Continuing Nursing Education (CNE) Application Instructions

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Association of periOperative Registered Nurses is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

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AORN
SAFE SURGERY TOGETHER

I. Welcome and Introduction

The Association of periOperative Registered Nurses' (AORN) Approval Unit includes the Continuing Education Approval Committee (CEAC) members and the AORN team. The CEAC members are volunteer AORN members appointed by the Board of Directors and evaluated by the Accredited Approver Program Director; they must be currently licensed as an RN and hold a baccalaureate degree or higher in nursing and have experience in planning, implementing, and evaluating educational activities for nurses. In the role of Nurse Peer Reviewers, the CEAC members work in teams to review applications to ensure the American Nurses Credentialing Center (ANCC) and AORN's criteria have been met for each application submitted. AORN's Accredited Approver Program Director is the final approver and evaluates that the individual activity applicant adheres to the ANCC criteria and meets criteria to award contact hours.

a. **Applicant Eligibility and Verification**

Eligible constituents who are interested in submitting must complete:

- Individual Activity Applicant Eligibility form
- Individual Activity Applicant Eligibility Commercial Interest form (if applicable)
- Web-based Application

i. **Ineligible companies** are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

ii. **Eligible constituents** may submit applications for LIVE EVENTS or ENDURING MATERIALS for approval of contact hours (CH).

<u>Example of Eligible Constituents</u>:

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

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

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

LEVEL IV: NON-AORN CONSTITUENTS - Other

Examples of other organizations that may be eligible to submit an individual educational activity application include health profession membership organizations, publishing or education companies, and government or military agencies.

b. **When should applications be submitted?**
Applications must be submitted and approved **BEFORE** the activity date. The Continuing Education Approval Committee (CEAC) members and the AORN team have specific criteria they must follow when reviewing an application. These criteria are dictated by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation. Failure to comply with reviewers' requests could jeopardize contact hour approval for this activity. Failure on the reviewers' part to ensure complete application files could jeopardize AORN's accreditation by ANCC.
We recommend submitting your application 40+ days before the activity date.

c. **When do approved continuing nursing education (CNE) individual activities expire? Activities meeting ANCC criteria are approved for a period of two (2) years from your approval date.** In other words, an approved LIVE activity can be presented by the same presenter with the same content multiple times to **the same target audience (eg, perioperative nurses)** over the period of two (2) years. The contact hours for an approved ENDURING individual activity expire two (2) years after the approval date.

d. **Use of the 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.

e. **Important Note about the Term: CEU**
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.**

II. Content Integrity

The ANCC content integrity standards entitled "Standards for Integrity and Independence in Accredited Continuing Education" align with the Accreditation Council for Continuing Medication Education (AACME) Standards for Integrity and Independence in Accredited Continuing Education Resources.

III. Disclosure of Relevant Financial Relationships

Before the Nurse Planner begins planning the educational activity, they should collect information from all members of the planning committee, and all faculty, and others who would be in positions to control content. They should be asked about all their financial relationships with ineligible companies over the previous 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies.

Many healthcare professionals have financial relationships with ineligible companies. By identifying and mitigating relevant financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse, free from influence from organizations that may have an incentive to insert commercial bias into education. **Ineligible companies** are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

All members of the Planning Committee, speakers, authors, and others who would be in positions to control content must disclose all financial relationships with any ineligible company over the past 24 months, regardless of the amount. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education. There is no minimum financial threshold.

ANCC/AORN considers a "relevant financial relationship" to exist when an individual has an opportunity to control or influence the education content in relation to a commercial interest with which they have a financial relationship. ANCC/AORN considers financial relationships in any amount occurring within the past 24 months as "relevant" if the products or services of the ineligible company are related to the content of the educational activity.
The Nurse Planner should determine whether each person's financial relationships with ineligible companies are relevant to the content of the education being planned.

Financial relationships are relevant if the following three conditions are met for the prospective person who will control content of the education:

- A financial relationship, in **any amount**, exists between the person in control of content and an ineligible company.
- The content of the education is related to the products of an ineligible company with whom the person has a financial relationship.
- The financial relationship existed during the past **24 months.**

Notes: You do not need to identify, mitigate, or disclose relevant financial relationships if the continuing nursing education only addresses a non-clinical topic (eg, leadership or communication skills training).

A Nurse Planner must indicate whether they have a real or perceived relevant financial relationship with the program/content to be presented or not. Having a financial interest in a commercial organization or product does not prevent a person from being a Nurse Planner. However, each committee member must follow all guidelines and criteria regarding relevant financial relationships. Any real or perceived relevant financial relationship must be disclosed and mitigated.

A Nurse Planner indicating that they do have a relevant financial relationship:

- must specify what that relationship is and how it was resolved/mitigated.
- This must be disclosed to the audience prior to the beginning of the event (eg, verbal announcement made at the beginning of the event, written notification distributed to each participant prior to the beginning of the program).

An individual who refuses to disclose financial relationships will be disqualified from being a Nurse Planner, Speaker/Author, or Planning Committee member.

Financial relationships statements must be obtained from all individuals who have the ability to control the content to identify the presence or absence of any potentially biasing relationship of a financial, professional, or personal nature on the part of those who have an impact on the content of an educational activity.

The Nurse Planner must show that each individual with a relevant financial relationship has disclosed all financial relationships with any entity with a commercial interest.
An individual indicating that they do have a relevant financial relationship must specify what that relationship 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.

If there ARE relevant financial relationships:
Disclose name(s) of the individuals, name of the ineligible company/companies with which they have a relevant financial relationship(s), the nature of the relationship(s), and a statement that all relevant financial relationships have been mitigated.
Mitigation steps for the Nurse Planner and planning committee may include:

- Remove the individual with a relevant financial relationship from participating in the educational activity.
- Divest the financial relationship.
- Recusal from controlling aspects of planning and content with which there is a financial relationship.
- Peer review of planning decisions by persons without relevant financial relationships.
- Use other methods and describe them.

Mitigation steps for speakers/authors may include:

- Remove the individual with a relevant financial relationship from participating in the educational activity.
- Divest the financial relationship.
- Peer review of content by persons without relevant financial relationships (eg, Content Reviewer to evaluate for content integrity).
- Attest that clinical recommendations are evidence-based and free of commercial bias (eg, peer-reviewed literature, adhering to evidence-based practice guidelines).
- Do not award CNE activities for all or a portion of the educational activity.
- Use other methods and describe them.

There are only three exceptions that allow for owners and/or employees of ineligible companies to participate as planners or faculty in approved continuing education and include:

a. When the content of the activity is **not related** to the business lines or products of their employer/company.
b. When the content of the approved activity is **limited to basic science research**, such as pre-clinical research and drug discovery, or the methodologies of research, **and they do not make care recommendations**.
c. When they are participating as technicians to teach the safe and proper use of medical devices, and **do not recommend whether or when a device is used.**

The following issues must be addressed:

- No promotional material in the slides and other educational materials,
- No company's corporate or product logos on the slides or other educational materials,
- Full disclosure of employment,
- Resolution and mitigation of a relevant financial relationship.
- The presentation will be without commercial bias.

IV. Commercial Support

Education must be kept separate from promotional activities. Commercial support, exhibits, or the presentation of research conducted by a commercial company must not influence the design and objectivity of any educational activity. Commercially supplied funds or sponsorship for an educational activity that are given in the form of an educational grant, unrestricted grant, donations, scholarship, or in-kind assistance must be acknowledged in the brochures and/or printed material for the CNE activity.

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 continuing nursing education activity. ANCC does not consider providers of clinical service directly to patients to be commercial interests.

An entity has a commercial interest if it:

a. Produces, markets, sells, or distributes health care goods or services consumed by or used on patients.
b. Is owned or operated, in whole or in part, by any entity that produces, markets, sells or distributes health care goods or services consumed by or used on patients.

An entity or person identified as a commercial interest must provide the funds to the Applicant (eg, AORN Chapter, State Council, other constituent/non-constituent groups). The commercial interest may not directly support the Nurse Planner(s) and speakers.

The Applicant (eg, AORN Chapter, State Council, other eligible constituent/non-constituent group) receiving commercial support:

- must disburse the funds,
- may have to return unused funds, and,
- is responsible for accounting of expenses.

An entity is **NOT** a commercial interest if it is:

1. A government entity,
2. A non-profit (503(c)) organization, or
3. A non-healthcare related entity.

Note: Hosting a fair outside of the education time and charging companies a fee that will be used to pay for food, is not commercial support. The CNE activity must be conducted in a separate room and away from the fair.

V. What are Continuing Nursing Education Activities?

Continuing nursing education (CNE) activities are learning activities that are meant to build upon a registered nurse's' (RN) experience and education for enhancement of nursing practice, education, administration, research, or theory development, and, therefore, enrich the RN's contributions to improve the health of the public and their purpose of professional career goals.
Activity topics must support the definition of continuing nursing education activities.

a. **CNE Activity:** Is this activity CNE? Is this learning activity intended to build upon the educational and experiential bases of a professional RN for the enhancement of nursing practice, administration, research, or theory development, to improve the health of the public and the RNs' pursuit of their professional career goals? If the answer is 'no', the learning activity is not CNE.

b. **Education Activity Representation:** Is anyone involved in this education activity representing a medical device company? Medical Device Companies develop medical and surgical instruments and equipment to diagnose, treat, or prevent various medical conditions. Companies in this industry develop everything from surgical instruments and orthopedic equipment to diagnostics and medical imaging. Commercial interests, including speakers from industry, may no longer be eligible for contact hour approval.

c. **Eligible constituents** may submit applications for LIVE EVENTS or ENDURING MATERIALS for approval of contact hours (CH).

d. **Live events** are in-person learning and live webinars.

e. **Enduring Materials** are 'non-Live' educational activities that last over time (eg, Independent Study, Computer-assisted learning materials). This learning activity may be experienced by the learner, independently, at the learner's own pace, at any time, and in any place.

f. **Programs on financial planning and retirement are not considered nursing education (CNE).**

g. **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.

VI. Overview of the Educational Design Process and Developing Individual Educational Activities

a. **The Nurse Planner Eligibility Requirements**

The Nurse Planner must:

- be a registered nurse (RN) who holds a current, unencumbered nursing license (or international equivalent),
- hold a baccalaureate degree or higher in nursing (or international equivalent),
- be actively involved in planning, implementing, and evaluating this individual nursing continuing professional development activity,
- be familiar with, have expertise in, or be mentored in planning continuing nursing education activities using the AORN and ANCC criteria, and,
- declare whether or not they have a relevant financial relationship.

b. **Planning Expertise of the Nurse Planner**

Information submitted in the application should include the Nurse Planner's:

- past experience and expertise in planning nursing continuing professional development and educational activities/programs or positions which included planning such activities/programs.
- is familiar with, has expertise in, or is being mentored in planning continuing nursing education activities using the AORN and ANCC criteria.

If this is the first time you are a Nurse Planner and participating in the planning process of a CNE activity, please indicate as such and include the name of the Nurse Planner who is mentoring you through the process of education planning and adherence to the ANCC criteria.

c. **Needs Assessment**

The Nurse Planner conducts a learners' needs assessment and must indicate in the application the method used (eg, conducting surveys of stakeholders, target audience members, subject matter experts; reviewing quality improvement initiatives, requesting input from learners, managers; release of new nursing knowledge, reviewing trends in literature, law, and health care).

d. **Supporting Evidence/Needs Assessment Data**

The Nurse Planner analyzes this data collected from the needs assessment.

- Supporting evidence may be the data collected from the needs assessment.
- Examples of supporting evidence/need assessment data include:

- written evaluation summary requests;
- the results of member-surveys from previous meetings/educational activities;
- annual employee surveys;
- quality improvement and outcome data;
- peer-reviewed journal articles;
- literature review;
- evidence-based resources;
- a new or revised AORN guideline; or,
- other professional guidelines).

- The data submitted should be specific to the topic to be presented and support why the Nurse Planner submitted the topic of the educational activity.

  Examples of Needs Assessment Data/Supporting Evidence:

  Example #1: The Nurse planner selects "Reviewing evaluations of previous educational activities" as the needs assessment method. Data should indicate/specify a list of items surveyed, who was surveyed, and survey results, which supports why this topic was selected. "Ten of 40 RNs surveyed at our last AORN chapter meeting requested an educational activity to learn more about new clinical practice guidelines for XYZ topic."

  Example #2: "A needs assessment survey was distributed to our chapter members on December 15, 2025, asking for members to identify topics for desired education. After a review of written feedback by the chapter leaders, they determined the nurses lacked knowledge about the use of peripheral nerve blocks in anesthesia This topic was identified as a hot topic and most requested on the survey. Seven of the twenty-two RNs (31%) completing the survey stated a significant increase in use of peripheral nerve blocks by one of the anesthesia groups in our area. The leadership talked about the topic with one of the anesthesiologists who had taken charge of this group. The discussion included the need for education for OR nurses caring for patients receiving peripheral nerve blocks."

  Example #3: A literature review related to the topic being presented.

  Example #4: A patient satisfaction survey results related to the topic being presented.

e. **Professional Practice Gap**

The Nurse Planner:

- analyzes the data/supporting evidence to form a basis for identifying a professional practice gap (eg, discrepancy) in what exists currently exists in practice and what is desired in practice.
- identifies when CNE may be a desired intervention to address a change in a standard of care, a problem in practice, or an opportunity for improvement.
- analyzes the data that validates the need for the educational activity which forms a basis for the professional practice gap, or the difference between a current state of practice and the desired state of practice.

Professional practice gaps may exist in clinical practice and areas of professional work in administration, education, and research. If the professional practice gap is related to a lack of knowledge, skills, or practices of RNs, then an educational intervention is appropriate.

f. **Planning Committee**

After identifying the professional practice gap, the Nurse Planner should

- form a planning committee to further analyze the professional practice gap.
- identify if the professional practice gap is related to the RN's lack of knowledge, skills, and/or practices. If yes, an educational activity is appropriate.
- involve the planning committee to further identify the root cause for the professional practice gap or why the gap exists.

The following requirements for the planning committee must be met:

- **The Nurse Planner is the only required person on a planning committee.**
- Nurse Planner/Key Contact: One committee member must be identified as the Nurse Planner/Key Contact and who will agree to
  - submit the documentation required and information into our web-based application.
  - receive the communications (eg, email, telephone, online feedback) about the application being submitted.
  - provide a telephone number.

g. **Roles that must be identified:**

- Nurse Planner/Key Contact (one per application)
- Planning committee member (eg, can be the Nurse Planner/Key Contact, or other RN planners, speaker/author, other health care team members) The Nurse Planner is the **only** required person on a planning committee.
- Speaker/Author

h. **Target Audience**
Once the educational need has been identified by the Nurse Planner and planning committee, they can determine the target audience. The target audience should include specific RN learners and may include other health care team members.

i. **Learning Outcome**
A learning outcome should be identified by the Nurse Planner and planning committee for the identified target audience. The Learning Outcome is a broad statement that should entail the following:

- how this activity will enrich the RN's contribution to quality health care, and
- what the RN learner will be able to do as a result of attending and participating in the educational activity.

Learning Outcome Example:

- ***Ninety percent (90%) of learners will report that this session increased their knowledge of the importance of double-gloving in the scrub role in the post-activity evaluation tool.***

Competency Statement and Professional Source

- A competency statement is the description of an expected level of performance that results from an integration of knowledge, skills, abilities, and judgment; the description is objective and measurable.
- The competency statement must align with the professional practice gap, underlying educational need, and the activity content.

Competency Statement Example:

- The perioperative RN seeks knowledge and competence that reflect current nursing practice and promotes futuristic thinking.

Professional Source:

- AORN Perioperative Nursing: Scope and Standards of Practice.

j. **Outcome Measurement**

The Nurse Planner should identify an outcome measurement (ie, a quantitative statement as to how the outcome of this activity will be measured). For example, the Nurse Planner may collect data during a live event or after the activity (eg review the completed post-activity evaluations) to determine if the outcome measurement was achieved in addition to other information collected in the completed evaluations.

Outcome Measurement Example: ***Ninety percent (90%) of the RNs completing the post-activity evaluation tool will state one new or reinforced piece of knowledge as a result of attending this CNE.***

In this example, and after reviewing the completed post-activity evaluations, the Nurse Planner can calculate the results of the outcome measurement.

k. **Educational Content/Subject Matter**

The educational content/subject matter should:

- be supplied in the form of a topic outline
- provide a list of material to be presented which supports the intended learning outcome, attempts to close, or narrow the identified professional gap, and is evidence-based.
- be identified through a collaborative process between the Nurse Planner, other committee members, and presenters/authors.
- be selected based on the most current evidence, which may include and is not limited to evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content experts/expert resource.

l. **Active Learning Strategies**
Active learning strategies are methods that:
- support the educational content being delivered.
- help attain the learning outcome.
- involve the learner in the educational activity.

