



ACCREDITED

AANP Continuing Education Accreditation Application

AMERICAN ACADEMY OF NURSE PRACTITIONERS

Effective date January 1, 2012 (Version 2012.03)

Please note that all of the forms included in this packet are provided for your convenience. The information requested may be provided in other formats.



CONTINUING EDUCATION APPROVAL PROGRAM

The American Academy of Nurse Practitioners (AANP), the largest, oldest, and only full-service organization for NPs of all specialties, is committed to promoting high quality continuing education appropriate to nurse practitioners (NPs). AANP-approved continuing education is universally accepted by all NP certifying bodies and state boards. The enclosed and abbreviated guidelines are provided for developing continuing education program packets for AANP approval. Detailed policies and standards are described in the AANP CE Policy Handbook.

We hope to make the submission process as simple as possible. While sample forms are provided for your use (pages 6-15), other formats are acceptable, as long as all required information is submitted and is legible. The information is required to allow AANP reviewers to evaluate submissions based on the relatedness and quality of objectives, content, faculty, and allotted time, as well as on principles of teaching and learning.

AANP is a continuing education accrediting body. As such, AANP continuing education (CE) is not affiliated with or accredited by any other organization. AANP CE activity approval indicates that an educational activity has been reviewed by the AANP CE staff and/or volunteer reviewers who deem it to be educationally sound, relevant to NP practice, and consistent with all AANP CE requirements. AANP CE standards are similar to those of the ACCME. AANP-approved programs must be fair and balanced (unbiased). In addition to planning balanced content on proposed topics, commercial funding and faculty-industry relationships must be disclosed to learners. The FDA, OIG, PhRMA, and ACCME have established guidance for industry supported scientific and educational events. The implementation of AANP-approved programs should be consistent with this guidance.

AANP approval of individual programs DOES NOT imply partnership or sponsorship of the activity. Use of the AANP logo is not permitted for program approval, as AANP is acting as the accreditor or approver, not the provider. Approval does not imply an agreement regarding implementation of the program and/or management of funds for programs approved. Providers interested in AANP having further involvement and sharing provider responsibilities should contact AANP CE department early in the activities development, to discuss and negotiate a potential partnership or co-providership.

“Hard copy” applications (2 complete copies) must be received at least six (6) weeks prior to the date on which the program will be offered. Electronic copies will be accepted up to four (4) weeks prior to the program date for programs less than 16 contact hours. For programs 16 contact hours or more 45 days are required for the review. Exceptions will be made for electronic packets received in this office less than four weeks prior to the first offering date and accompanied by an additional fee (applicable fees on page 5). No packet will be accepted less than 2 weeks prior to the scheduled date. Programs are not reviewed/approved retroactively.

The appropriate review fee and a complete application must be received before a packet is reviewed. A fee schedule is provided on page 5 of this packet. Review fees are non-refundable. Receipt of a complete application will be acknowledged by email within 3 working days. *If you do not receive notification that your application has been accepted for review or if your file is too large for email* - contact us as soon as possible (CEApps@aanp.org). We will provide an upload link for applications too large for email attachments. AANP will not accept and hold for completion continuing education program applications that are missing required documentation; incomplete applications will be returned. Applications are not considered “pending” until complete and accepted for review.

Please refer questions about the status of your application to Stormy Causey, AANP CE Coordinator, at (512) 442-4262, extension 5244 or email: ceapps@aanp.org. Contact

This packet includes copies of the following sample forms for your use or adaptation:

- Application Cover Sheet (p. 7)
- Speaker Bio-Sketch (p. 8)
- Speaker Disclosure (p.9)
- Program Description (p. 10-11)
- Program Evaluation (p. 12)
- Program Roster (p. 13)
- Sample Flyer/Invitation (p. 14)
- Certificate of Completion (p. 15)
- Sample Agenda (p. 16/17)
- Session Disclosure/Financial Support Schedule (p. 18)
- Planner Disclosure (p. 19)
- CE Decision Tree (p. 20)

Email one complete copy with required fees to scausey@aanp.org. Or: Send 2 copies of the full packet, with appropriate fees to:

AANP
Attention: Stormy Causey, CE Coordinator
2600 Via Fortuna, Ste 100
Austin, TX 78746

(This is also the overnight delivery address)

Or FAX one copy to (512) 442-6469
ATT: Stormy Causey

Please note that all of the forms included in this packet are provided for your convenience. The information requested may be provided in other formats.

