



CNE ACTIVITY PLANNING WORKSHEET

Title:			
Date:		Time (if applicable):	
Location: <input type="checkbox"/> N/A – Internet <input type="checkbox"/> N/A – Print			
Type of Activity <input type="checkbox"/> Provider-Paced Activity (Live Event) <input type="checkbox"/> Learner-Paced Activity (Enduring Material)			
Format			
<input type="checkbox"/> Conference/Symposium	<input type="checkbox"/> Satellite Symposium	<input type="checkbox"/> Meeting Series	<input type="checkbox"/> Audioconference
<input type="checkbox"/> Webcast/Webinar	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Monograph	<input type="checkbox"/> Case Study
<input type="checkbox"/> Journal Supplement	<input type="checkbox"/> CD-ROM	<input type="checkbox"/> DVD	<input type="checkbox"/> Podcast
<input type="checkbox"/> Other			
Sponsoring School: <input type="checkbox"/> NJMS <input type="checkbox"/> RWJMS <input type="checkbox"/> SOM <input type="checkbox"/> Other:			
Sponsoring Department:			
Is this activity co-provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, co-provider:			
Other credits requested*: <input type="checkbox"/> AMA PRA <input type="checkbox"/> Pharmacy <input type="checkbox"/> Social Work			
Course Code:			

Required Attachments:

- Supporting documentation clearly defining the gap to be addressed
- Biographical Data Forms or CVs for all members of the planning committee and all presenters/authors/reviewers
- Signed Disclosure Forms for all individuals involved in the development and/or implementation of the activity
- Budget summary indicating anticipated income and expenditures
- Co-Provider Agreement (if applicable)

This CNE Planning Process has been designed based on the requirements of the New Jersey State Nurses Association and the American Nurses’ Credentialing Center’s Commission on Accreditation. For this educational activity to award continuing nursing education contact hours, the planning process outlined in this document is required.

This CNE Activity Planning Worksheet with all supporting forms and documents must be completed at least 60 days in advance of the proposed activity date.

*** If continuing medical and/or pharmacy and/or social work education credit is being requested in addition to CNE credit, CCOE will provide you with supplemental forms that must be completed.**

SECTION I: Assessment of Learner Needs

A. GAP ANALYSIS AND NEEDS ASSESSMENT: Educational needs result from problems or issues related to nursing. These may include general professional issues, specific practice problems, or issues related to future trends in practice. Data gathering for a needs assessment may include asking nurses what problems they are having practice, analyzing the patient population and patient care requirements, and reviewing professional literature.

Describe the identified professional practice gap(s). What problem(s) are we trying to solve?

Indicate the sources used to identify the gap(s).

Supporting documentation clearly defining the gap to be addressed must be attached to this planning worksheet.

- | | |
|---|--|
| <input type="checkbox"/> Learner Population | <input type="checkbox"/> Committee Minutes |
| <input type="checkbox"/> Planning Committee | <input type="checkbox"/> Performance Improvement Data |
| <input type="checkbox"/> Community Need | <input type="checkbox"/> Emerging/New Regulatory Standards |
| <input type="checkbox"/> Consumer Interest | <input type="checkbox"/> Focus Group |
| <input type="checkbox"/> New Concepts/Tech. | <input type="checkbox"/> Other |

Describe the process that helped identify the gap(s), including how the sources noted above were used.

Describe the educational need(s) in terms of what improvement is necessary to close the gap(s) and identify the learning goal/purpose that will address the gap(s).

B. TARGET AUDIENCE: CNE activities are planned and implemented based on identified needs of the target audience. Describe the target audience by checking all that apply.

LEVEL OF EDUCATION

- LPN Diploma Associate Baccalaureate Master Doctorate

PRACTICE AREA

- Acute Care Critical Care Peri-Op Medical/Surgical Pediatrics Psych OB/GYN
 Community Health Education Administration Advanced Practice Other

SECTION II: Qualified Planners and Faculty

A. NURSE PLANNERS: Each educational activity must be planned by **at least two nurse planners**, with the Lead/Designated Nurse Planner being a registered nurse with a minimum of a baccalaureate or graduate degree in nursing. The Lead/Designated Nurse Planner must have education or experience in the field of adult learning.