For example, a speaker may lecture and provide visuals, and include a variety of strategies to involve the learner (eg, **self-reflection questions and responses**, interactive discussion, demonstration and return demonstration, case studies, simulation activity, polling)
- The amount of material to be covered should be adequate to support/justify the allotted time frame.
- The program should be evaluated and planned independently from any influence of commercial interest organizations.

m. **Content Expertise of the Faculty/Speaker/Author – Evaluation by the Planning Committee**
The Nurse Planner and Planning Committee should:
- evaluate qualifications of the Faculty/Presenters/Authors (eg, content expertise; demonstrated comfort with teaching methodology; presentation skills; familiarity with target audience).
- assure the qualifications of the Faculty/Presenters/Authors are appropriate and adequate (eg, review of resume/CV; observation of previous presentation).

n. **Requirements for Successful Completion**
The Nurse Planner must indicate the criteria for successful completion of the program, for example:
- **attendance at the entire event or session**
- attendance for at a minimum percentage of the event
- attendance at one or more sessions
- **completion and submission of the evaluation form**

- achieving a passing score on posttest
- return demonstration.

o. **Program Evaluation**
Is the program designed to change nurse competence, nurse performance, or nurse outcomes? The evaluation should be relative to the desired learning outcome and can be integrated in the educational activity or conducted at the conclusion of the activity. Examples can include an assessment of change in knowledge, skills, and or practices for the RN learner (ie, target audience). The Nurse Planner and Planning committee should indicate what method(s) will be used to evaluate this change (eg, QA/QI data, simulation, observation, pre-post testing, survey, skills demo/return demonstration, completion of an evaluation at the end of the educational activity).

An automatically generated program evaluation is available after your program has been approved. The evaluation form includes:

- Constituent's name (eg, AORN chapter), activity title, date of activity, city, and state.
- Rating the learner's achievement with a Likert scale the:
  - extent the learning outcome(s) was achieved.
  - content will assist me in changing or improving my practice.
- Rating with a Likert Scale the presenter/speaker(s):
  - expertise in the topic.
  - appropriateness of the teaching methods.
- Yes and No questions related to:
  - education was free of commercial bias/support.
  - commercial support/funding was disclosed.
  - notification of relevant financial relationship.
  - observation of relevant financial relationship.
- Fill-in-the blanks (free text areas) to add:
  - how I actively participated in the activity.
  - one change I will make as a result of what I learned.
  - additional continuing education to improve my practice.
  - constructive comments.

p. **Awarding Contact Hours**
The Nurse Planner and Planning Committee determine criteria for the learners to be awarded contact hours.

- Successful completion for both live and enduring material activities should be defined for each educational activity, consistent with the strategies to facilitate learning and the desired outcome.

i. **Awarding Contact Hours for a Live Presentation:**
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.
- Time scheduled for completion of the evaluation form, a Questions & Answers period, and a discussion period are calculated as valid contact hour time.
- Add up the total number of minutes used for valid presentation time and divide by 60 to determine the total number of contact hours you are applying for, for this educational activity.
- Question and Answer (Q&A) time is included in the total number of contact hours. Include a Q&A session.

The Nurse Planner and Planning Committee determine criteria for the learners to be awarded contact hours.

- Successful completion for both live and enduring material activities should be defined for each educational activity, consistent with the strategies to facilitate learning and the desired outcome.

ii. **Awarding Contact Hours for Enduring Materials: Contact Hour Calculation**

The Nurse Planner

- designs the educational program with assistance from the planning committee.
- determines the number of contact hours to be awarded through a pilot study or other defensible mechanism.
- demonstrates the rationale for determining the number of contact hours to be awarded.

Examples of methods to determine contact hours include

- word count formulas and
- pilot-testing.

<u>Word Count Formula</u>

An example of a word count formula is the Mergener formula, a popular and widely accepted method of estimating the number of hours a written (or online) continuing education project will take to complete.

A Mergener Formula calculator, provided *by* Stephen Z. Fadem, MD, FACP, FASN, can be found online at touchcalc.com/calculators/mergener.

Mergener Formula Sample

Constants included in the Mergener Formula Sample:

Number of words:	3774
Number of questions	16
Difficulty of material	2.5

Determining difficulty of material--depends on target audience:
Very easy = 1; Somewhat easy = 2; Moderate = 3; Difficult = 4; Very difficult = 5

Mergener Formula using above sample:

0.9 X [22.3+(0.00209 x number of words) + (2.78 x number of questions) + (15.5 x difficulty of material)]

Subtotal of Sample = 68.81766 x 0.9

Total minutes: 61.93589 = 1 contact hour (always round down when determining actual contact hour)

See also: Mergener, MA, "A Preliminary Study to Determine the Amount of Continuing Education Credit to Award Home Study Programs," *American Journal of Pharmaceutical Education*, Vol. 55, Fall 1991 (263-266).

Pilot-Testing

Conducted prior to implementation of the activity, the pilot-test provides evidence of the:

- effectiveness of the design and the teaching/learning materials.
- time required to complete the activity.
- basis for determining the number of contact hours to be awarded for successful completion of the activity.
  The Pilot-test
- can identify potential problems.
- is conducted with a group of representative learners from the target audience before finalizing the education activity for distribution and use.
- documents the time required for the learner to achieve the outcomes. The Pilot-test Group

- The number of RN pilot-testers varies depending on the purpose and design of the activity, as well as the size of the target audience.
- The entire learning package should be completed by the pilot-testers as if they were completing it for CNE credit, including posttest (self- assessments), return demonstrations or other requirements, and evaluations.
  After the Pilot-test has been conducted
- Feedback from the pilot-testers enables the Nurse Planner and planning committee to improve the activity prior to making it available for CNE credit.
- Upon completion of the pilot-test, the Nurse Planner, and Planning Committee, should carefully review the feedback/findings of the group to note if changes should be adopted before the activity is finalized or completed.
- In the application, you will be asked to describe what changes were made based on this evaluation.
- You may also want to provide supportive documentation of the rationale used to determine the number of contact hours to be awarded is submitted with application.
- The contact hours that are determined by the pilot-test must reflect the documented time required by the pilot-test group to achieve the stated outcomes. This may be an average of all time required or an average time of the majority of pilot-testers after discarding very short or very long timeframes.

q. **Promotional Materials**

There is an autogenerated flyer/marketing material that the Nurse Planner can complete for a Live educational activity which includes the following fill-in-the- blanks which can be used before an activity has been approved for contact hours:

- Name of the Organization providing the live event;
- Activity date;
- Activity time;
- Program title;
- Speaker(s) name;
- Target audience;
- Learning outcome;
- Number of contact hours pending;
- Location name, address, city, and state;
- Contact name, email address, and telephone number;
- Successful completion;

- Disclosure information (eg, resolution, or mitigation of a relevant financial relationship) for anyone who is in the position to control content;
- ANCC statement

All marketing and promotional materials, including email notifications and other documents, that refer to awarding contact hours must include the following ANCC statement:

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

Upload a copy of each promotional item for this activity (this may be a draft of what you intend to publish). Self-created promotional items will be reviewed for content as listed above and **MUST** include all the elements above

r. **Required Disclosures before the Start of Learning Activity**
Learners must receive all the following required disclosures before starting the learning activity:
- Program Title
- Learning Outcome Statement
- Requirements for successful completion to be awarded contact hours.
- Whether or not commercial support was provided
- Presence or absence of relevant financial relationship for all individuals who are in a position to control the content.
- For individuals who are in a position to control the content and do not have a relevant financial relationship, learners must be informed that no relevant financial relationship exists.
- If there ARE relevant financial relationships:
  - Disclose name(s) of the individuals, name of the ineligible company/companies with which they have a relevant financial relationship(s), the nature of the relationship(s), and a statement that all relevant financial relationships have been mitigated.
- For enduring materials, expiration dates documenting the time the contact hours will be awarded.
- The ANCC statement:

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

The Nurse Planner must indicate how the learner will receive these disclosures (eg, information on advertising material; written information on handouts for activities/directions, verbal statement and someone in the audience will witness and document the verbal disclosure).

s. **Certificate of Attendance/Completion**
An automatically generated Certificate of Attendance/Completion is available after your program has been approved. Items listed on the document include:
- Constituent (eg, AORN Chapter Name, Organization) name and address (web address is acceptable).
- Line to enter the participant's name.
- Activity date.
- Activity title.
- Location of activity.
- Number of contact hours awarded.
- The ANCC statement for an approved activity

t. **Communication to the Nurse Planner once the activity has been approved.**
- The Nurse Planner will be notified via email.
- The Nurse Planner can print the certificates and evaluation forms.

u. **Post-Activity Report**
After the event, it is the Nurse Planner's responsibility to submit the post activity report online, which includes a summary of the evaluations and comments.
- 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.
- Live Event: The Nurse Planner must submit a post-activity report via the online application process within 30 days of each CNE activity. Subsequent activities for this application will each require completion of the post-activity report.
- Enduring Materials: The Nurse Planner must submit a post-activity report via the online application process at least quarterly.

VII. Enduring Materials – Additional Information about Supportive Documentation and Disclosures for Enduring Materials

a. **Before Approval of the Enduring Materials**
In addition to the information mentioned previously, the Nurse Planner should:
- upload/include a copy of the finished article (eg, study guide, module) or access to the link for a web-paged educational activity.
- provide documentation:
  - if there is an identified relevant financial relationship for any individual who may be in control of the content.
  - how the relationship was resolved.
- required information may not occur at the end of the educational activity or be located at the end of the activity.
- all required disclosures must be visible to a learner prior to the start of the learning activity including:
  - Program Title
  - Learning Outcome
  - Target Audience
  - Requirements for successful completion
  - Presence or absence of relevant financial relationship and resolution/mitigation for all individuals who are in control of the content.
  - Whether or not sponsorship or commercial support was provided
  - The following ANCC statement and expiration statement:

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

The contact hours for this activity will expire two years after the date of approval."

b. **Approved Enduring Materials**
Once the activity has been approved for contact hours by the AORN Approval Unit and the Nurse Planner has received notice of when the application was approved:
- place your expiration date on the enduring material (eg, web-based activity, document)

- **change the statement to the approved statement** and add the expiration date (ie, two years after the approval date):

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

"The contact hours for this activity will expire on Add Date Here" (which is two years after the date of approval."

- Email us a final copy (ie, written document, link to the enduring materials) of the Enduring Materials with these changes.
- Complete activities as mentioned previously and complete the post-activity report at least quarterly.

VIII. Record Keeping and Storage

Records for each approved individual educational activity will be kept for six (6) years. The Nurse Planner/Key Contact may access this information via the secure online "My CNE Applications" area using their login information**.** All records will include the following essential information:
The complete application form and all supporting documentation:

- Biographical Data Forms for each Nurse Planner, planning committee member, and Author or Presenter/Speaker.
- Planning Checklist
- Relevant Financial Relationship Form(s)
- Commercial Support Agreement if required
- Evaluation Form
- Certificate of Attendance
- Sign-in sheet or record 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.

IX. ANCC Terminology

a. **Prior to Approval of Contact Hours**
ANCC requires its accreditation statement be placed on ALL promotional materials/announcements for any program requesting approval of contact hours through the AORN 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 for approval to award contact hours. The Association of periOperative Registered Nurses is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Do not include the language above when submitting your CNE application. Please use the language under "IX. b. Approved Applications" in the CNE application.

b. **Approved Applications**
All promotional materials for FUTURE presentations of the same approved program must contain the following in this format:

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

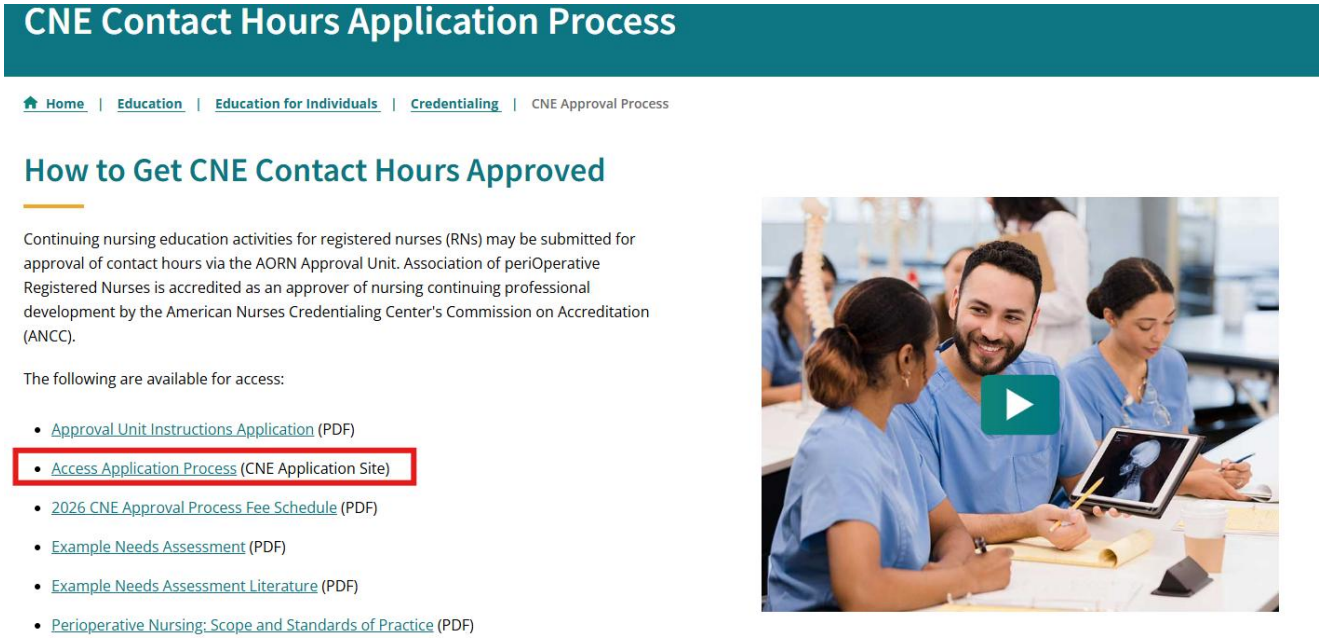
X. How to Complete the web-based Application

AORN's online application process may be accessed at: https://www.aorn.org/education/education-for-individuals/credentialing/cne-approval-process

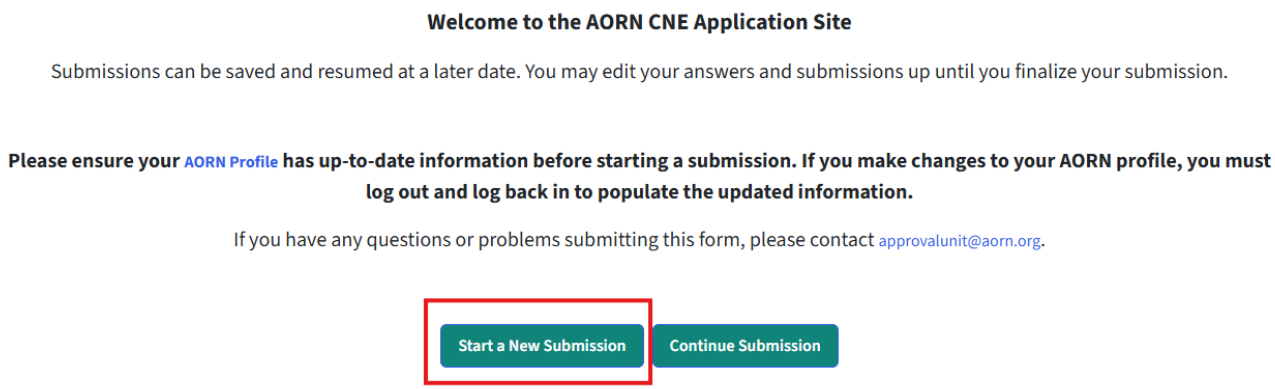
Google Chrome is the recommended browser for completing your application.

Some hospital networks may have firewall settings that block access to certain application features. If you encounter difficulties, please reach out to your hospital IT department for support.

Select "Access Application Process"



Select "Start a New Submission"



Those without an existing AORN account/profile must create one to use this site. For assistance with an existing AORN account/profile, please call Experience Services at (800) 755-2676.

Welcome to Your AORN Hub!

Want to join AORN or create an account?
Create an account by clicking the link below "Don't have an account".

Have an Account but Haven't Logged into AORN's New System?
You'll need to reset your password to activate your account first:

1. Click the "Forgot your password" link below.
2. Enter your email address on the next screen.
3. Follow the instructions in the email you receive.

Tip: If you don't see the email, check your junk or spam folder.

Need Help?
Watch our step-by-step video tutorial for detailed instructions.

