. Select **Save**.

- f. Enter the Presenter's Title
- g. The RN license information should only be entered if applicable

3. Presenter biographical details

- a. **Enter expertise and conflict of interest information** – see Entering Planning Committee Information

Click **Next**.

COMMERCIAL SUPPORT

ANCC defines “commercial support” as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CNE activity. If you are receiving commercial support for your activity, you must submit a signed Written Agreement for Commercial Support that is provided in the application.

You will be directed to declare if this activity has any commercial support. If so, you will be asked to indicate the following:

- How the participants will be informed of the support,
- That bias will be prevented
- To agree that the support does not influence the objectives, content, or selection of speaker for the activity.
- Submit a signed Written Agreement for Commercial Support

Please follow the directions on the web application when submitting a Written Agreement for Commercial Support.

To continue with your application if you don't yet have a signed agreement uploaded, select Purpose/Goal, directly underneath Commercial Support on the Tab section on the left-hand side of your computer screen. You may visit any portion of your application via this tabbed table of contents.

PURPOSE/GOAL STATEMENT

The purpose/goal is a broad statement that should entail the following:

- How this activity will enrich the perioperative nurse's contribution to quality health care, or
- What you hope the outcome of the activity will be based on the objectives
- It is not a restatement of your objectives.

Click **next**.

CREATING YOUR ACTIVITY DOCUMENTATION FORM

HOW TO WRITE OBJECTIVES AND CONTENT – Read thoroughly before completing Session and Objectives in your application.

Objectives, Content, Timeframes, Presenters (Subject Matter Experts for Independent Studies), and Teaching Strategies must be submitted using the 5-column format of the Activity Documentation Form. Determination of objectives is a collaborative activity between planners (Planning Committee) and presenters.

One (1) contact hour is equal to 60 minutes of presentation time. Introductions, breaks, and meals are not valid contact-hour time, and, as a result, do not count toward the total number of presentation minutes. However, time scheduled for completion of the Evaluation Form, a Questions & Answers session, and Discussion **is** calculated as valid contact-hour time. Add up the total number of minutes used for valid presentation time and divide by 60 to determine total number of contact hours you want to apply for. A minimum of one (.5) contact hour (30 minutes) must be awarded.

The number of objectives should be sufficient to accomplish the intended purpose/goal(s) of the activity. For a 60 minute/one (1) contact hour presentation, at least one (1) objective must be identified. Please note that it is not necessary, nor is it recommended, to begin an objective by saying "The participant will be able to. . .". Just start with a measurable verb from the Sample List of Action Verbs on the next page.

Important Note: The ANCC Commission on Accreditation does not recognize the Continuing Education Unit (CEU) term. CEU is not a generic abbreviation for continuing education but rather a specific measure: ten (10) contact hours equal one (1) CEU. Do not use the term "CEU" in any manner.

Objectives

The objectives are derived from the overall purpose/goal(s) of the activity (which must be stated on the Evaluation Form). Educational objectives are written statements that describe the learner-oriented outcomes which may be expected as a result of participation in the educational activity. In the case of most continuing education activities, these statements describe knowledge, skills, and attitude changes that should occur upon successful completion of the activity.

Learner-oriented outcomes must be expressed in measurable terms (using measurable, behavioral verbs), identify observable actions, and specify one action or outcome per objective (avoid using the word "and"). Examples of commonly used measurable behavioral verbs include: classify, compare, contrast, demonstrate, describe, develop, differentiate, discuss, explain, identify, list, and name. See the "Sample Verb List" on the next page.

