**Approved Provider Activity Planning Template**

**Each person involved in the planning of this activity will need to identify if they have a relationship with an ineligible company. Any relevant relationships with ineligible companies will need to be mitigated and disclosed to learners.**

Ineligible Company: “an entity that produces, markets, re-sells, or distributes health care goods or services consumed by or used on patients, or that is owned or controlled by an entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on patients.” OAC 4723-14-01

Provider:

Title of Activity:

Date Form Completed:

Number of Contact Hours:

Advanced Pharmacotherapy Contact Hours (if applicable):

Category A Contact Hours (if applicable):

* If Category A, include the slides, handouts, etc. that will be given to the learner.
* **Include the ORC/OAC 4723 numeric citations being addressed in the event.**

Activity Type: (If live first, then enduring, check all that apply)

 [ ]  Faculty Directed: Live (in person or webinar)

 Date

Check here if Internet Live Course [ ]

[ ]  Enduring Material: online, video, article

 Start date of enduring material:

Expiration/end date of enduring material:

[ ] Blended Activity

 Date (s) of pre-work/post-work material:

 Date of live portion of activity:

Is there a process ensuring the approved provider maintains control of, and responsibility for, all aspects of meeting and maintaining the continuing education requirements set forth in Chapter 4723-14 of the Administrative Code?      Yes      No If no, do not proceed with planning or awarding contact hours.

Has this activity received commercial support from ineligible companies?

     Yes      No

If yes, the continuing education provider will maintain control of the educational content and disclose to the learner the existence of commercial support.

The process of assessment, planning, implementation and evaluation of a continuing education activity occurs **under the direction of a registered nurse** or a planning committee that includes at least one registered nurse, and at least one licensed practical nurse if the target audience includes licensed practical nurses.

Primary RN Planner information for this activity:

Name/Credentials:

Email:

**Planning Committee**

Complete the table below for each person on the planning committee and for all faculty, presenters, and authors involved in the activity. Include each person’s name, credentials, educational degree(s); role in the activity; short description of why they are qualified if speaking, authoring, or facilitating the activity.

* If LPNs are in the target audience, an LPN must be included on the planning committee.

|  |  |  |
| --- | --- | --- |
| **Name of individual, credentials, educational degrees** | **Individual’s role in activity (facilitator, author, speaker, other planning member, etc.)** | **Why was this person selected? (How are they content experts?)** |
|  | **Primary RN Planner** |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Add additional lines to the above table, if needed.*

**Identification, Mitigation, and Disclosure of Relevant Financial Relationships. Must be done for all activities.**

Describe process to identify presence or lack of relevant financial relationship(s).

 If no relevant financial relationship(s), disclose no relevant financial relationships on disclosures.

If relevant financial relationship(s), document mitigation strategies for each person and relationship here:

Then, disclose to learners using the following format:

No one involved in this activity has a relevant relationship with an ineligible company except \_\_(NAME)\_\_\_ who is a \_\_\_(Role/Relationship) for \_\_\_(Name of ineligible company). This relationship has been mitigated.

1. **Describe why this activity is being planned. Include any information related to requests, needs assessments, performance/knowledge/skill deficits, etc.**
2. **Description of the target audience**

     RNs      RNs in Specialty Areas (Identify):

     APRNs      LPNs

     Interprofessional      Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Learning outcome expected of learners at the end of the activity.**

**If the activity has multiple segments, learning outcome should be applicable to every section (an overarching outcome for the activity) or there may be multiple outcomes to ensure all segments have an applicable outcome.**

1. **Description of evaluation method** **allowing learners to indicate if learning outcome(s) achieved**

1. **Content outline** **including continuing education principles, practice, and needs of the target audience. Include the references for the content.**

**\*If Category A-please keep the content in your activity file (ie. Slides/handouts/Enduring Material). Include ORC and/or OAC direct numerical citations in outline.**

1. **Learner engagement strategies, check all that apply**

     **Integrating opportunities for dialogue or question/answer**

    **Including time for self-check/reflection**

    **Analyzing case studies**

    **Providing opportunities for problem-based learning-e.g. simulation**

     **Other: Describe**

1. **Criteria for awarding contact hours/Criteria for Successful Completion**

     Attendance at entire event or session

     Signing in on registration sheet

     Completion/submission of evaluation form

     Achieving passing score on post-test (Score =      %)

     Credit awarded commensurate with participation

     Return demonstration

     Other: Describe

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

Show evidence of how contact hours were calculated (“show” the math).

 **Content:**

 **Category A time/content if applicable:**

 **Pharmacotherapeutic time/content if applicable:**

 **Testing/return demonstration:**

 **Evaluation:**

**Independent study activity:**

1. **What was the method for calculating the contact hours: (Check the best description that applies and show the data that resulted from the method)?**

**Pilot Study**

**Historical Data**

**Mergener Formula** [**http://touchcalc.com/calculators/mergener**](http://touchcalc.com/calculators/mergener)

**Other: Describe:**

**ATTACHMENTS**

**Please provide evidence of the following along with this Activity Document**:

|  |  |
| --- | --- |
| **Attachment 1** | Documentation of Completion and/or Certificate |
| **Attachment 2** | Commercial Support Agreement with signature and date (if applicable) |
| **Attachment 3** | Evidence of required disclosure information provided to learners:1. Approved provider statement of provider awarding contact hours
2. Criteria for awarding contact hours/Criteria for Successful Completion. (‘G’ above)
3. If no relevant financial relationships state: No one involved in the planning of this activity has a relevant relationship with an ineligible company.

If a relevant relationship has been found, include the following:No one involved in the planning of this activity has a relevant relationship with an ineligible company except \_\_(NAME)\_\_\_ who is a \_\_\_(Role/Relationship) for \_\_\_(Name of ineligible company). This relationship has been mitigated.1. Commercial support (if applicable)
2. Expiration date (enduring materials only)
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**Post-Activity: Complete an evaluation of the continuing education activity that addresses the achievement of program outcomes.**