Log In

Email

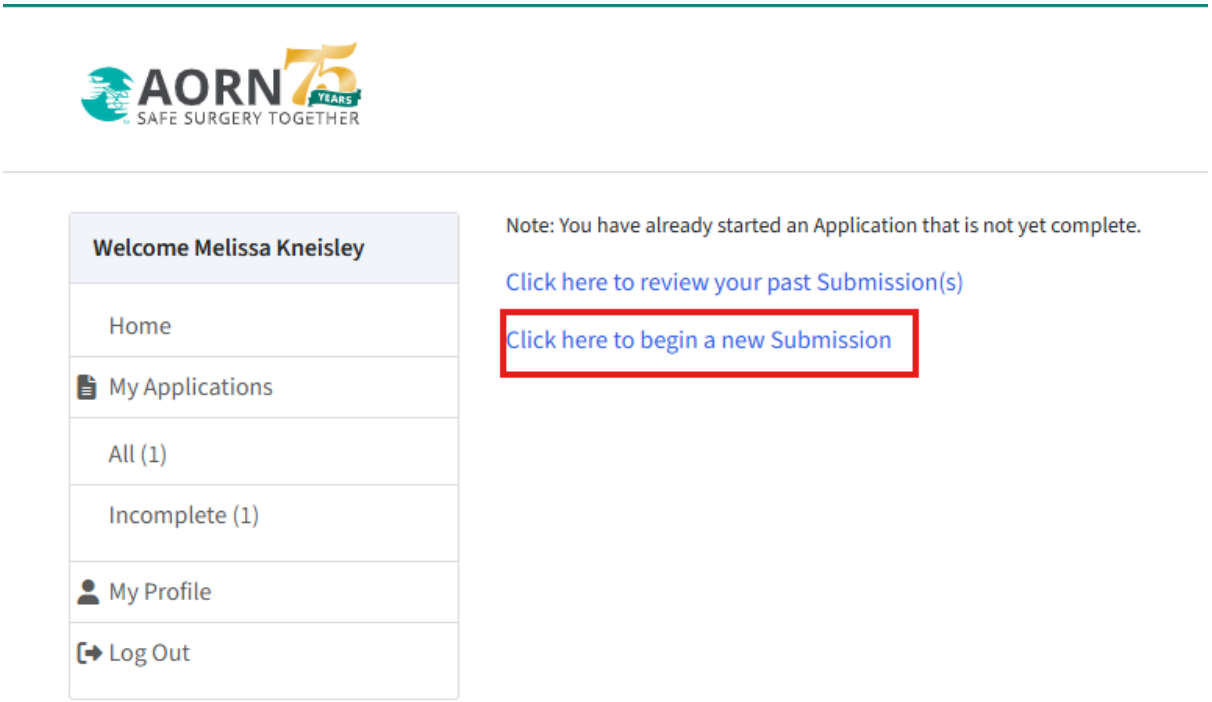
Password

Log In

Forgot your password?

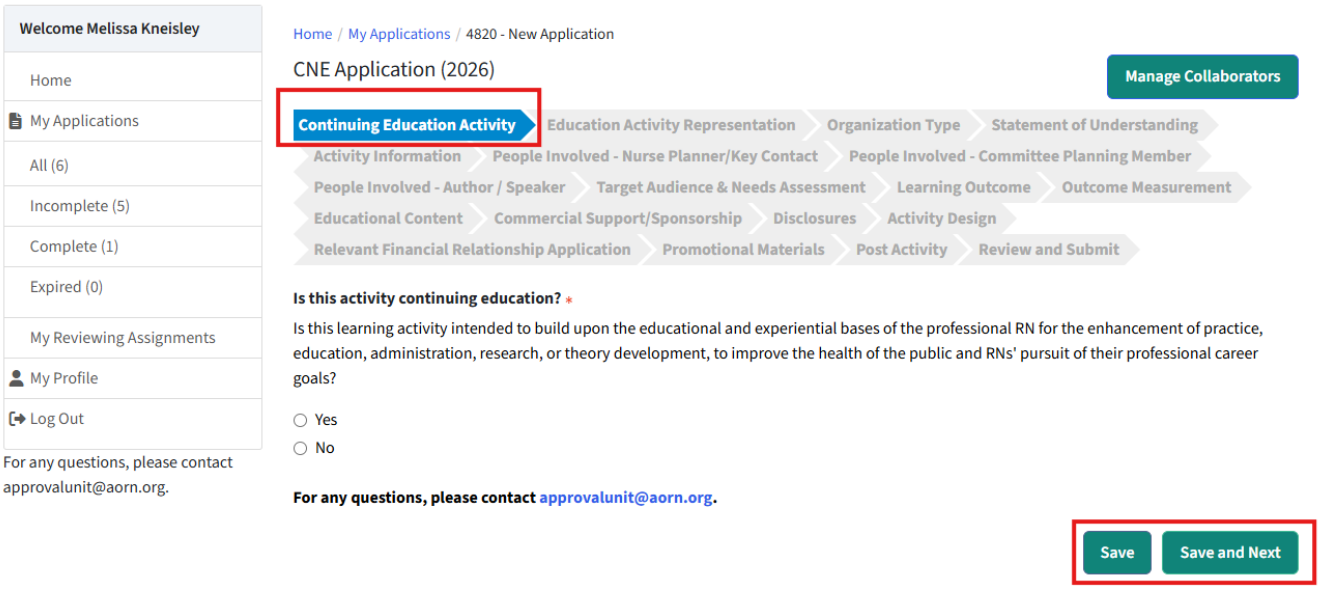
Don't have an account?

Click here to begin a new Submission



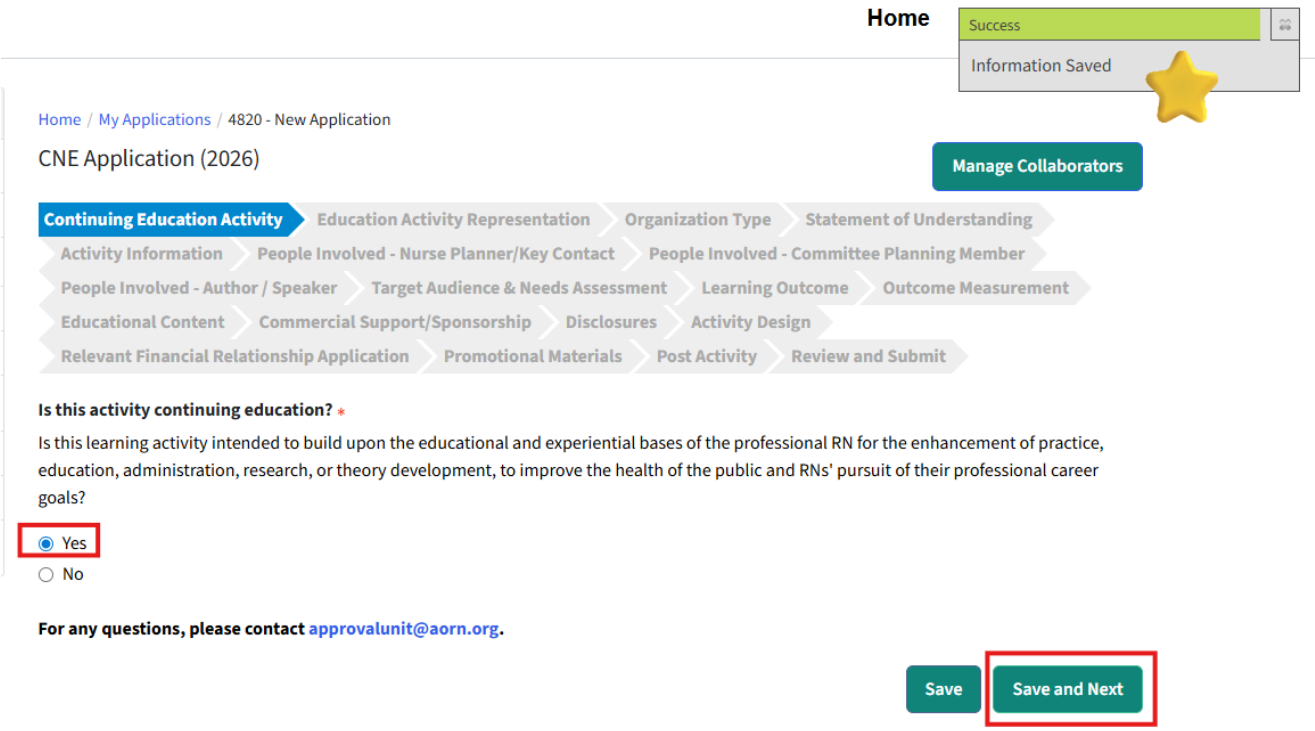
Application Navigation

- The application site saves your information as you complete each section when **"Save"** or **"Save and Next"** is clicked.
- **"Save"** = saves the information and keeps you on the same page.
- **"Save and Next"** = saves the information and takes you to the next page.
- Navigation tools allow you to move back and forth through each application section, making adding, deleting, and changing information easily accessible.
- You do not have to complete the "sections" in order, but always click **"Save"** or **"Save and Next".**
- The required elements of the application are divided into sections navigated by clicking on the section.
- The legend for the top navigation is:
  - Blue = current section



Continuing Education Activity

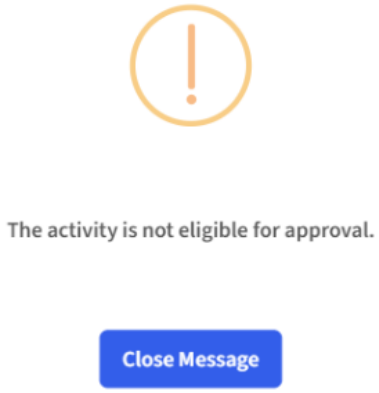
- **Is this activity continuing education? * Click "Yes"**
- When a section is completed and saved this box will appear in the top right corner of your screen: **"Success – Information Saved"**



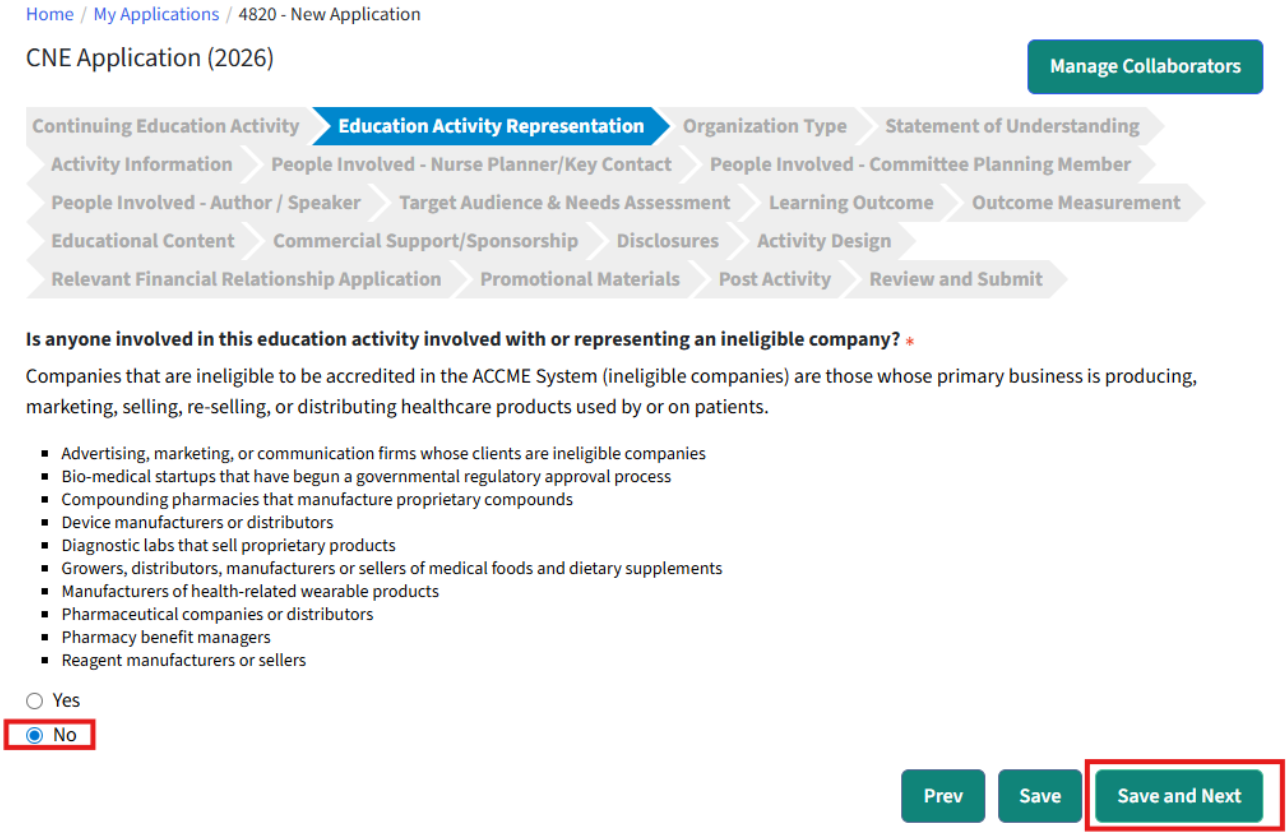
Education Activity Representation

Is anyone involved in this education activity involved with or representing an ineligible company? *

*If you click **"Yes"** on this page – the activity is not eligible for approval, and you will receive this message. Please reach out to approvalunit@aorn.org for assistance.



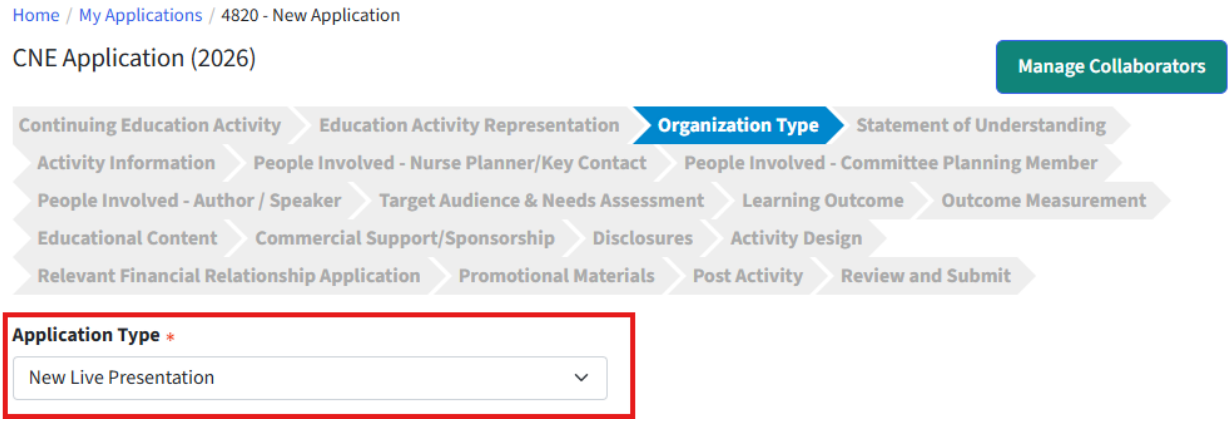
Click "No" and "Save and Next"



Organization Type

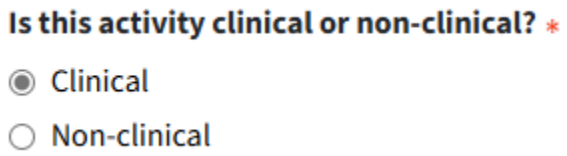
Application Type* - Select “New Live Presentation” or “New Enduring Material.”

Note: The majority of applications will be “New Live Presentation”. New Enduring Material refers to education that the learner completes independently. Refer to Section VII, pages 24-25 for additional information. **Please email** ***approvalunit@aorn.org*** if you are unsure which Application Type to select.



Is this activity clinical or non-clinical? *

Note: Examples of nonclinical presentations may be leadership or preceptor development.



Select the appropriate type of organization. *

Refer to Section I-a on page 4 if you need assistance. In this example we chose "Level 1- AORN Constituents (AORN Chapters, AORN Specialty Assemblies, State Councils)."

Select the appropriate type of organization: *

Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

- (●) Level 1 - AORN Constituents (AORN Chapters, AORN Specialty Assemblies, State Councils)
- ( ) Level 2 - NON-AORN Constituents (Healthcare Providers, Hospitals, Ambulatory Settings, Clinics, Local/Regional Nursing Organizations)
- ( ) Level 3 - NON-AORN Constituents (National/Specialty Nursing Associations with a primary focus on continuing education for registered nurses.)
- ( ) Level 4 - NON-AORN Constituents (Other - Examples of other organizations that may be eligible to submit an individual educational activity application include health profession membership organizations, publishing or education companies, and government or military agencies.)

AORN constituents *

- (●) AORN Chapters
- ( ) AORN Specialty Assemblies
- ( ) State Councils

AORN constituents *

Once we click on Level 1 above – another dropdown selection appears.

AORN constituents *

- ( ) AORN Chapters
- ( ) AORN Specialty Assemblies
- ( ) State Councils

Chapter Search: If you don't know the Chapter Name/Number you can search for the chapter. In this example we typed in "OH" for Ohio. Any chapter with "OH" will appear, and you can click on the appropriate chapter.

Chapter Search:

Search for your hosting organization chapter here

OH

- NY: 3311-MOHAWK VALLEY NEW YORK | NY | 3311
- OH: 3601-CINCINNATI TRISTATE | OH | 3601
- OH: 3602-DAYTON | OH | 3602
- OH: 3603-CENTRAL OHIO | OH | 3603
- OH: 3606-GREATER CANTON | OH | 3606
- OH: 3607-SANDUSKY AREA | OH | 3607
- OH: 3608-GREATER CLEVELAND | OH | 3608
- PA: 3913-JOHNSTOWN AREA PENNSYLVANIA | PA | 3913

Chapter Search:

Search for your hosting organization chapter here

OH: 3607-SANDUSKY AREA | OH | 3607

Selected Chapter

Chapter Name *

OH: 3607-SANDUSKY AREA

Prev | Save | Save and Next

Statement of Understanding

Statement of Understanding * Check the box next to “I agree and accept all declarations in the statement of understanding” and click “Save” or “Save and Next.”