Sample List of Action Verbs from which to Write Measurable Learning Objectives*

KNOWLEDGE	APPLICATION	EVALUATION
Arrange	Apply	Appraise
Define	Choose	Argue
Describe	Classify	Assess
Distinguish	Demonstrate	Attach
Identify	Develop	Choose
Label	Employ	Compare
List	Generalize	Consider
Match	Illustrate	Contrast
Name	Interpret	Decide
Recall	Operate	Defend
Relate	Organize	Estimate
Repeat	Practice	Evaluate
State	Relate	Judge
	Restructure	Predict
SYNTHESIS	Schedule	Rate
Arrange	Solve	Score
Assemble	Transfer	Select
Classify	Use	Standardize
Collect		Support
Combine	ANALYSIS	Validate
Compose	Analyze	Value
Construct	Appraise	
Create	Calculate	COMPREHENSION
Derive	Categorize	Classify
Design	Classify	Demonstrate
Develop	Compare	Describe
Document	Contrast	Determine
Formulate	Criticize	Discuss
Manage	Deduce	Explain
Modify	Detect	Express
Organize	Diagram	Identify
Originate	Differentiate	Indicate
Plan	Discriminate	Interpret
Prepare	Distinguish	Locate
Produce	Examine	Rephrase
Propose	Experiment	Report
Set up	Identify	Restate
Specify	Inventory	Review
Synthesize	Question	Rewrite
Transmit	Test	Select
Write		Summarize
		Tell
		Translate

*Adapted from: Bloom, B.S. (Ed.) (1956) Taxonomy of educational objectives: The classification of educational goals: Handbook I, cognitive domain. New York; Toronto: Longmans, Green.

Content

- 1) Each objective must have written content that is directly related to that objective.
- 2) Subject matter which relates to each objective should be supplied in the form of a topic outline.
- 3) The content outline should not be a restatement of the objective. This outline should provide a list of the material to be presented to support the intended outcome and facilitate learner achievement of the objective. The amount of material to be covered should be adequate to support/justify the allotted timeframe.

Identification of the content/topics is a collaborative process between the planners (Planning Committee) and presenters.

The content portion of the activity must reflect continuing education for nurses. CEAC uses the following ANCC definitions to distinguish in-service versus continuing education content:

In-Service Education consists of activities intended to assist the professional nurse to acquire, maintain, and/or increase competence in fulfilling nursing responsibilities specific to the expectations of an employer of nurses.

Continuing Education is the systematic professional learning experience designed to augment the knowledge, skills, and attitudes of nurses and, therefore, enrich the nurses' contributions to quality health care and to their pursuit of professional career goals.

NOTE: Activity topics which do not support the definition of continuing nursing education are not permitted, including programs on financial planning and retirement, as identified by ANCC.

Contact hours are only approved for continuing education activities. In-service activities are not eligible for contact hours.

Following are examples of the INCORRECT and the CORRECT ways to state an objective and its content on the Activity Documentation Form (ADF).

INCORRECT

Title of Activity: *Total Hip Replacement*

Objective	Content	Timeframe	Presenter	Teaching Strategies
1. Describing the symptoms and risk for a candidate for a total hip replacement.	The major symptoms for a candidate for total hip replacement	10-15		Slides

1. Objective is compound (**avoid using the word “and”**).

Learner-oriented outcomes must be expressed in single measurable terms (using measurable, behavioral verbs), must identify observable actions, and must specify one action or outcome per objective

This Objective is actually asking for two outcomes:

- a description of the symptoms; and
- a description of the risks.

It would have to be split into two objectives:

- Describe the symptoms a person who requires total hip replacement may exhibit; and
- Discuss the possible complications following total hip replacement.

2. Content is just a restatement of the objective. Content must be presented in an outline form and, in this case, a list of the items to be described/discussed.
3. Teaching Strategies should address adult learning. Lecture, slides, handouts are some examples. No Q&A session is noted; therefore, “discussion” must be added for each.