Key Guidelines for AANP Continuing Education Approval

NP Continuing Education (CE): NP continuing education is defined as a systematic and structured educational process designed to enhance the knowledge and skills of NPs to provide patient-centered and evidence-based care within the milieu of the healthcare environment and ultimately promote positive outcomes. CE excludes activities designed for promotion of specific products, services, or devices. No promotional activities may occur during CE events. This includes distribution of product brochures or product information in conjunction with handouts. No slides or handouts developed by a commercial interest may be used during presentations.

Pharmacology Content: On request, pharmacology CE credit will be identified. The cover sheet must indicate the amount of pharmacology credit requested and pharmacology content clearly identified in the program description. Incidental mention of pharmacological treatments does not qualify for pharmacology credit. In order for content to be approved for pharmacology credit, it should be designed to improve the learners' ability to prescribe. For instance, learning objective(s) and content description include content on pharmacokinetics and clinical applications of drugs.

Contact Hours: The AANP contact hour is the equivalent to 60 minutes of learning. Most NP certifying bodies and regulatory agencies requirements are stated in terms of contact hours. The recommended length for live AANP-approved CE programs is at least one contact hour of learning. No program will be approved for less than .25 contact hours. Credit is awarded only for the educational presentation and for time devoted to questions and answers. Credit is not awarded for time spent in introductory remarks, breaks, product exhibits, or program evaluation.

Credit Breakdown: AANP credit approval will be broken down by session or day for programs involving multiple sessions, if requested on the cover sheet application and ample detail is provided in the content session to allow completion with initial review. See worksheets pages 17/18.

Credit for Poster Session: CE credit may be approved for poster sessions held in conjunction with "live" programs of at least 1 contact hour in duration. The formula used to determine actual poster session credit awards 0.1 contact hour per two posters (i.e. 3 minutes/poster). There should be at least six posters submitted for credit. To request poster session credit, list title, presenter(s) name/credentials, and objective(s) for each poster in the CE application.

Enduring Materials: Enduring materials which are developed from a live meeting must have a separate application. Applications involving enduring materials/independent learning programs must include a statement regarding how the credit request was determined. AANP prefers the use of the Mergener formula for consistency across print programs. A Mergener formula worksheet is available from AANP CE reviewers upon request. If using a Pilot test it must include at least three individuals who were not involved in the planning or development of the content. The results of the pilot test must include the names and credentials of the three learners, the completion time for each individual, and the average of the three.

Credit for Post-Test Completion: Although post test questions provide a final opportunity to reinforce learning on an enduring CE program, post test questions are intended as a method to validate participation in an activity, not a primary learning tool. Therefore, the amount of credit that can be awarded for time spent in any post-test activity is limited to no more than 1.5 minutes per question. The amount of credit awarded for post-test completion should represent no more than 25% of the time required to otherwise complete the program or 15 minutes per activity, whichever is less.

Claimed Credit: Learners should claim credit only for the portion of the program they successfully completed.

Required Planning Criteria: Certain criteria are universally expected by AANP, as well as by certification and regulatory bodies when considering the appropriateness and quality of a program. When developing your application, the following information should be made evident, regardless of the format used:

- The intended audience
- How the need for the topic was determined (not required with application submission, must be available upon request)
- Measurable, participant learning objectives
- Content summary
- Educational and experiential qualifications of each speaker/faculty as they pertain to the topic
- The evaluation plan.

Fair and Balanced Programming: Whether or not providers receive educational grants from product manufacturers or vendors, they are responsible for ensuring that their program provides fair and balanced coverage of the topic. All educational grants or other support must be acknowledged to learners. Faculty, planners, and others who may control the activity's content must disclose any relationships with commercial entities. Faculty must disclose any discussion of off-label, experimental, or investigational use of drugs or devices. Providers must maintain control of the content, faculty selection, and program evaluation. Educational activities and promotional functions must be separated. Program evaluations must measure any perceived commercial or other bias in the activity.

Individuals serving on an industry speakers' bureau may be considered as faculty for AANP-accredited CE programs on clinical areas other than the general focus of their speakers' bureau activities. For topics in the same clinical area as their speakers bureau activities, faculty may be considered for content limited to areas such as disease prevalence, risk factors, diagnosis, and pathophysiology and do not include therapeutic options beyond incidental mention of broad classes of drugs. As always, all conflicts of interest must be resolved prior to accreditation. **PLEASE REVIEW THE AANP CONTINUING EDUCATION DECISION TREE (last page of this packet) TO DETERMINE IF FACULTY AFFILIATIONS REQUIRE FURTHER REVIEW.**

Required Forms: The following forms are provided: program planning form, speaker bio-sketch form (to document experience/education related to topic. No CVs), speaker disclosure form (to identify any potential conflict of interest /off label or experimental/investigational use of drugs/devices), planner disclosure form, program evaluation form (to measure program outcomes including any detected bias), certificate of completion and program announcement (to depict correct way to acknowledge support). If any potential source of bias or conflict is identified while planning a program, the program planners must take measures to ensure that content is fair and balanced and provide a notation to describe these measures. AANP reviewers also assist in the process of ensuring fair and balanced content, as they consider the proposed content and faculty details and make recommendations, when warranted. In addition to the application forms, please submit samples of any program-related material, including announcements, certificates, etc.