Home / My Applications / 4820 - New Application

CNE Application (2026)

Manage Collaborators

Continuing Education Activity | Education Activity Representation | Organization Type | **Statement of Understanding**
Activity Information | People Involved - Nurse Planner/Key Contact | People Involved - Committee Planning Member
People Involved - Author / Speaker | Target Audience & Needs Assessment | Learning Outcome | Outcome Measurement
Educational Content | Commercial Support/Sponsorship | Disclosures | Activity Design
Relevant Financial Relationship Application | Promotional Materials | Post Activity | Review and Submit

Statement of Understanding *

ANCC requires that the learners must receive all of the following required disclosures before starting the learning activity, on the first page or slide of the activity:

1. Program Title
2. Learning Outcome Statement (include your target audience and it should be written exactly as you submitted through our online application)
3. Requirements for successful completion
4. Whether or not sponsorship, commercial support or a relevant financial relationship was provided or involved.
5. The AORN statements:

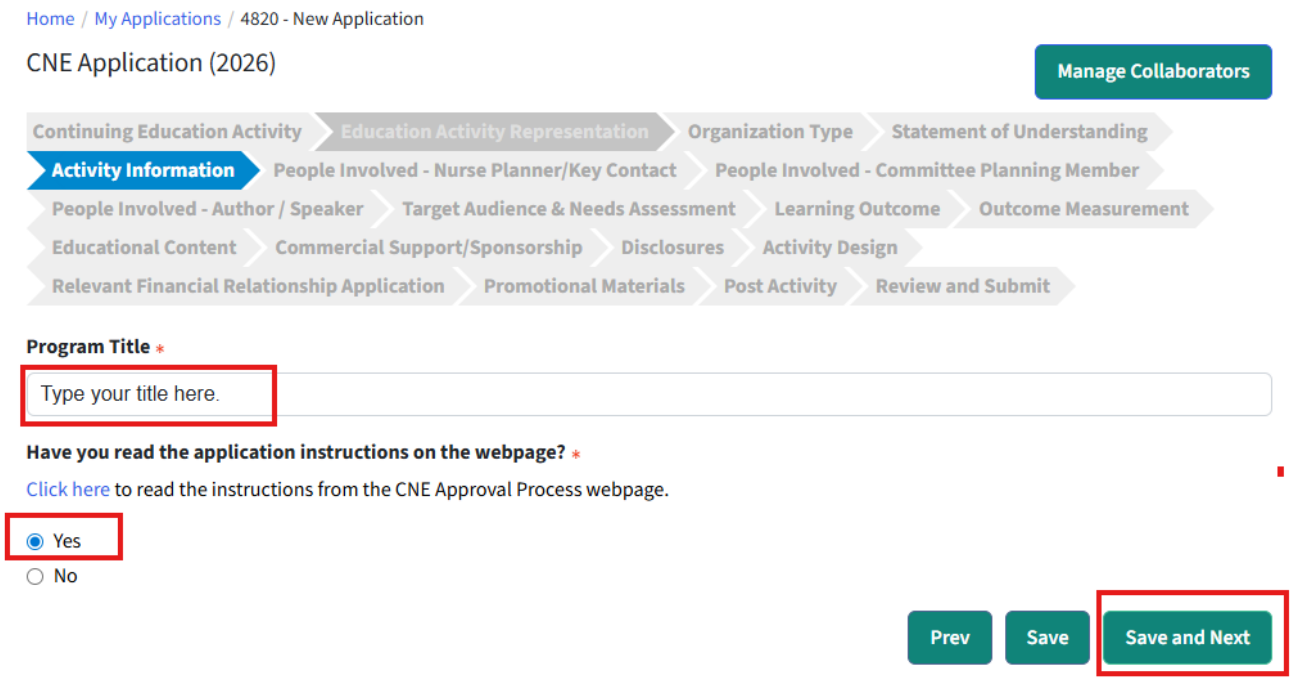
"This activity has been submitted to the Association of periOperative Registered Nurses for approval to award contact hours. The Association of periOperative Registered Nurses is accredited as an approver of nursing continuing development by the American Nurses Credentialing Center's Commission on Accreditation."

☑ I agree and accept all the declarations in the statement of understanding

Prev | Save | Save and Next

Activity Information

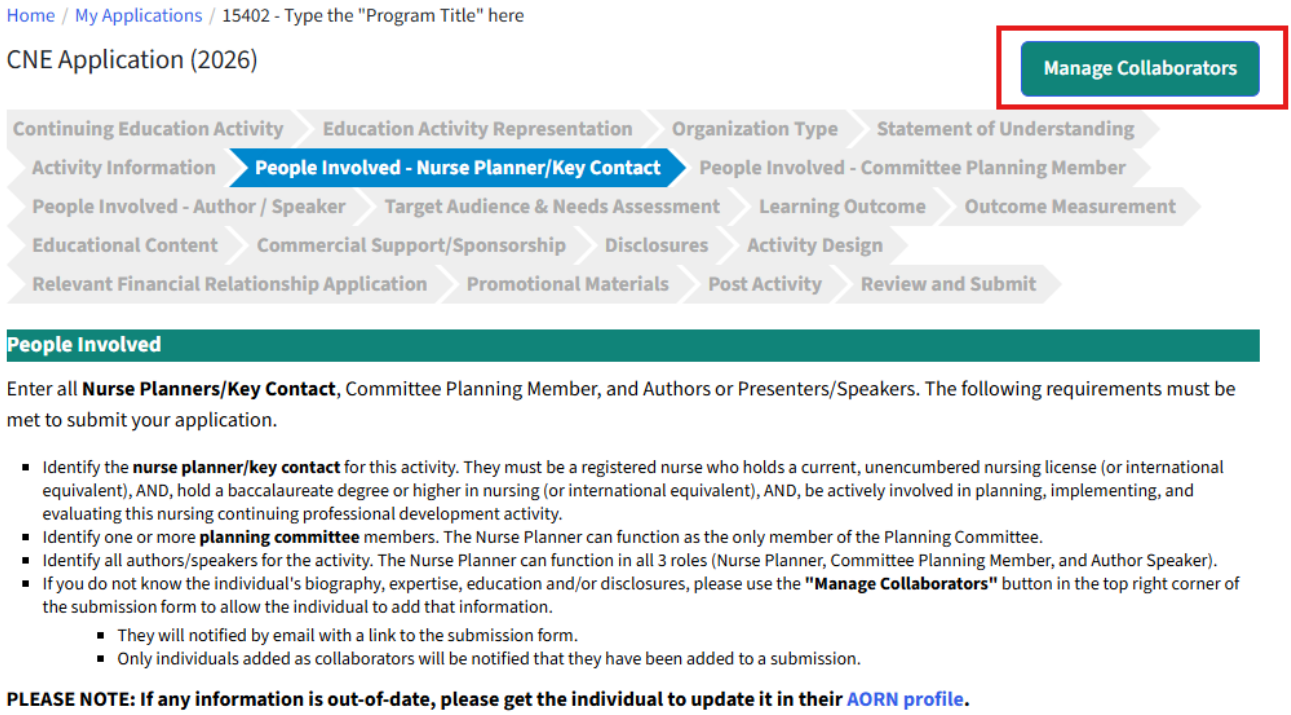
- **Program Title** *
  - Add the event/overall program title by typing in the box.
- **Have you read the application instructions on the webpage?** *
  - Confirm that you have read the instructions from the CNE Approval Process webpage.
  - Click “Save” or “Save and Next”



People Involved – Nurse Planner/Key Contact

There are four sections on this page:

- If you do not know the individual's biography, expertise, education, and/or disclosures, please use the **"Manage Collaborators"** button in the top right corner of the submission forms to allow the individual to add that information.
  - They will receive an email with a link to the submission form.
  - Only individuals added as collaborators will be notified that they have been added to a submission.



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

- *When searching, type the person's **last name.***
- *Refine you search by adding the **first name.***
- *If you know the person's **AORN ID number**, enter it into the search field for the most accurate result.*

Nurse Planner/Key Contact

*

Nurse Planner/Key Contact	Action
No Nurse Planner/Key Contact have been added. Click on Add Nurse Planner/Key Contact below.	

Add Nurse Planner/Key Contact

Prev | Save | Save and Next

Search for the nurse planner / key contact here

Start by Searching with the Last Name

- Enter the person's **last name** into the search field.

Narrow Down Your Search

- If too many results appear, refine your search by adding the **first name**.

Search by ID

- If you know the person's AORN ID number, enter it directly into the search field for the most accurate result.

575[redacted]

MSN, RN, CNOR | Melissa Kneisley | Educator/Staff Development | AORN, Inc.

If you cannot find your nurse planner/key contact using the lookup, please select 'Add'.

Personal Information

Do you need to add the nurse planner / key contact manually?

If you cannot find your nurse planner / key contact using the lookup, please select 'Add'.

◉ Add (Clear Selection)

First Name *

Melissa

Last Name *

Kneisley

Email *

mkneisley@aorn.org

Add your Title *, Credentials * and RN License # * manually:

Title *

Perioperative Education Specialist

Designation

Credentials *

MSN, RN, CNOR

RN License # *

000000

Biography – Describe your professional background, key experiences, and accomplishments.

Expertise – Describe your expertise and experience in planning and ensuring the quality of planning nursing continuing professional development activities. Please include **"I have previous experience planning CNE using ANCC criteria."**

If you **do not have previous experience** planning CNE using ANCC criteria, please list your mentor and how they are mentoring you.

Biography

Describe your professional background, key experiences, and accomplishments.

Word count: 108 / 300

Melissa Kneisley, MSN, RN, CNOR is the nursing professional development specialist at ABC Hospital in Attica, Ohio. She earned a Bachelor of Science in Nursing from Otterbein University, Westerville, Ohio and a Master of Science in nursing education from Chamberlain University, Chicago, Illinois, Melissa has been a perioperative RN and AORN member for 24 years.
Melissa has been a member of the ABC Ohio Chapter for 20 years and held the office of Vice President and President. She has received the ABC AORN Award for ABC.
Melissa has experience presenting ABC topic at the AORN Global Surgical Conference and Expo and supports the Student Nurse Hands-On Education Session.

Expertise

Describe your expertise and experience in planning and ensuring the quality of planning nursing continuing professional development activities. Please include "I have previous experience planning CNE using ANCC criteria."

If you do not have previous experience planning CNE using ANCC criteria, please list your mentor and how they are mentoring you.

Word count: 86 / 300

professional development specialist for 10 years and maintains competency in planning CNE activities using ANCC criteria. The most recent in-person education session was on 6/2/2026.

OR

Melissa does not have previous experience planning CNE using ANCC criteria. Melissa is being mentored by Colleen B. on the CNE planning process using a combination of guided instruction, real-time feedback and coaching, and use of the AORN resources.

Education Completed – Fill in your completed degrees in chronological order.

***The nurse planner <u>MUST</u> enter their BSN degree.**

Education Completed

Provide education information from basic college preparation through highest degree held:

- Do not include work/degree in progess; only completed degrees.
- For 'degree,' enter Diploma, (AD (associates), BS (bachelors), or MS (masters), et al.
  - "RN" is not a diploma or degree.
- Completed special training/certification programs provided by an employer, relative to the program topic, may be included.
- Please list completed education in chronological order.

College/University *

Chamberlain University

Degree *

MSN

Major *

Nursing Education

Year Awarded *

2017

Do you have more completed education to add? *

(●) Yes
( ) No

Do you have more completed education to add? *

(●) Yes
( ) No

College/University *

Otterbein University

Degree *

BSN

Major *

Nursing

Year Awarded *

2001

Do you have more completed education to add? *

( ) Yes
(●) No

Standards of Integrity and Independence -Read the information and answer the 2 questions at the bottom of the page.

- If you **<u>HAVE</u>** a financial relationship with any company within the past 24 months – you will be asked to explain the relationship.

Is there an actual, potential, or perceived relevant financial relationship for yourself?

◉ In the past 24 months, I HAVE had financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
(Clear Selection)

○ In the past 24 months, I HAVE NOT had any financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Relevant Financial Relationships *

Please disclose all financial relationships that you have had in the past 24 months with companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

There is no minimum threshold; you must disclose all financial relationships regardless of the amount, and regardless of whether you view the relationship as relevant to the education.

Important: Include the name of company, nature of financial relationship, and if the relationship has ended.

ABC Company
Explain the relationship
Type the date the relationship ended

- If you **<u>DO NOT HAVE</u>** a financial relationship with the past 24 months – select that option.

Is there an actual, potential, or perceived relevant financial relationship for yourself?

○ In the past 24 months, I HAVE had financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

◉ In the past 24 months, I HAVE NOT had any financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
(Clear Selection)

Discussion of commercial products or services

- If you answer “Yes,” list all commercial products or services discussed, and click “Add.”

Discussion of commercial products or services

My presentation will include discussion of commercial products or services and will be referenced in generic terms.

◉ Yes (Clear Selection)
○ No

Please list all commercial products or services discussed *

ABC Product
XYZ Services

Cancel | Add

- If you answer “No,” click “Add.”

Discussion of commercial products or services

My presentation will include discussion of commercial products or services and will be referenced in generic terms.

○ Yes
◉ No (Clear Selection)

Cancel | Add

The information will be saved. You can **Edit** | **Remove** this information. If the information is correct click “**Save**” or “**Save and Next**.”

Nurse Planner/Key Contact

*

	Nurse Planner/Key Contact	Action
✣	**Perioperative Education Specialist** | Melissa Kneisley **RN License #**000000 **Biography:** **Expertise:** **Education:** 2017 | Chamberlain University MSN - Nursing Education 2001 | Otterbein University BSN - Nursing **Is there an actual, potential, or perceived relevant financial relationship for yourself?** In the past 24 months, I HAVE NOT had any financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. **Discussion of commercial products or services?** No	Edit | Remove

Prev | Save | Save and Next

- Check the box that you attest that the activity meets the expectations of all three elements of Standard 2.

*

Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education

Accredited continuing education must protect learners from commercial bias and marketing.

1. The provider must ensure that all decisions related to planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligbile company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited eduction.
3. The provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

☑ We attest that this activity meets the expectations of all three elements of Standard 2.

Prev | Save | Save and Next

People Involved – Committee Planning Member

Committee Planning Member *

- **The Nurse Planner is the only required person on a planning committee.**
- Add additional committee planning members as appropriate if they are responsible for making planning decisions for the educational content of the activity.
- Follow the same process you did to enter the Nurse Planner/Key Contact information.
- Remember: You can also search by someone's **AORN ID number.**
- If you do not know the individual's biography, expertise, education, and/or disclosures, please use the **"Manage Collaborators"** button in the top right corner of the submission forms to allow the individual to add that information.
    - They will receive an email with a link to the submission form.
    - Only individuals added as collaborators will be notified that they have been added to a submission.

Planning Committee Member

*

Planning Committee Members	Action
No Planning Committee Members have been added. Click on Add Planning Committee Member below.	

Add Planning Committee Member

Search for committee planning member here

Start by Searching with the Last Name

- Enter the person's **last name** into the search field.

Narrow Down Your Search

- If too many results appear, refine your search by adding the **first name**.

Search by ID

- If you know the person's AORN ID number, enter it directly into the search field for the most accurate result.

PhD, MSN, RN, CCRN-K | Colleen Becker | Director, Perioperative Education | AORN, Inc.

Personal Information

Do you need to add the committee planning member manually?

If you cannot find your committee planning member using the lookup, please select 'Add'.

○ Add

First Name

Colleen

Last Name

Becker

Email

cbecker@aorn.org

Title *

Director, Perioperative Education

Designation

PhD, MSN, RN, CCRN-K

Credentials *

MSN;PhD;RN;CCRN

Biography

Describe your expertise / experience in planning and ensuring the quality of continuing education activities only.

Word count: 56 / 300

Colleen has served on her local chapter's summer conference planning committee since 2020. She was chair for the 2021 conference when she learned how to complete the CE application process for a successful conference in 2022. Colleen also completed the application for the summer conferences for 2022, 2023, and 2024, which were well attended and successful.

Expertise

Please enter your expertise for this topic.

Word count: 30 / 300

Colleen has been a perioperative leader for 25 years and a member of the planning committee for 5 years. She is also an active member of her local AORN chapter.

Education Completed

Provide education information from basic college preparation through highest degree held:

- Do not include work/degree in progess; only completed degrees.
- For 'degree,' enter Diploma, (AD (associates), BS (bachelors), or MS (masters), et al.
  - "RN" is not a diploma or degree.
- Completed special training/certification programs provided by an employer, relative to the program topic, may be included.
- Please list completed education in chronological order.

College/University *

ABC University

Degree *

PhD

Major *

Nursing Research

Year Awarded *

2022

Do you have more completed education to add? *

(●) Yes
( ) No

College/University *

ABC University

Degree *

MSN

Major *

Leadership

Year Awarded *

2015

Do you have more completed education to add? *

(●) Yes
( ) No

College/University *

ABC University

Degree *

BSN

Major *

Nursing

Year Awarded *

1990

Is there an actual, potential, or perceived relevant financial relationship for yourself?