CORRECT

Objective	Content	Timeframe	Presenter	Teaching Strategies
1. Describe the symptoms a person who requires a total hip replacement may exhibit.	a. Arthritis – restricted movement hip b. Pain not relieved by non-steriodal anti-inflammatory medications c. Pain not relieved by physical therapy d. Impact on ADL	15 minutes	Wm Smith, MD	Lecture, slides, discussion
2. Discuss the possible complications following total hip replacement.	a. Nerve damage b. Infection c. Failure of prosthetic device	20 minutes	Wm. Smith, MD	Lecture, slides, discussion

Sample Activity Documentation Form (ADF)

Applicant: (Chapter/Organization Name)	<u>AORN of Omaha Area</u>	Chapter #: (if applicable)	2801
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Title of Activity:	<u>Stereotactic Procedures for Brain Lesions</u>
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Date of Activity:	<u>October 10, 2007</u>
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Objectives	Content (topics)	Timeframe	Presenter	Teaching Strategies
<i>List the educational objectives in the space below.</i>	<i>Provide an <u>outline</u> of the content presented and indicate to which objective the content is related in the space below.</i>	<i>Provide a <u>definite timeframe</u> expressed in minutes for each objective or content area. (For Independent Study, list total minutes.)</i>	<i>List the presenter name/subject matter expert for each objective or content area in the space below.</i>	<i>List the teaching strategies to be used for each objective or content area in the space below.</i>
1. Describe the anatomy of the brain	1) Brainstem 2) Proximate vascular structures 3) Sinus 4) Deep veins	20 minutes	Dr. Smith	Lecture Slides
2. Discuss indications for stereotactic procedures	1) Small lesions 2) Deep-seated lesions 3) When biopsy is not feasible 4) History of repeated aspirations 5) Eloquent brain lesions	20 minutes	Dr. Smith	Lecture Slides
3. Describe the stereotactic procedure	1) Computer biopsy with CT guide 2) Leksell frame 3) Evaluation of science	40 minutes	Dr. Smith	Lecture Slides
4. Discuss complications of stereotactic procedures	1) Increased neurologic loss 2) Bleeding 3) Infection	20 minutes	Dr. Smith	Lecture Slides
	Questions & Answers – Completion of Evaluation	15 minutes		

Timeframes The educational objectives and the level and amount of content to be provided dictate the amount of time which will be required. Each objective or content area should have a specific designated timeframe. The time allotments for content for each objective should be sufficient to facilitate achievement of the objective by the learner. Please use number of minutes, i.e., "30 minutes", not 0:00 - 0:00.

Teaching Strategies Instructional methods that support attainment of the educational objectives should be used. The action indicated as the expected outcome determines the teaching strategies to be used. Teaching strategies include, but are not limited to, lecture, PowerPoint/slides, discussion, demonstration, and return demonstration. Question and Answer may be considered a teaching strategy as well.

HOW TO CREATE A SESSION AND/OR SUBMIT YOUR OBJECTIVES

You are now ready to create a session and/or submit objectives for your Activity Documentation Form (ADF).

If you are submitting an application for a single education program or an education program with several speakers but only one (1) Certificate, you can skip **Add a Session** below and go to **Add a New Objective**. If you have more than one session and will be generating more than one Certificate, select **Add a Session**. Certificate and Evaluation Forms will be generated for each session.

Select **Add a Session**

1. Enter Session Title – enter the title of the program to be presented; date and time of this Session
2. Select **SAVE**. **If you need to close out before saving, just click the small box in the upper right corner.**

Select **Add a New Objective**

1. Type: If you are entering your objectives, be sure that **Objective** is selected.
2. Write the objective in the space provided
3. Provide your content outline
4. Provide a definite time frame for this objective expressed in minutes.
5. Choose a speaker. You may add another speaker to this objective by Clicking on Add Another Speaker
6. List your teaching strategies.
7. Select **Save**
8. If you will be having a Q & A session, after you have entered your Objectives, click **Add a New Objective** and select **Question and Answer Period**. You will be asked to add a timeframe. Add the time in minutes appropriate for the presentation. Click **Save**.

Total Application Contact Hour -- Your contact hour calculation is located at the top of the page.

When you are finished adding sessions and objectives, click **Next**.

ACTIVITY EVALUATION

1. You will be asked to determine the method of evaluating the effectiveness of your activity. Check all applicable method(s) of evaluation to be used.
2. An automatically generated Evaluation Form is included after approval. If this format does not accommodate your needs, please feel free to create your own form, incorporating items a) through g) below. However, the form you create must be approved before using. Email a copy to the AORN Approval Unit or upload a copy, clearly labeled as Evaluation Form, with your Marketing Brochure/Flyer.