Each member of the planning committee must represent at least one of the following areas: the relevant content expertise; the target audience; responsibility for adherence to the ANCC criteria. **Each planning committee must have representation of all of these three areas. Identify the nurse planners and designate what area(s) each planner represents.**

Biographical information for each nurse planner must be submitted in the form of a bio sketch or CV. The biographical information must specify that person's educational and professional qualifications for their planning role.

LEAD/DESIGNATED NURSE PLANNER

Name:

Degree:

Title and Affiliation:	
Planner represents (check all that apply): <input type="checkbox"/> Relevant Content Expertise <input type="checkbox"/> Target Audience <input type="checkbox"/> Responsibility for Adherence to ANCC Criteria	
Qualifications:	
ADDITIONAL NURSE PLANNER(S)	
Name:	Degree:
Title and Affiliation:	
Planner represents (check all that apply): <input type="checkbox"/> Relevant Content Expertise <input type="checkbox"/> Target Audience <input type="checkbox"/> Responsibility for Adherence to ANCC Criteria	
Qualifications:	
Name:	Degree:
Title and Affiliation:	
Planner represents (check all that apply): <input type="checkbox"/> Relevant Content Expertise <input type="checkbox"/> Target Audience <input type="checkbox"/> Responsibility for Adherence to ANCC Criteria	
Qualifications:	

<Attach additional sheets if necessary>

B. FACULTY: Biographical information for each person involved in planning and presenting the activity must be submitted. The biographical information must specify that person's educational and professional qualifications for their planning and/or presenting role. Identify all other planner, presenters, authors, reviewers, etc. below, and attach their bio sketch or CV.	
Name:	
Title and Affiliation:	
Role: <input type="checkbox"/> Planner <input type="checkbox"/> Speaker* <input type="checkbox"/> Author* <input type="checkbox"/> Editor <input type="checkbox"/> Peer Reviewer <input type="checkbox"/> Other:	*If speaker or author and not on planning committee, indicate involvement in planning: <input type="checkbox"/> Involved in development of objectives/content/teaching strategies <input type="checkbox"/> Other
Qualifications:	
Name:	
Title and Affiliation:	
Role: <input type="checkbox"/> Planner <input type="checkbox"/> Speaker* <input type="checkbox"/> Author* <input type="checkbox"/> Editor <input type="checkbox"/> Peer Reviewer <input type="checkbox"/> Other:	*If speaker or author and not on planning committee, indicate involvement in planning: <input type="checkbox"/> Involved in development of objectives/content/teaching strategies <input type="checkbox"/> Other

Qualifications:	
Name:	
Title and Affiliation:	
Role: <input type="checkbox"/> Planner <input type="checkbox"/> Speaker* <input type="checkbox"/> Author* <input type="checkbox"/> Editor <input type="checkbox"/> Peer Reviewer <input type="checkbox"/> Other:	*If speaker or author and not on planning committee, indicate involvement in planning: <input type="checkbox"/> Involved in development of objectives/content/teaching strategies <input type="checkbox"/> Other
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Name:	
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Qualifications:	

<Attach additional sheets if necessary>

SECTION IV: Evaluation

To generate evaluation data that can be used to determine effectiveness of an activity and provide evidence for any necessary changes or improvements, a clearly defined method of evaluation must be developed as part of the planning.

EVALUATION MEASUREMENT

What is the evaluation method(s) measuring? Check all that apply.):

- Learner satisfaction Change in Practice/Performance
 Knowledge Relationship of practice change to quality of service
 Competence Other:

EVALUATION DATA

Explain how the evaluation data will be used, and if applicable, what will be basis in revising ongoing activities?