○ In the past 24 months, I HAVE had financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

◉ In the past 24 months, I HAVE NOT had any financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

(Clear Selection)

Discussion of commercial products or services

My presentation will include discussion of commercial products or services and will be referenced in generic terms.

○ Yes

◉ No (Clear Selection)

Cancel | Add

Prev | Save | Save and Next

- After entering the information, remember to click **"ADD."**
- After you click **"ADD,"** the information will be saved.
- You can **"Add another Planning Committee Member"** or click **"Save"** or **"Save and Next."**

Planning Committee Member

*

	Planning Committee Members	Action
✣	**Director, Perioperative Education** | Colleen Becker **Biography:** Colleen has served on her local chapter's summer conference planning committee since 2020. She was chair for the 2021 conference when she learned how to complete the CE application process for a successful conference in 2022. Colleen also completed the application for the summer conferences for 2022, 2023, and 2024, which were well attended and successful. **Expertise:** Colleen has been a perioperative leader for 25 years and a member of the planning committee for 5 years. She is also an active member of her local AORN chapter. **Education:** 2022 | ABC University PhD - Nursing Research 2015 | ABC University MSN - Leadership 1990 | ABC University BSN - Nursing **Is there an actual, potential, or perceived relevant financial relationship for yourself?** In the past 24 months, I HAVE NOT had any financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. **Discussion of commercial products or services?** No	Edit | Remove

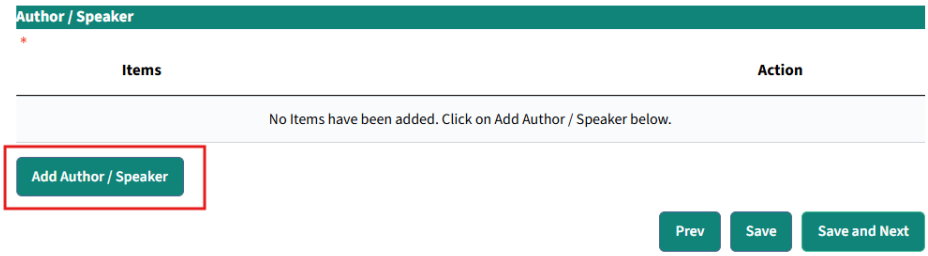
Add another Planning Committee Member

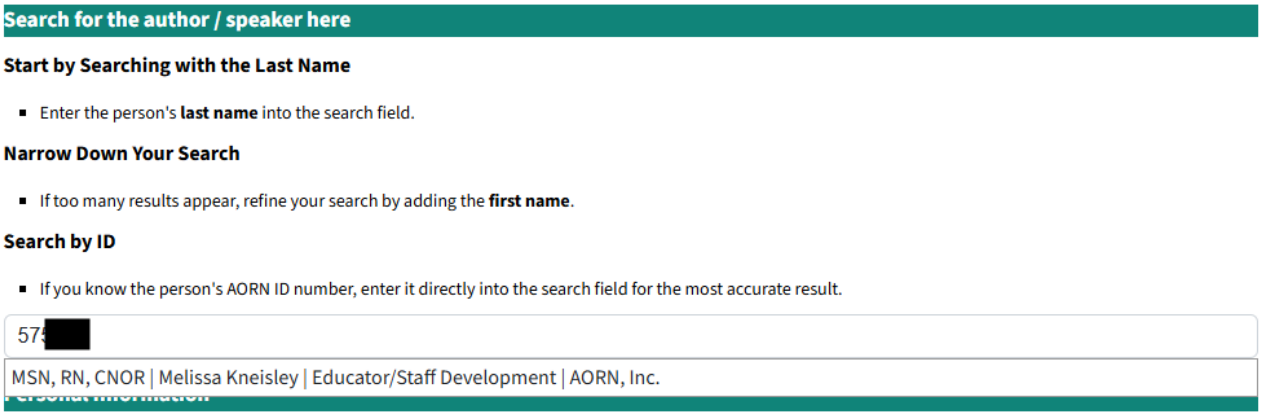
Prev | Save | Save and Next

People Involved – Author/Speaker

Author/Speaker *

- **Follow the same process you did for entering the Nurse Planner/Key Contact and Planning Committee members.**
- **You can enter nine speakers.**





Biography

Describe your professional background, key experiences, and accomplishments.

Word count: 153 / 300

Melissa Kneisley attended ABC University and graduated summa cum laude with a Bachelor of Science degree in nursing. She began her perioperative nursing career in a Level II trauma hospital operating room as a new graduate RN. Melissa was recruited by her leaders to become a preceptor and mentor which eventually led to her becoming a nursing professional development specialist. Melissa then decided to take the CNOR exam and became CNOR certified. Melissa attended ABC University where she received her Master of Science degree in Nursing Education. After this, Melissa accepted the position of System Operating Room Nursing and Surgical Technology Fellowship Manager. Melissa collaborated with local nursing and surgical technologists' schools to recruit students in this role as well. Melissa accepted the position of Perioperative Education Specialist role with AORN, and she is currently working in this role. In this role, Melissa shares her perioperative knowledge on a national and international level.

Expertise

Please enter your expertise for this topic.

Word count: 12 / 300

Customize this section based on the Speakers expertise with the educational topic.

College/University *

ABC University

Degree *

BSN

Major *

Nursing

Year Awarded *

2001

Do you have more completed education to add? *

- (●) Yes
- ( ) No

College/University *

ABC University

Degree *

MSN

Major *

Nursing Education

Year Awarded *

2017

Do you have more completed education to add? *

- ○ Yes
- ◉ No

- **After entering the information, remember to click "ADD"**

Is there an actual, potential, or perceived relevant financial relationship for yourself?

○ In the past 24 months, I HAVE had financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

◉ In the past 24 months, I HAVE NOT had any financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

(Clear Selection)

Discussion of commercial products or services

My presentation will include discussion of commercial products or services and will be referenced in generic terms.

○ Yes

◉ No (Clear Selection)

Cancel Add

Author / Speaker

*

	Authors / Speakers	Action
✣	**Perioperative Education Specialist** | **Biography:** EXAMPLE: Melissa Kneisley attended ABC University and graduated summa cum laude with a Bachelor of Science degree in nursing. She began her perioperative nursing career in a Level II trauma hospital operating room as a new graduate RN. Melissa was recruited by her leaders to become a preceptor and mentor which eventually led to her becoming an educator. Melissa then decided to take the CNOR exam and became CNOR certified. Melissa attended ABC University where she received her Master of Science degree in Nursing Education. After this, Melissa accepted the position of System Operating Room Fellowship Manager. Melissa collaborated with local nursing and surgical technologists' schools to recruit students in this role as well. Melissa accepted the Perioperative Education Specialist role with AORN, and she is currently working in this role. In this role, Melissa shares her perioperative knowledge on a national and international level. **Expertise:** EXAMPLE: Melissa Kneisley is a certified perioperative nurse (CNOR) issued by the Competency and Credentialing Institute (CCI). Melissa works as a perioperative education specialist at AORN. Her interests include preceptor development, cross-training RN circulators in the scrub role, preparing RNs for their CNOR exam, and creating education based on real-life scenarios. **Education:** 2001 | ABC University BSN - Nursing 2017 | ABC University MSN - Nursing Education **Is there an actual, potential, or perceived relevant financial relationship for yourself?** In the past 24 months, I HAVE NOT had any financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.	Edit | Remove

Discussion of commercial products or services? No

Add another Author / Speaker

Prev | Save | Save and Next

Target Audience & Needs Assessment

Reminder: you MUST check "**ALL RNs.**"

"All RNs" must be marked off as a target audience

"Gap in Knowledge (knows)" must be marked off as an appropriate practice gap.

Close Message

Identify the target audience: *

(Check all that apply)

- [x] All RNs
- [ ] All Perioperative RNs
- [ ] Advance Practice RNs
- [ ] RNs in Specialty Areas
- [ ] LPNs
- [ ] Interprofessional
- [ ] Other

What was the needs assessment method used to plan this event? *

(Check all that apply)

- [ ] Reviewing quality studies and/or performance improvement to identify opportunities for improvement
- [x] Surveying stakeholders, target audience members, subject matter experts, or similar
- [ ] Requesting input from stakeholders such as learners, managers, or subject matter experts
- [ ] Reviewing evaluations of previous educational activities
- [ ] Reviewing trends in literature, law, and health care
- [ ] Other

Indicate source of supporting evidence for needs assessment data. *

(Check all that apply. Individual Activity Applicant must be able to access this data upon request.)

- [ ] Annual employee survey
- [ ] Outcome Data
- [x] Surveys results from stakeholders or learners
- [ ] Quality Data
- [ ] Requests (e.g., via phone, in person, or by email)
- [ ] Written evaluation summary requests
- [ ] Other

Needs Assessment Data *

In this section you need to **upload supporting assessment data** such as survey results, references, etc. to support **"Why are you presenting this content to this group of learners?"**

Please use the examples below to help write your Needs Assessment. The links to the Examples are in the application.

Needs Assessment Data *

Needs assessment data is attached (e.g. survey data, reference in literature, QI data, etc.)

PLEASE NOTE: The Needs Assessment Data needs to answer the question - **Why are you presenting this content to this group of learners?**

Examples: ***Please see the 3 examples below for assistance with writing your needs assessment.***

a. Needs assessment Nuss procedure.pdf

b. 2025 October 23 NA Symposium education topics-2025(1-20).pdf

c. *"We conducted an online survey via Nursing Network. Approximately 1200 RNs received the survey and smoke evacuation, retained surgical items prevention, and fluid management were in the top six responses. Thus, we decided to focus on the topic of understanding smoke evacuation, retained surgical items prevention, and fluid management in the OR for this event. See additional document for survey results."*

Items	Action
No Items have been added. Click on Add Item below.	

Add item

Name of File *

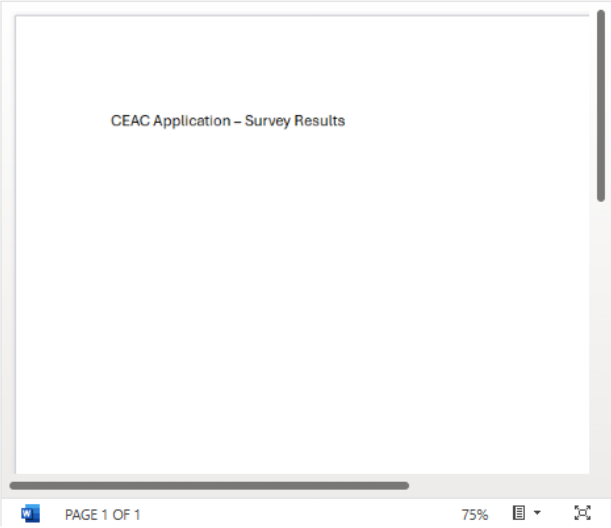
Survey Results

Assessment Material *

Choose File No file chosen

Assessment Material *

CEAC Application - Survey Results .docx



Cancel | Add

You have the option to upload multiple documents if needed.

Needs Assessment Data *

Needs assessment data is attached (e.g. survey data, reference in literature, QI data, etc.)

PLEASE NOTE: The Needs Assessment Data needs to answer the question - **Why are you presenting this content to this group of learners?**

	Items	Action
✣	**Survey Results - https://aorn.secure-platform.com/cne/organizations/main/downloadmedia/redirecttomediaurl?mediaId=66887**	Edit | Remove

Add another item

Identify the appropriate professional practice gap for the intended target audience that this educational activity will address. *

This information should be based on needs assessment data.

- [x] Gap in Knowledge (knows)
- [ ] Gap in Skill
- [ ] Gap in Practice

Identify the professional practice gap (eg, change in practice, problem in practice, opportunity for improvemement), or the difference between the current state of practice and the desired state of practice. *

Example:

- *Nurses stated that they are not aware of the requirements for managing donated tissues. Nurses lack the knowledge related to the requirements of managing donated tissues. After attending this session, the nurses will be able to identify 2 practices that they will implement in their care to best manage donated tissue.*

Nurses stated that they are not aware of the requirements for managing donated tissues. Nurses lack the knowledge related to the requirements of managing donated tissues. After attending this session, the nurses will be able to identify 2 practices that they will implement in their care to best manage donated tissue.

Program designed to change *

- [x] Nurse Knowledge
- [ ] Nurse Skill
- [ ] Nurse Practice

What method(s) will be used to assess this change? *

- [ ] Pre/Post Testing
- [x] Self-report in survey

Learning Outcome

Please use the example below as a template for your Learning Outcome. As your minimum threshold, please use **90%.**

Learning Outcome Statement(s) *

Please read the instructions and enter information in the text box below.

- Written as a statement.
- Reflects what the learner will be able to do after participating in the educational activity.
- Must be observable and **measurable**.
- Addresses the education needs (knowledge, skills, and/or practices) that contribute to the professional practice gap.
- Achieving the learning outcome (s) results in narrowing or closing the professional practice gap.
- A minimum of one outcome must be entered.

Examples

- **Ninety percent (90%) of learners will report that this session increased their knowledge of *the importance of double-gloving in the scrub role* in the post-activity evaluation tool.**

Ninety percent (90%) of learners will report that this session increased their knowledge of the importance of double gloving in the scrub role in the post-activity evaluation tool.

Prev | Save | Save and Next

Please use the example below to write the **Competency statement**. We have added a link to the AORN Perioperative Nursing: Scope and Standards of Practice to assist with this.

A **competency statement** is the description of an expected level of performance that results from an integration of knowledge, skills, abilities, and judgment; the description is objective and measurable.

The competency statement must align with the professional practice gap, underlying educational need, and the activity content.

Knowledge Competency *

- Provide the established professional competency(ies) and the professional source that developed the competency(ies).
- We suggest using the AORN Perioperative Nursing: Scope and Standards of Practice.

Example:

- **Competency:** Perioperative RNs seek knowledge and competence that reflect current nursing practice and promotes futuristic thinking.
- **Source: AORN Perioperative Nursing: Scope and Standards of Practice**

Competency Statement: Perioperative RNs seek knowledge and competence that reflect current nursing practice and promotes futuristic thinking.

Professional Source: AORN Perioperative Nursing: Scope and Standards of Practice

Outcome Measurement

Please use the example below as a template for your Outcome Statement. As your minimum threshold, please use **90%.**

Example: Ninety percent (90%) of the RNs completing the post-activity evaluation tool will state one new or reinforced piece of knowledge as a result of attending this CNE.

CNE Application (2026)

Manage Collaborators

Continuing Education Activity | Education Activity Representation | Organization Type | Statement of Understanding | Activity Information | People Involved - Nurse Planner/Key Contact | People Involved - Committee Planning Member | People Involved - Author / Speaker | Target Audience & Needs Assessment | Learning Outcome | **Outcome Measurement** | Educational Content | Commercial Support/Sponsorship | Disclosures | Activity Design | Relevant Financial Relationship Application | Promotional Materials | Post Activity | Review and Submit

Identify an outcome measurement *

This is a quantitative statement as to how the outcome of this activity will be measured.