EVALUATION FORM – additional information

There is a clearly defined method for evaluation that must include the following:

- a) Learner's achievement of each objective (each objective listed in the exact wording as that used on the approved Activity Documentation Form). If you have allowed time for a Q&A session, do not include it on your evaluation form. This is not an objective and would not be evaluated. You can add additional evaluation objective lines as needed to accommodate all of your objectives or you can delete any unused evaluation lines. This evaluation section must be present.
 - b) “*Relationship of objectives to overall purpose/goal(s) of activity*” This evaluation section must be present.
 - c) “*Expertise of presenter*” & “*Appropriateness of teaching strategies*” for each presenter – fill in full name. You can add additional evaluation lines as needed to accommodate all of your speakers. This evaluation section must be present.
 - d) “*Were you notified of conflict of interest (COI) off-label use(OLU) (using a product in a way not FDA approved), commercial support (CS), and/or in-kind support (IKG) for the education component of this program?*” – This statement must be on your Evaluation Form; and the responses for this question related to commercial support, etc need to be left blank when submitting the application so each participant can fill in his/her own response at the end of the program.
 - e) “*Was there product promotion or commercial bias during the education content?*” This question will help collect information regarding commercial bias required by ANCC.
 - f) “*Will the information you gained from attending this program change your practice?*”- The responses for this question related to change in practice need to be left blank when submitting the application so each participant can fill in his/her own response at the end of the program. This evaluation section must be present.
 - g) “Additional comments or suggestions”. This section must be present.
3. For programs that are intended to be repeated, you will be asked to identify how the evaluation data will be used for future programs.
 4. You will be asked to identify how learners will receive feedback. Check the appropriate box(s).

Click **next**.

5. You will be asked to identify how you will verify participation. Check the appropriate box(s).

6. You will be asked how you will identify successful completion of the activity and notify learner prior to activity. Check the appropriate box(s)
7. The computer program will automatically develop a certificate of attendance from the information previously entered. You may preview it by clicking on the link provided.
8. You will be asked to identify methods used to inform the learner of successful completion of the activity.

Click **next**.

MARKETING

Promotional materials/announcements should contain the chapter/group name, chapter# (if applicable), the day, date, time, and location of the event, the title of the event and the pending contact hours. Additional information could include speaker name, contact person/information, purpose/goal, any commercial support, etc.

AORN logo. Use of the AORN logo is restricted to use by AORN chapters only on chapter letterhead, chapter newsletters, educational certificates, and chapter websites. Use by non-chapters or other non-members is strictly prohibited.

ANCC Accreditation Statement - ANCC requires its accreditation statement be placed on ALL such promotional materials/announcements for any program requesting approval of contact hours through AORN's Continuing Education Continuing Education Approval Unit. Therefore, the following mandatory statement **MUST** appear verbatim on ALL promotional materials/announcements, including email notifications **PRIOR** to final approval of activity.

This activity has been submitted to the Association of periOperative Registered Nurses, Inc. for approval to award contact hours. The Association of periOperative Registered Nurses, Inc. is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Activities that are approved by AORN are recognized as continuing education for registered nurses. This recognition does not imply that AORN or the ANCC Commission on Accreditation approves or endorses any product included in the presentation.

You will be asked to upload a copy of your marketing materials. You may also **Create a Basic Promotional Flyer** by selecting that tab and following the directions.

After the activity has been approved, all promotional materials for **FUTURE** presentations of the same approved program must contain the following in this format:

This continuing nursing education activity was approved by the Association of periOperative Registered Nurses, Inc., an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Activities that are approved by AORN are recognized as continuing education for registered nurses. This recognition does not imply that AORN or the ANCC Commission on Accreditation approves or endorses any product included in the presentation.

Click **next**.