SECTION V: Verification of Activity Completion

Criteria for verifying participation in and successful completion of an activity must be determined as part of the overall planning process.

A. METHOD(S) USED TO VERIFY COMPLETION OF ACTIVITY (Check all that apply):

- Attendance/Sign-In Sheet Completion of Evaluation Written Post-Test Verbal Discussion
 Return Demonstration Certificate Other

B. METHOD USED TO INFORM LEARNERS OF REQUIREMENTS FOR COMPLETION:

- Printed statement in live activity (provider-paced) syllabus with verbal announcement at beginning of live activity
 Printed statement in self-paced learning activity or computer based instruction

SECTION VI : Commercial Support & Exhibits

All activities that receive commercial support or arrange for commercial exhibits or advertisements must adhere to the ANCC Standards for Commercial Support.

A. Is this activity receiving commercial support? Yes No

If the activity is receiving commercial support, how will the educational content remain under the control of the provider?

B. How will financial relationships be disclosed to the learners? (Check all that apply):

- Handout/Syllabus Marketing Tool Verbal Announcement (cannot be the sole method)

C. How will learners be informed of any off-label or investigational use of a commercial product if incorporated into the presentation? Handout Marketing Tool

D. Is the activity offering exhibit space? Yes No

SECTION VII: Disclosure & Conflict of Interest

Financial disclosure statements must be obtained from all activity planners and presenters 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. Planners and presenters must disclose the presence or absence of conflict of interest relative to each activity. All potential conflicts must be resolved prior to the planning or implementation the CNE activity. **ALL CONFLICTS MUST BE RESOLVED THROUGH PEER REVIEW BY A QUALIFIED, NON-CONFLICTED REVIEWER.**

Name	Disclosure Form Attached?	Does a COI exist?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Co-Provider Agreement

AGREEMENT made as of the _____ day of _____ between University of Medicine and Dentistry of New Jersey- Center for Continuing and Outreach Education (Approved Provider) and _____ (Co-Provider)

WHEREIN, IT IS MUTUALLY AGREED AS FOLLOWS:

1. University of Medicine and Dentistry of New Jersey- Center for Continuing and Outreach Education and **Co-Provider** shall provide an educational offering entitled, " _____."
2. University of Medicine and Dentistry of New Jersey- Center for Continuing and Outreach Education shall provide:
 - a. Determination of the educational objectives and content,
 - b. Selection of the content specialist, planners and activity presenters;
 - c. Awarding of contact hours, as appropriate, to the individual educational activity;
 - d. Record Keeping procedures;
 - e. Evaluation methods and categories; and
 - f. Management of any Commercial support or sponsorship.
3. UMDNJ-Center for Continuing & Outreach Education (Approved Provider) and the Co-Provider shall jointly share the responsibilities for the program as follows:

ITEM	BY <u>APPROVED PROVIDER</u>	BY <u>CO-PROVIDER</u>
Printing of Announcement	<input type="checkbox"/>	<input type="checkbox"/>
Publicity	<input type="checkbox"/>	<input type="checkbox"/>
Direct Mail - Journals	<input type="checkbox"/>	<input type="checkbox"/>
Posting in Agency	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper - Postage	<input type="checkbox"/>	<input type="checkbox"/>
Program Packet	<input type="checkbox"/>	<input type="checkbox"/>
Name Tags	<input type="checkbox"/>	<input type="checkbox"/>
Folder Materials	<input type="checkbox"/>	<input type="checkbox"/>
Instructors Honorarium	<input type="checkbox"/>	<input type="checkbox"/>
Space	<input type="checkbox"/>	<input type="checkbox"/>
Audio/Visual	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Lunch & Coffee Break/Refresh.	<input type="checkbox"/>	<input type="checkbox"/>

UMDNJ-Center for Continuing & Outreach Education may at its sole option, cancel the program if there are less than _____ paid registrants.

IN WITNESS WHEREOF, the parties hereto have set their hand and seal as of the day and year first above written.

Approved Provider Signature

Co-Provider Signature