Example:

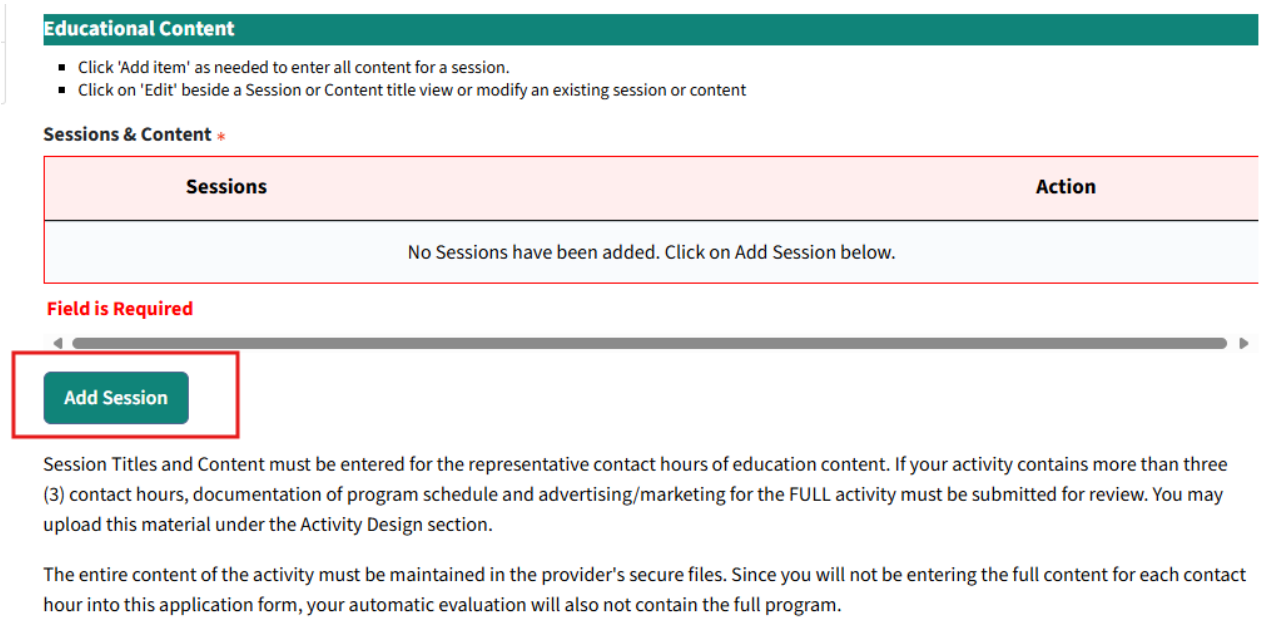
- **Ninety percent (90%) of the RNs completing the post-activity evaluation tool will state one new or reinforced piece of knowledge as a result of attending this CNE.**

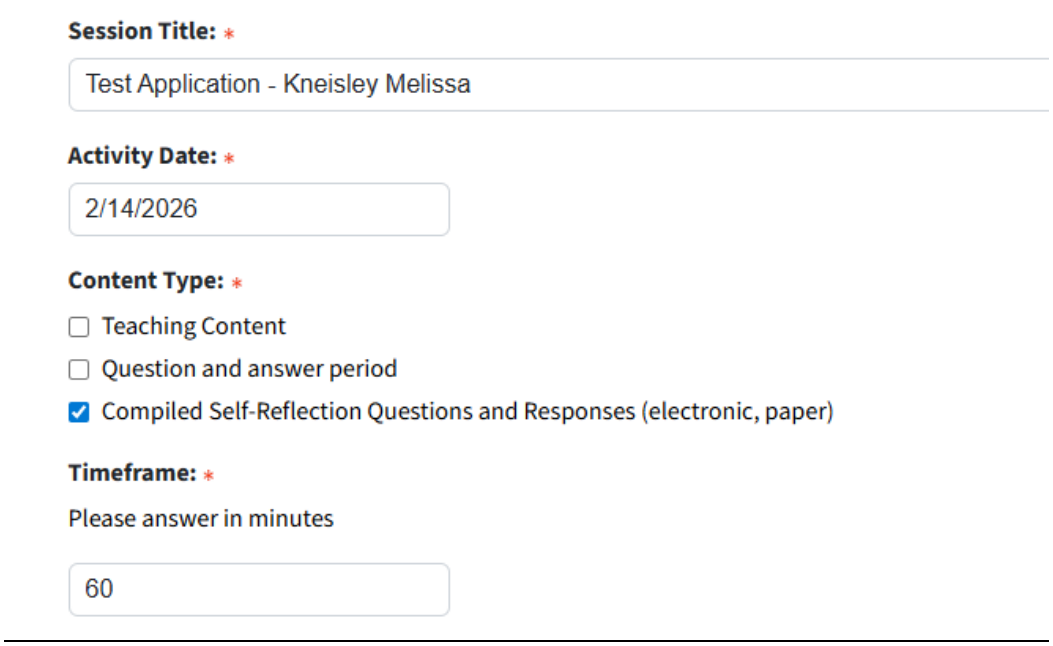
Ninety percent (90%) of the RNs completing the post-activity evaluation tool will state one new or reinforced piece of knowledge as a result of attending this CNE.

Educational Content

Click on “Add Session”

Add: Session Title * / Activity Date * / Content Type * (you must check **Compiled Self-Reflection Questions and Responses (electronic, paper)**/ Timeframe *





Content/Topics *

Provide an outline of your content **<u>and the time allotted</u>** for each topic. Please include a Q & A at the end of your outline.

Content / Topics *

Provide an outline of the content presented and the time allocated to each content topic.

Normal

1. Gain an understanding of ABC topic: 10 minutes
2. Learn about ABC topic: 15 minutes
3. Discuss recommendations related to ABC topic: 10 minutes
4. Discuss potential options related to ABC topic: 15 minutes
5. Q & A: 10 minutes

body p

Location of Activity: *

Building Name, City, State
or
Virtual/Zoom/Teams

Individual(s)

Please note: Any individual added to a session, must have already been added on the *People Involved* page.

Individual Name *

kneisley melissa

Add another individual

Add

Cancel Add

Session Titles and Content must be entered for the representative contact hours of education content. If your activity contains more than three (3) contact hours, documentation of program schedule and advertising/marketing for the FULL activity must be submitted for review. You may upload this material under the Activity Design section.

The entire content of the activity must be maintained in the provider's secure files. Since you will not be entering the full content for each contact hour into this application form, your automatic evaluation will also not contain the full program.

Sessions & Content *

	Sessions	Action
✣	**CEAC Book - Sample Application** | 2/28/2025 Activity Length: 60 minutes Content Type: Teaching Content, Question and answer period 1. Gain an understanding of ABC topic: 10 minutes 2. Learn about ABC topic: 15 minutes 3. Discuss recommendations related to ABC topic: 10 minutes 4. Discuss potential options related to ABC topic: 15 minutes 5. Q & A: 10 minutes	Edit | Remove

Add another Session

Session Titles and Content must be entered for the representative contact hours of education content. If your activity contains more than three (3) contact hours, documentation of program schedule and advertising/marketing for the FULL activity must be submitted for review. You may upload this material under the Activity Design section.

The entire content of the activity must be maintained in the provider's secure files. Since you will not be entering the full content for each contact hour into this application form, your automatic evaluation will also not contain the full program.

Session Contact Hours

(in minutes)

60

Total Contact Hours

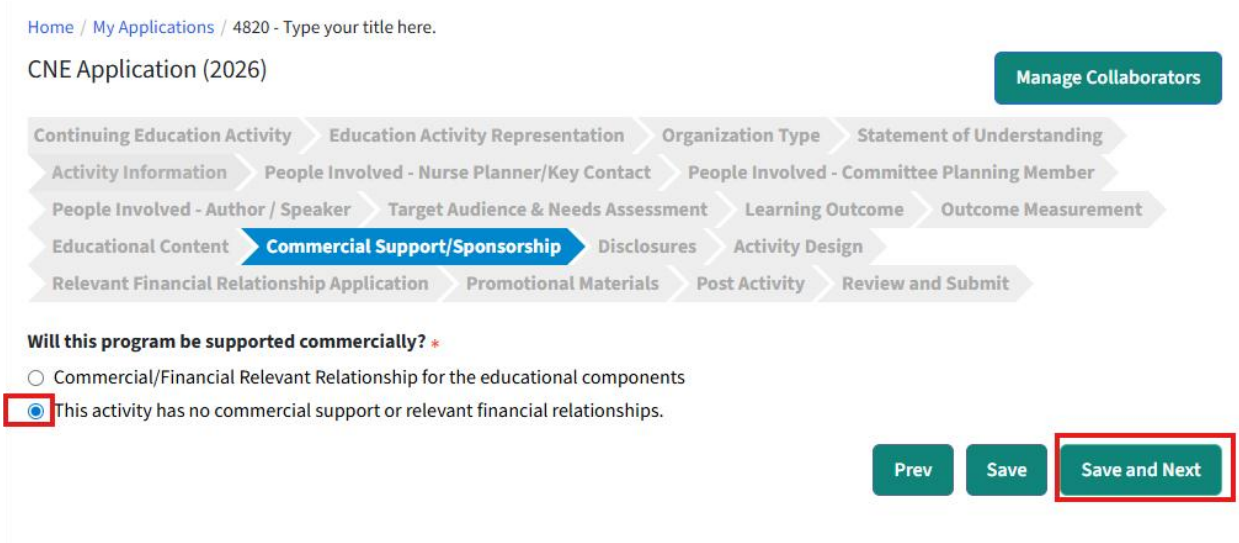
(in hours)

1

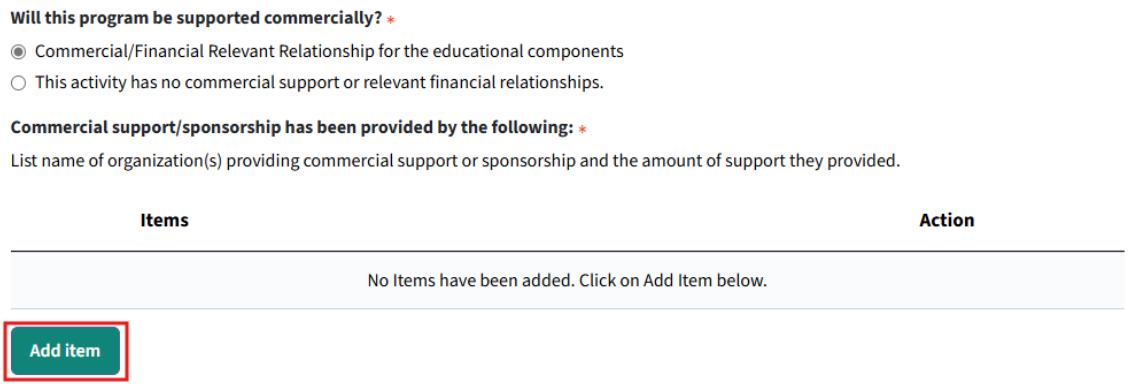
Prev Save Save and Next

Commercial Support/Sponsorship

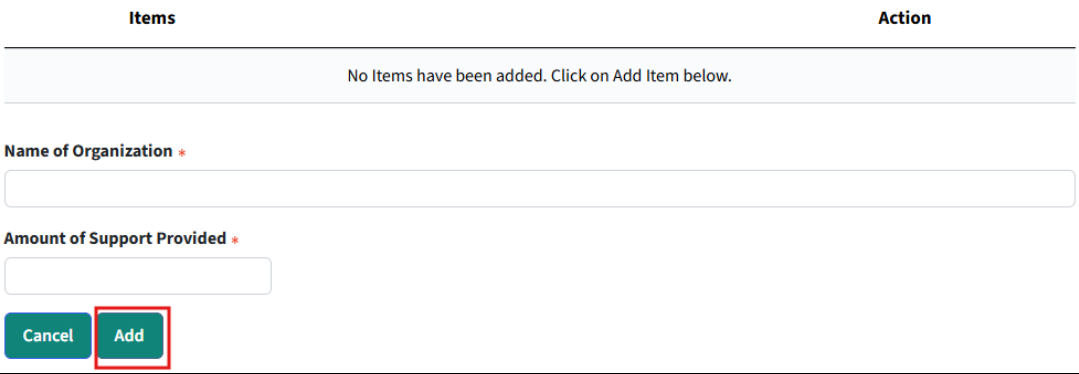
- **When there is <u>no</u> commercial support, click "This activity has no commercial support to relevant financial relationships."**



- **When commercial support <u>is selected,</u> the screen below will appear. Click on "Add Item"**



Type in the Name of the Organization * providing commercial support and the Amount of Support * Provided.



- **Upload the written agreement for commercial support**

Content integrity has been/will be maintained by: *

- ☐ The commercial support/sponsorship policy/procedure has been discussed with these providing commercial support or sponsorship.
- ☐ The commercial support/sponsorship policy/procedure has been shared in writing with those providing commercial support/sponsorship.
- ☐ Faculty/Presenters/Authors have been informed of the policy/procedure re: commercial support and sponsorship and agree to not promote the products or entity providing the financial or in-kind services.
- ☐ In conjunction with above, the session will be monitored and violators of policy will not be asked to present again.
- ☐ Other

The following precautions have been taken to prevent bias in the educational content: *

(Check all that apply)

- ☐ Commercial support/sponsorship and bias has been discussed with each presenter.
- ☐ Each Faculty/Presenter/Author has signed a statement that says s/he will present information fairly and without bias
- ☐ Other

Written Agreement for Commercial Support: *

Commercial support if present requires a written agreement for commercial support related to commercial support relationship and support of the presentation and then uploaded in the CEAC application tool.

Choose File No file chosen

Prev Save Save and Next

Disclosures

- Check the appropriate boxes for your learning activity. **Most applications choose ATTENDANCE AT ENTIRE EVENT OR SESSION AND COMPLETION/SUBMISSION OF EVALUATION FORM**

Disclosure Information

All individuals who have the ability to control or influence the content of an educational activity must disclose all relevant financial relationships with any commercial interest prior to the start of an educational activity. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed is shared with the participants/learners prior to the start of the educational activity.

Criteria for successful completion for live and enduring material/web-based activities include:

(Check all that apply)

- [x] Attendance at entire event or session
- [x] Completion/submission of evaluation form
- [ ] Attendance at one or more sessions
- [ ] Achieving passing score on post-test
- [ ] Other

Successful Completion *

Indicate how the purpose/goal and criteria for successful completion will be disclosed to participants:

(Note: Not applicable or n/a is not an acceptable response)

- [x] Information on advertising material.
- [ ] Written information on handouts for activities/directions
- [x] Verbal statement and someone in the audience will witness and document the verbal disclosure (Remind: place a signed notation in the file to describe the verbal disclosure)
- [ ] Other

Will you be disclosing the presence or absence of any relevant financial relationships? *

- (●) Disclosures on the lack of relevant financial relationships will be made relative to this educational activity.
- ( ) Disclosures on the presence of relevant financial relationships will be made relative to this educational activity.

Lack of relevant financial relationships disclosed to learners by: *

- [ ] Information provided in advertising.
- [ ] Information provided in handouts.
- [ ] Information provided in print at the start of the non-live activity
- [x] Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)
- [ ] Other

Commercial Support *

- [x] Not applicable
- [ ] Information provided in advertising.
- [ ] Information provided in handouts.
- [ ] Information provided in print at the start of the non-live activity
- [ ] Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)
- [ ] Other

Sponsorship: *

- [x] Not applicable
- [ ] Information provided in advertising.
- [ ] Information provided in handouts.
- [ ] Information provided in print at the start of the non-live activity
- [ ] Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)
- [ ] Other

Non-endorsement of products discussed/displayed in conjunction with this activity: *

- [x] No products are being displayed. (No statement needed)
- [ ] Information provided in advertising.
- [ ] Information provided in handouts.
- [ ] Information provided in print at the start of the non-live activity
- [ ] Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)
- [ ] Other

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Activity Design

- Check the appropriate boxes for your learning activity.
- **You MUST add a REFERENCE LIST.**
  - **References should be within 5-7 years or a seminal reference.**
- **You MUST check COMPILED SELF-REFLECTION QUESTIONS AND RESPONSES (electronic, paper) under ACTIVE LEARNING STRATEGIES.**

Describe how the needed qualifications of Faculty/Presenters/Authors are identified: *

(Check all that apply)

- [x] Content expertise
- [x] Demonstrated comfort with teaching methodology (e.g., web-based, etc.)
- [ ] Presentation skills
- [ ] Familiarity with target audience
- [ ] Other

Planning committee assures the qualifications of the Faculty/Presenters/Authors are appropriate and adequate by: *

(Check all that apply)

- [x] Review of resume/CV of faculty/presenter/author
- [ ] Recommendation by colleagues
- [ ] Review of literature written by faculty/presenter/author
- [ ] New faculty/presenter/author receiving mentoring
- [ ] Other

Content for this education activity was chosen from: *

- [x] Information available from the following organization/web site (organization should use current available evidence within past 5 - 7 years as resource for readers or a seminal reference; may be published or unpublished content; examples - Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health)
- [x] Information available through peer reviewed journal/resources (reference should be within pat 5 - 7 years) or a seminal reference
- [ ] Clinical guidelines (example - www.guidelines.gov)
- [ ] Expert resource (individual, organization, educational institution) (book, article, web site)
- [ ] Textbook reference
- [ ] Attach Reference List
- [ ] Other

Organization/Website *

AORN.org

Peer-Reviewed Journal *

AORN Journal

Active Learning Strategies: *

(Check the best description or describe how learners will be provided feedback.)

- [ ] Questions and answers during activity
- [ ] Self-check questions
- [x] Compiled Self-Reflection Questions and Responses (electronic, paper)
- [ ] Engaging learners in dialogue
- [ ] Return results of testing
- [ ] Other

Rationale for method selected above to determine successful completion: *

(Check all that apply)

- [x] Importance of content knowledge
- [ ] Importance of content application
- [ ] Required by employer or organization
- [ ] Other

Criteria For Awarding Contact Hours: *

- [x] Contact hours awarded based on # of minutes attended
- [ ] Contact hours awarded for 1/2 day (1/2 of total eligible contact hours)
- [ ] Contact hours awarded based on # of sessions attended
- [x] No partial credit is awarded

Identified Gaps: *

- [x] Gaps in Knowledge (knows)

Planning Expertise of the Nurse Planner/Key Contact: *

In a few sentences, describe the person's expertise as a planner of continuing nursing education. Always include the following: **I have previous experience planning CNE using ANCC criteria.** If you don't have experience, explain how you are being mentored**.** Please complete:

Word count: 65 / 300

Always include this statement:

I have previous experience planning CNE using ANCC criteria. I have been a perioperative nurse educator for 5 years and plan CNE activities for staff RNs annually. I have worked with ABC Chapter planning CNE for 15 years. The most recent in-person education session was on 11/09/2024.

* If you do not have experience, explain how you are being mentored.

Content Expertise of the Faculty/Presenter: *

In a few sentences, describe the planning committee's evaluation of the faculty/presenter's expertise in the content to be presented.

Word count: 44 / 300

Example(s):
The planning committee has worked with the presenter for the past 5 years and has observed her speaking at numerous educational events.
The planning committee has previously collaborated with this presenter and attended their educational sessions.
The planning committee reviewed the presenter's resume.