POST ACTIVITY RESPONSIBILITY

Recordkeeping and Storage System Records for each approved educational activity will be kept for six (6) years online in the secure **My Applications** area under your login information. All records will include the following essential information:

- ❖ The complete application form and all supporting documentation, including
 - Biographical Data Forms for each Planning Committee Member and for each Presenter,
 - Planning Checklist,
 - Conflict of Interest
 - Commercial Support Agreement
 - Activity Documentation Form,
 - Evaluation Form, and
 - Certificate of Attendance;
 - ❖ Brochures/activity announcements/flyers;
 - ❖ Post Activity Report, including total number of attendees, summary of evaluations, and Certificate of Attendance.
 - ❖ All correspondence regarding the approval process directly affecting the application approval must also be kept.
- a) _____ Confidential and complete records of each application will be maintained for six (6) years and will be filed in a secured manner with a representative of the Applicant.

Click the box next to **I agree to these responsibilities**.

Post Activity Report.

According to ANCC (American Nurses Credentialing Center) criteria, the Post-Activity Report is a required component.

- 1) A Post-Activity Report should be submitted via the web within 30 days of the activity. Access your Post Activity Report by logging into you're **My Applications** area. Required information must include the total number of participants, the total number of contact hours awarded, a summary of evaluations, and a sample of the Certificate of Attendance distributed at the program. NOTE: You do not need to submit a list of attendees.

Select the box next to **I agree to complete the post activity report**, then click **next**. If this is a repeat activity, indicate how the activity will be changed based on evaluations and click **next**.

Printing Out a Certificate of Attendance and Evaluation

Once your application has been approved, you may print out the Certificates of Attendance and Evaluation forms. You may access your application by clicking on “Submit your application” button as you did before. All of your programs are stored here in the **My Applications** area. Click on “Eval/COA Forms” button. You will be prompted to enter the activity date plus the city and state, then you will be able to print your certificates and your evaluation forms by clicking “Generate a Document.”

Click on **submit your application**.

Payment information will appear on the screen. Follow the instructions and click **next**. You may input credit card information online. A receipt will be generated after payment has been received.

INTRODUCTORY FEE SCHEDULE

LEVEL I: AORN CONSTITUENTS - ALL AORN Chapters, Specialty Assemblies, and State Councils

Contact Hours	40+ calendar days	19-39 calendar days	7- 18 calendar days	2-7 days
1.0 – 3.0	\$15	\$30	\$60	\$200
3.1 – 6.0	\$25	\$50	\$100	\$200
6.1 - 9.0	\$35	\$70	\$140	\$350
9.1 – 12.0	\$45	\$90	\$180	\$350
12.1 +	\$55	\$110	\$220	\$500

LEVEL II: NON-AORN CONSTITUENTS - Healthcare Providers, Hospitals, Ambulatory Settings, Clinics, Local/Regional Nursing Organizations

Contact Hours	40+ calendar days	19-39 calendar days	7-18 calendar days	2 - 7 days
1.0 – 3.0	\$75	\$150	\$225	\$300
3.1 – 6.0	\$125	\$250	\$375	\$500
6.1 – 9.0	\$175	\$350	\$525	\$700
9.1 – 12.0	\$225	\$450	\$675	\$900
12.1 – 15.0	\$275	\$550	\$825	\$1,100
15.1 – 18+	\$325	\$650	\$975	\$1,300

LEVEL III: NON-AORN CONSTITUENTS - Entrepreneurs or National/Specialty Nursing Associations with a primary focus on continuing education AND Industries

Contact Hours	40+ calendar days	19-39 calendar days	7-18 calendar days	2 - 7 days
1.0 – 3.0	\$500	\$1,000	\$1,500	\$2,000
3.1 – 6.0	\$600	\$1,200	\$1,800	\$2,400
6.1 – 9.0	\$700	\$1,400	\$2,100	\$2,800
9.1 – 12.0	\$800	\$1,600	\$2,400	\$3,200
12.1 – 15.0	\$900	\$1,800	\$2,700	\$3,600
15.1 – 18+	\$1,000	\$2,000	\$3,000	\$4,000