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Relevant Financial Relationship Application

Another person (not the primary Nurse Planner) must review and validate that there are no relevant financial relationships for the Nurse Planner/Key Contact. **Write your Full Name or an “X” in the box.**

Relevant Financial Relationship Agreement for the Nurse Planner/Key Contact *

A Nurse Planner/Key Contact associated with this application, other than the Nurse Planner/Key Contact in question, must review and validate that there are no relevant financial relationships for the Nurse Planner/Key Contact. Your Full Name or an "X" in the box below serves as the electronic signature for confirming the Nurse Planner/Key Contact relevant financial relationships has been reviewed and that the relevant financial relationships are accurate.

Name Here or an "X"

Prev | Save | Save and Next

Promotional Materials

You MUST create the Promotional Material/Flyer that the application system generates to ensure alignment with all ANCC requirements.

Generate Flyer

All marketing and promotional materials including email notifications and other documents that refer to awarding contact hours must include the following ANCC statement in the first paragraph and AORN waiver statement in a second, separate paragraph:

Association of periOperative Registered Nurses – Provider is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. It is the responsibility of the accredited organization to be aware of changes to the accreditation criteria or process.

Activity Date

1/31/2025

Activity Time

60 minutes

Location Name

Virtual/Zoom

Location Address

Street Address

2170 S. Parker Road Suite 400

City

Denver

Country

United States

State / Province

Ohio

Zip / Postal Code

80231

Generate Flyer

After you click “Generate Flyer” you will see a link to your Flyer:

Promotional Materials

Upload a copy of each promotional item for this activity (this may be a draft of what you intend to publish).

	Items	Action
✣	Fri Jan 31 2025 00:00:00 GMT-0500 (Eastern Standard Time): https://storage.googleapis.com/a2p-v2-storage/3ae751b1-0b79-4df9-af45-8ce1a012a0a2	Edit | Remove

Add another item

Self-Created Materials- If you have a promotional material that was not auto-generated, please upload it here.

Self-Created Materials

If you have a promotional material that was not generated using the form above, please upload it here.

Items	Action
No Items have been added. Click on Add Item below.	

Add item

Post-Activity Report

Changes Based on Past Evaluations * - For repeat activities, describe how this activity will be changed based on evaluations.

Post-Activity Report *

A Post-Activity Report will be submitted via the web within 30 days of the activity. 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. Subsequent activities for this application will each require Post Activity document(s).

☑ agree to complete and submit to AORN the post activity report

Changes Based on Past Evaluations *

For repeat activities, please include how this activity will be changed based on evaluations.

Word count: 75 / 300

Example if this is NOT a repeat activity:
- This is not a repeat activity.

Examples if this IS a repeat activity:
- 20 of the 25 evaluations from the activity on 11/16/2024 stated that the perioperative RNs would like to learn more about the importance of double gloving with indicator gloves.
-Evaluating the content and performance of the speakers can lead to changes in future activities, including enhanced selection process and tailored content development.

Prev | Save | Save and Next

Remember: You can use the Sample Roster Template to track attendance for your event. Then you can upload the Roster with your Post Activity information so the RNs CHs will appear in their My AORN account.

Review and Submit

Confirm the five questions on this page.

I confirm that all People Involved have accurate, up to date education added to this application *

☑ I confirm that all education have been accurately added to this application

I confirm that all People Involved have accurate, up to date expertise added to this application *

☑ I confirm that all expertise have been accurately added to this application

I confirm that all People Involved have accurate, up to date biographies added to this application *

☑ I confirm that all biographies have been accurately added to this application

I confirm that all People Involved have accurate, up to date relevant financial relationships added to this application *

☑ I confirm that all relevant financial relationships have been accurately added to this application

I confirm that all People Involved have accurate, up to date discussed commercial products / services added to this application *

☑ I confirm that all discussed commercial products / services have been accurately added to this application

For any questions, please contact approvalunit@aorn.org.

Prev | Save | Save and Finalize

After you click "Save and Finalize", this will appear on your screen. You can click on "Save" instead of "Save and Finalize" to save and return to your application later.

Press OK to Submit your Application. You will not be allowed to make changes after submitting.

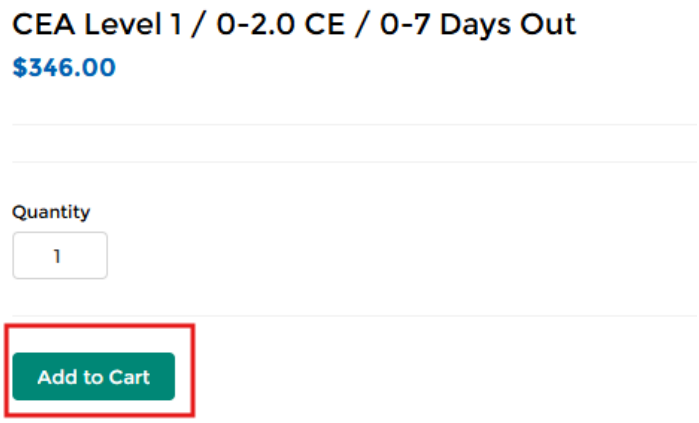
Press Cancel to return to the Application.

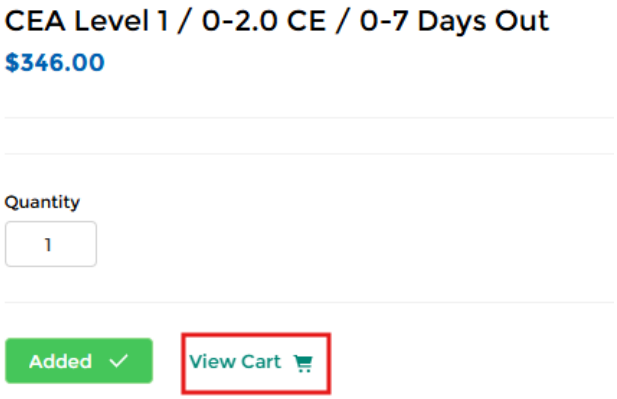
You may also press 'Save' instead of 'Save and Finalize' to save and return later.

Cancel OK

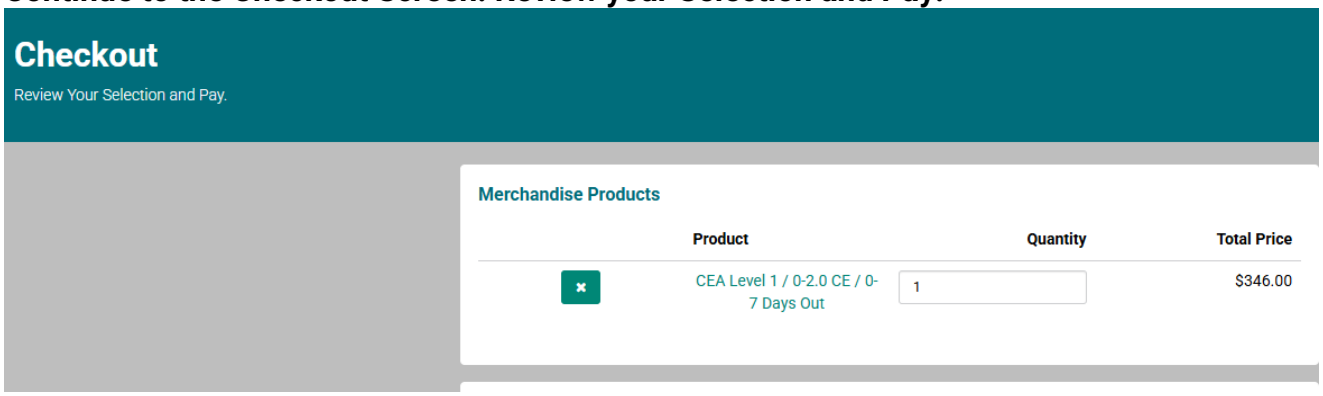
Payment

Next, you will be directed to the AORN store to pay.





Continue to the Checkout Screen. Review your Selection and Pay.



What Happens after the Nurse Planner submits their application and pays the application fee?

- The Application is assigned to the CEAC and AA-PD for review to ensure all application elements meet ANCC criteria.
- IF, the CEAC and AA-PD request application edits the Nurse Planner receives a **"Pending Changes"** email.

AORN Continuing Nursing Education Application [redacted] Pending Changes

Summarize

Reply | Reply All | Forward

A approvalunit@aorn.org [redacted]

Cc Melissa Kneisley

Thu 9/17/2026 8:09 AM

If there are problems with how this message is displayed, click here to view it in a web browser.

Hello [redacted]

The Continuing Education Approval Committee (CEAC) and Accredited Approver Program Director has reviewed the application for contact hours you submitted. This letter serves as official notice of their decision.

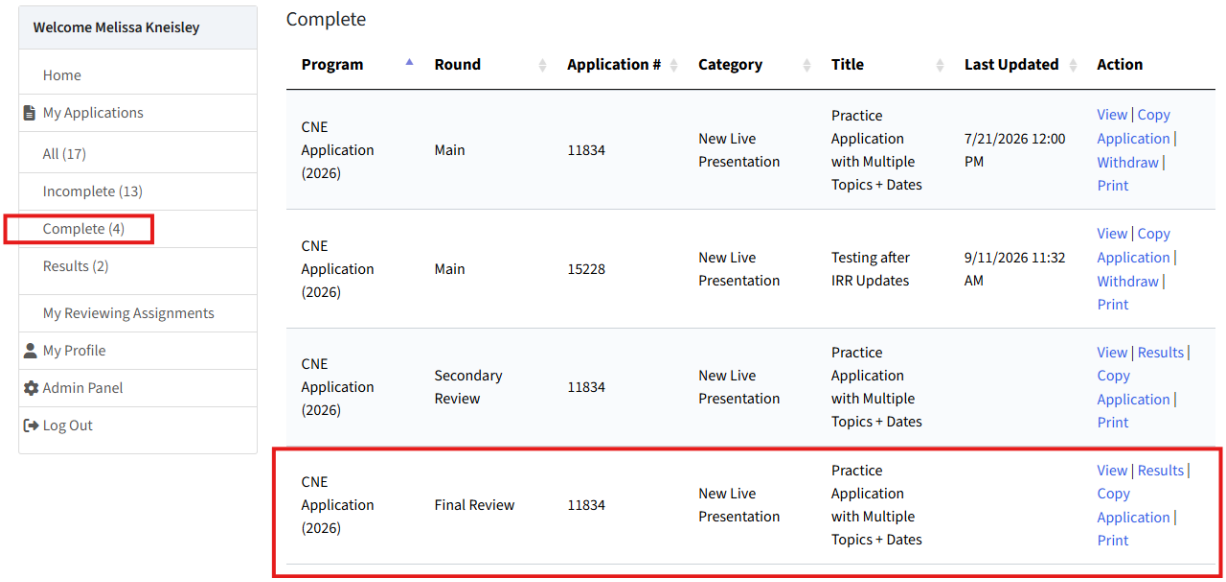
The consensus of their decision is noted below:

Unit Action: **Pending Changes**

To review any required modifications and each reviewer's comments please login here using your AORN credentials. Once you are logged in, click on the **Results** icon in the Action column next to your application title.

Please make any required modifications to your application here.

You can use the link in the email to log into the application to make your edits. You will see the requested edits in the **"Results"** link.

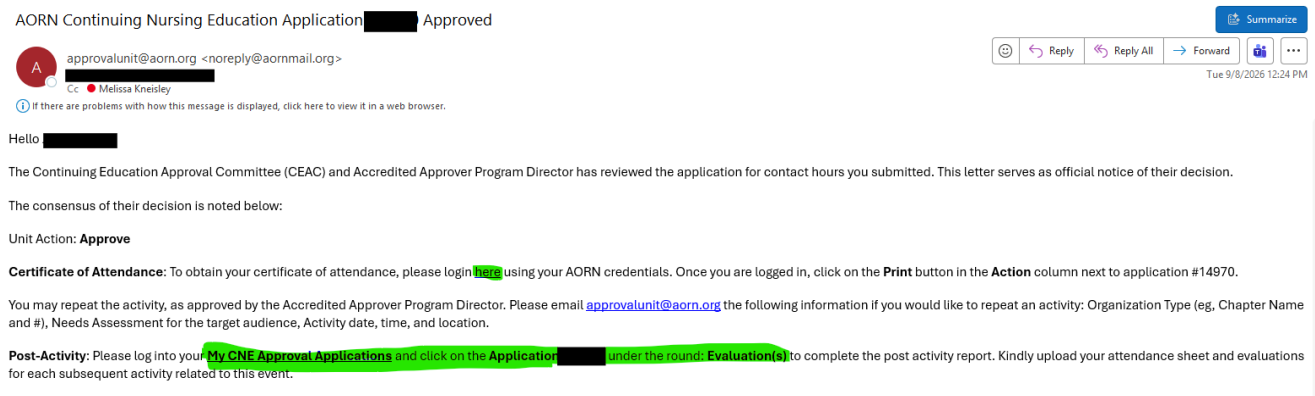


Results: This will show the Nurse Planner any edits that need to be made in the application prior to final approval. These edits are collated by the CEAC and AA-PD. You can also access "Results" in the Pending Changes email. The Nurse Planner should make the requested edits and "Save" the application.

The AA-PD will review the application and either "Approve" the application or request additional edits to align with ANCC Criteria.

Approved Applications

- The Nurse Planner will receive the "Approved" email with a link to the Certificate of Attendance.
-



AORN Continuing Nursing Education Application [redacted] Approved

Summarize

Reply | Reply All | Forward

Tue 9/8/2026 12:24 PM

approvalunit@aorn.org <noreply@aornmail.org>

[redacted]

Cc Melissa Kneisley

If there are problems with how this message is displayed, click here to view it in a web browser.

Hello [redacted]

The Continuing Education Approval Committee (CEAC) and Accredited Approver Program Director has reviewed the application for contact hours you submitted. This letter serves as official notice of their decision.

The consensus of their decision is noted below:

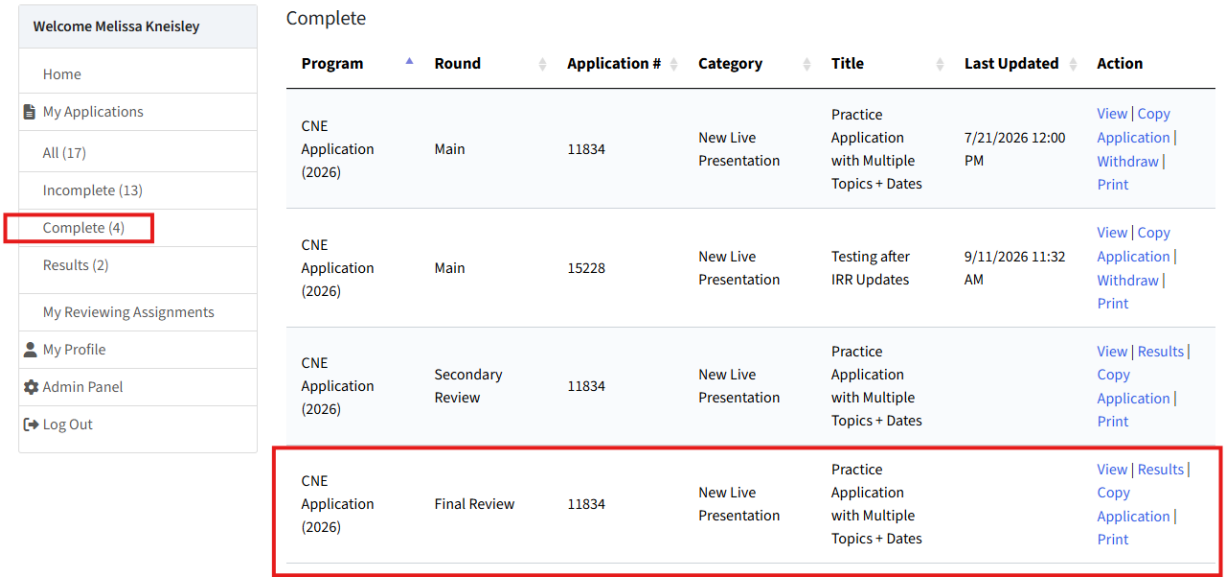
Unit Action: **Approve**

Certificate of Attendance: To obtain your certificate of attendance, please login here using your AORN credentials. Once you are logged in, click on the **Print** button in the **Action** column next to application #14970.

You may repeat the activity, as approved by the Accredited Approver Program Director. Please email approvalunit@aorn.org the following information if you would like to repeat an activity: Organization Type (eg, Chapter Name and #), Needs Assessment for the target audience, Activity date, time, and location.

Post-Activity: Please log into your **My CNE Approval Applications** and click on the **Application** [redacted] under the round: **Evaluation(s)** to complete the post activity report. Kindly upload your attendance sheet and evaluations for each subsequent activity related to this event.

- Remember you can also use the **"Print"** feature to print the Certificate of Attendance and Evaluation.



Welcome Melissa Kneisley

- Home
- My Applications
  - All (17)
  - Incomplete (13)
  - Complete (4)
  - Results (2)
- My Reviewing Assignments
- My Profile
- Admin Panel
- Log Out

Complete

Program	Round	Application #	Category	Title	Last Updated	Action
CNE Application (2026)	Main	11834	New Live Presentation	Practice Application with Multiple Topics + Dates	7/21/2026 12:00 PM	View | Copy Application | Withdraw | Print
CNE Application (2026)	Main	15228	New Live Presentation	Testing after IRR Updates	9/11/2026 11:32 AM	View | Copy Application | Withdraw | Print
CNE Application (2026)	Secondary Review	11834	New Live Presentation	Practice Application with Multiple Topics + Dates		View | Results | Copy Application | Print
CNE Application (2026)	Final Review	11834	New Live Presentation	Practice Application with Multiple Topics + Dates		View | Results | Copy Application | Print

Evaluation

Approved Activities

Approved Activities

Here is a list of all activities date and titles submitted for approval:

12/26/2024 Advanced Wound Care Management: Evidence-Based Practices and Innovations
1/31/2025 Advanced Wound Care Management: Evidence-Based Practices and Innovations - Afternoon Session

Evaluation * Please fill out an evaluation for **each** completed session listed.

Home / My Applications / 4820 - Type your title here.

CNE Application (2026)

Manage Collaborators

Continuing Education Activity | Education Activity Representation | Organization Type | Statement of Understanding | Activity Information | People Involved - Nurse Planner/Key Contact | People Involved - Committee Planning Member | People Involved - Author / Speaker | Target Audience & Needs Assessment | Learning Outcome | Outcome Measurement | Educational Content | Commercial Support/Sponsorship | Disclosures | Activity Design | Relevant Financial Relationship Application | Promotional Materials | Post Activity | Review and Submit | Evaluation(s)

Approved Activities

Here is a list of all activities date and titles submitted for approval:

2/28/2026 Test Application - Kneisley M

3/2/2026 c

Evaluation *

Important: Please fill out an evaluation for **each** completed session listed above.

Complete an evaluation for EACH completed session.

If you would like your participant roster uploaded to the AORN members account within My AORN -Check yes.

Enter session that feedback is being provided for: *

Type your title here

Enter Date of Activity: *

2/28/2026

Enter City and State of Activity: *

City, State

Enter total number of participants to calculate total Contact Hours provided: *

2

Would you like your participant roster to be uploaded to the member's account within MyAORN? *

- [x] Yes
- [ ] No

Please upload your Participant Roster. (This is optional)

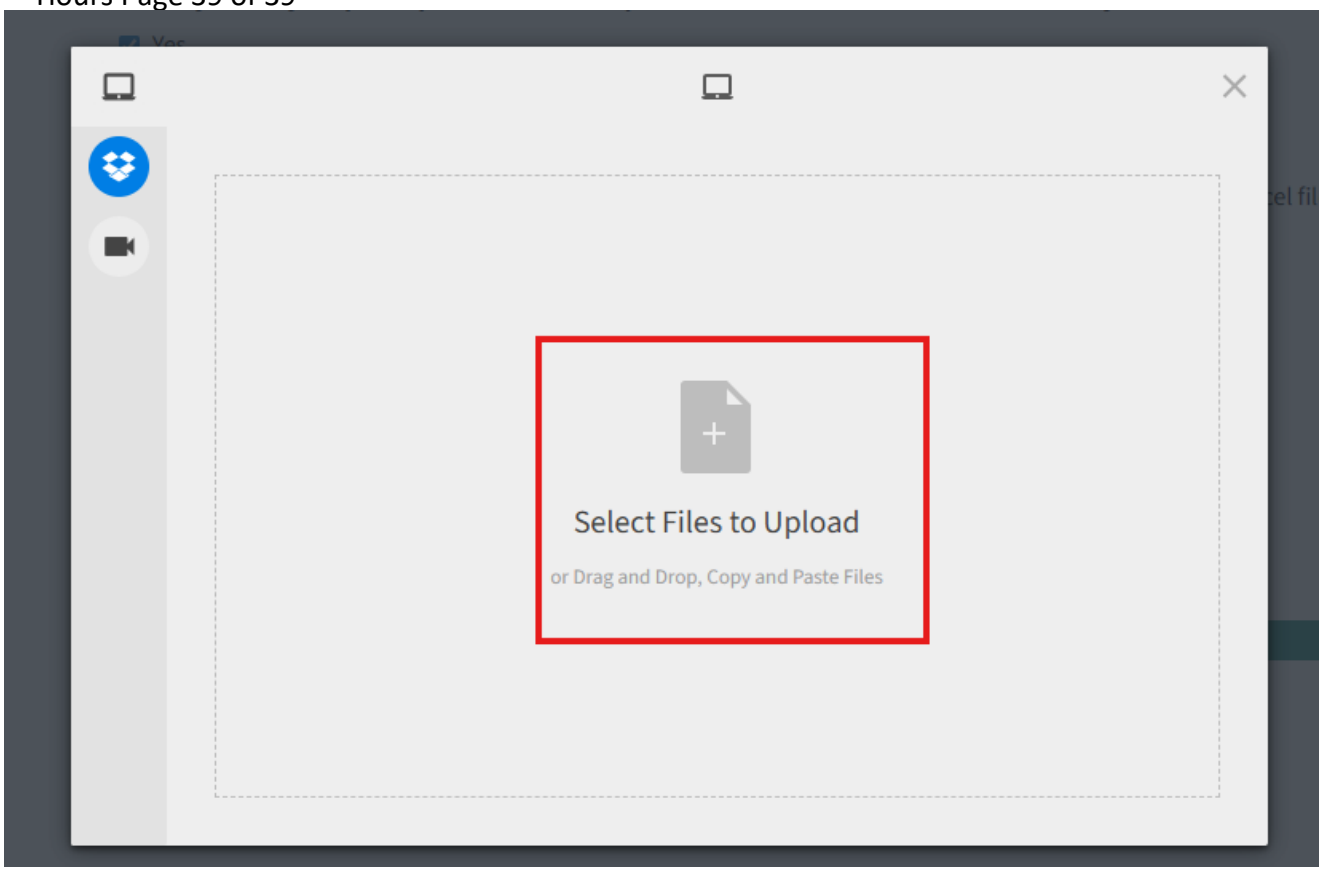
- **If you want the roster uploaded to the member's account please upload an Excel file in the format below.**
- **We have included a Sample Roster Template on the CNE home page and in the Post-Activity Round.**

Participants Roster *

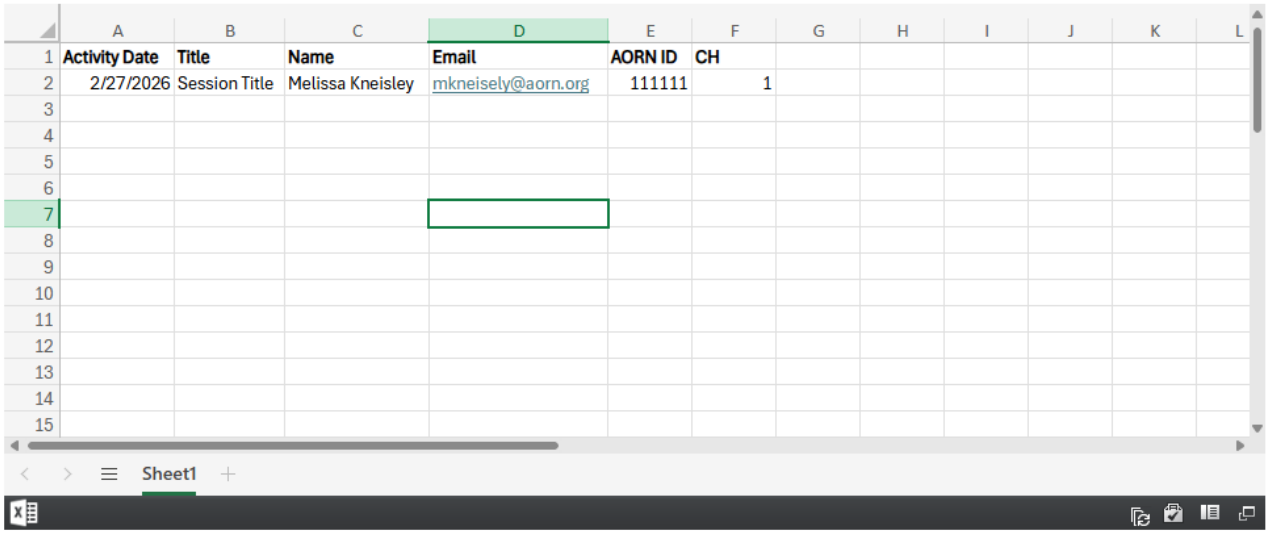
If you indicated 'yes' to having the participant roster uploaded to the member's account please upload an excel file in the following format:

Activity Date	Activity Title	Participant Name	Participant Email	Participant AORN ID	CH
ex. 1/2/2026	*Session Title*	*John Doe*	*johndoe@company.org*	*123456*	*3*

Choose File No file chosen



Participant Roster.xlsx



Activity Date	Title	Name	Email	AORN ID	CH
2/27/2026	Session Title	Melissa Kneisley	mkneisely@aorn.org	111111	1

Sheet1

Enter data for the following sections:

Education Content

To what extent was the learning outcome achieved?

Number of participants who rated 1 *

Number of participants who rated 2 *

Number of participants who rated 3 *

Number of participants who rated 4 *

Number of participants who rated 5 *

Commercial Bias/Support

The education activity was free of commercial bias (ie, specific products were not marketed during the education session). Products referred to in generic terms are not a conflict.

Number of participants who said Yes *

Number of participants who said No *

Number of participants who said N/A *

***If No is selected, please describe the commercial support observed during the education component of this program.**

Conflict of Interest

Participants were notified of presenter(s) conflict of interest via a slide, program book, handout, signs in/outside the education room, or verbally.

Number of participants who said Yes *

Number of participants who said No *

Number of participants who said N/A *

Did you, as a participant, observe any conflict of interest with the presenter(s)?

Number of participants who said Yes *

Number of participants who said No *

Number of participants who said N/A *

Speaker Rating

Please provide a rating for each speaker at this event. Listed below are all speakers added to this application:

Melissa Kneisley

Speaker Name: *

How would you rate the appropriateness of the teaching strategies? *

Select

How would you rate the presenter(s) expertise in the topic? *

Select

Was there another speaker at this event?

○ Yes

Learner Engagement

How did learners actively participate in the education activity? *

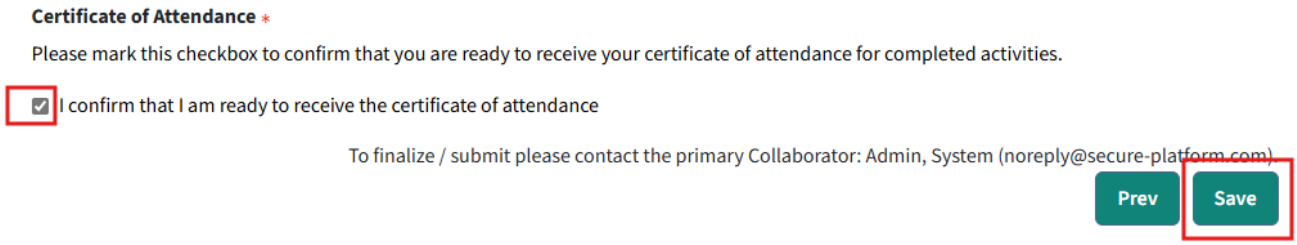
What changes to their practice were indicated by learners based on what they learned? *

What additional continuing education would enable learners to improve their practice? *

Summary of Constructive Comments *

Cancel Add

Certificate of Attendance *



If you are presenting this information later, please reach out to approvalunit@aorn.org.

Marketing Flyers for Additional Activity Dates

When offering the activity for additional dates, you may **create a basic promotional flyer,** which is located on the "**Promotional Materials**" page, by entering information about your program and clicking "Generate Flyer. " Alternatively, you may add your own files containing the specific activity information.

XI. Fee Schedule

CNE Approval Process Fee Schedule

(All fees are calculated according to the number of calendar days counted from the date of submission to date of event.)

LEVEL 1-AORN CONSTITUENTS – ALL AORN Chapters, Specialty Assemblies, State Councils				
Contact Hours	40+ Calendar days	19-39 calendar days	7-18 calendar days	2-7 calendar days
1.0 – 2.0	$37	$70	$123	$346
2.1 – 6.0	$176	$240	$458	$688
6.1 – 9.0	$240	$294	$571	$799
9.1 – 12.0	$294	$346	$688	$912
12.1+	$346	$400	$799	$1,024

LEVEL 2-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 calendar days
1.0 – 2.0	$117	$203	$341	$485
2.1 – 6.0	$250	$400	$549	$965
6.1 – 9.0	$309	$522	$666	$1,316
9.1 – 12.0	$368	$640	$816	$1,498
12.1 – 15.0	$443	$752	$997	$1,796
15.1 – 18.0+	$490	$880	$1,173	$2,031

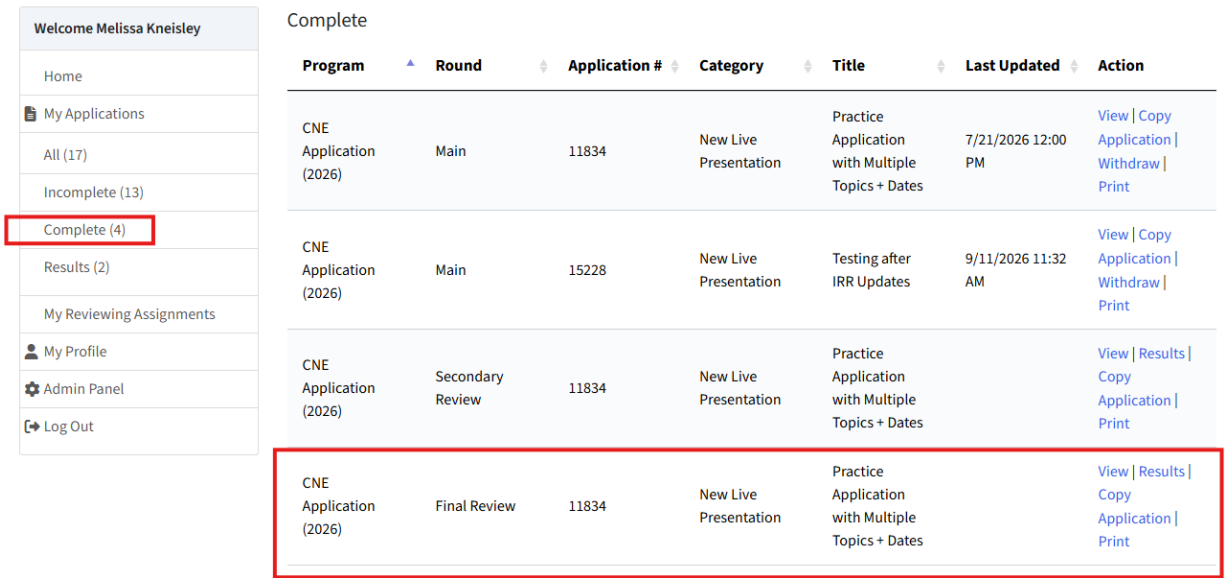
LEVEL III: NON-AORN CONSTITUENTS - National/Specialty Nursing Associations with a primary focus on continuing education.				
Contact Hours	40+ Calendar days	19-39 calendar days	7-18 calendar days	2-7 calendar days
1.0 – 3.0	$831	$1,429	$2,020	$2,409
3.1 – 6.0	$949	$1,663	$2,495	$3,086
6.1 – 9.0	$1,071	$1,909	$2,730	$3,566
9.1 – 12.0	$1,189	$2,137	$3,086	$4,035
12.1 – 15.0	$1,306	$2,377	$3,443	$4,514
15.1 – 18.0+	$1,439	$2,617	$3,801	$4,989

LEVEL IV: NON-AORN CONSTITUENTS - Other Examples of other organizations that may be eligible to submit an individual educational activity application include health profession membership organizations, publishing or education companies, and government or military agencies.				
Contact Hours	40+ Calendar days	19-39 calendar days	7-18 calendar days	2-7 calendar days
1.0 – 5.0	$2,450	$3,715	$6,050	$6,200
5.1 – 10.0	$3,955	$5,203	$6,449	$7,686
10.1+	$5,453	$6,695	$7,942	$9,482

Updated 5/7/2026

XII. Printing Your Certificate of Attendance and Evaluation Form

Once you have submitted your application, you may Print the Certificate of Attendance and Evaluation Form in your "My Applications" area. Click on **"Print".**



View: Allows the Nurse Planner to view the application.

Results: This will show the Nurse Planner any edits that need to be made in the application prior to final approval. These edits are collated by the CEAC and AA-PD. You can also access "Results" in the Pending Changes email.

Copy Application: This allows the Nurse Planner to "Copy" their application for another event. Please reach out to approvalunit@aorn.org for assistance. We will need the following information:

- Organization Type (eg, Chapter Name and #)
- Updated Needs Assessment that is applicable to the new target audience
- Activity Location: Physical address or Virtual (eg, Zoom/Teams)
- Activity Date
- Activity Team

XIII. Questions about the Online Application Process

Please contact that CE Approval Unit at AORN: approvalunit@aorn.org.