Record Maintenance: Program providers must maintain records for at least six years, including a copy of the approved program, any related announcement, program date/time, participant roster, awarded credit, evaluation summary, certificate copy, etc.

Post-Program Submission: Within one month of the program, a summary of the program evaluation and copy of attendance roster must be submitted to AANP for review. Rosters must include a count for total participants, total NP participants and a unique identifier (not SSN) for each individual. They must also include a statement validating that any speaker COI and off-label information was disclosed to the participants. Rosters containing participants from multiple disciplines must clearly identify those who are NPs. For programs that are repeated, the above reports are due at one month, at one year and again one month after the program is completed.

Review Process: A member of the AANP CE staff promptly reviews all packets received. Receipt of the application will be acknowledged by email *within 3 working days – please contact us if you do not receive this verification*. For applications larger than 9 MB, contact CEApps@aanp.org to request our upload site URL. If not complete upon submission the application will be returned. Incomplete applications will not be considered “pending” or accepted in multiple pieces. Submitters are contacted if clarifying information is needed or if inadequate time is allowed for necessary review. The submitter/provider is notified if the program is either “approved” or “not approved”. Examples of reasons for non-approval include determination that the program: does not go beyond basic NP education, is promotional, does not include qualified faculty, or is otherwise educationally unsound. An Appeal can be requested in writing, within 30 days of denial; only the **original** application will be reviewed during an Appeal.

As part of the review each program is assigned an ID number, which is sent to the program provider. This number must be referenced with any/all communications and reports.

Approval Period: Once accepted, approval is granted for two years, providing that no changes are made. At one year, the Sponsor is responsible for review of the program's content and updating information as needed.

Withdrawal of Credit: AANP reserves the right to withdraw/rescind credit at any time it is determined that a program does not or did not meet the criteria for an accredited activity.

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Payment: Payment can be made by check, payable to American Academy of Nurse Practitioners, or by credit card. For credit card payment, provide the appropriate information on the attached cover sheet (page 7). Checks must be sent via over-night delivery if application is sent via email.

Fee Schedule: The following fee schedule is effective January 1, 2009. AANP has moved to a paperless application process. Please note the 'hard copy' handling fee for mailed or faxed applications submitted as exceptions (not applicable to Group Members) and the expedited review fee for certain electronic submissions.

***Group Member Fees:** AANP group member benefits include free review of 12 applications for individual programs (under 9 contact hours) each calendar year. AANP Group Members submitting more than 12 packets in any calendar year will pay \$25 for each additional program of less than 9 contact hours.

****Expedited Review Fee:** Submissions received less than four weeks before a program start date must be accompanied by an expedite fee. *Expedite fee applies to all applications, including those submitted by AANP Group Members and Non-Profits 501(c).* NOTE: Only applications submitted electronically for no more than 16 contact hours will be accepted for expedited review. Programs of 16 contact hours or more must be submitted 45 days in advance of the program start date. Applications accepted for expedited review will be completed within 2-4 weeks of the date accepted for review.

*****Hard Copy Handling Fee:** Hard copies must be received at least six weeks before program begins.

*****Handling fee does not apply to group member programs under 10 contact hours.**

Applications received less than two weeks prior to the anticipated program start date will not be accepted for review.

Category	Fee	*AANP Group Member Fee	501(c) (letter required)
REVIEW FEE* (nonrefundable)			
Live program with 0.25-4.9 contact hours Up to 2 presentations	\$200	Up to 12 free reviews each calendar year.	\$105
Live program with 5-8.9 contact hours Up to 2 presentations	\$240		\$125
Live program with 9-16.9 contact hours Up to 2 presentations	\$280	\$65	\$150
Live program with 17 –25.9 contact hours Up to 2 presentations	\$320	\$75	\$170
Live program with 26 or more contact hours Up to 2 presentations	\$360	\$85	\$190
Repeated Presentations 3+: \$50 per	\$50 each	*Not applicable to Group Members \$0	\$25 each
Enduring CE Programs	\$1000.00	\$250.00	\$500.00
**EXPEDITED REVIEW FEES (for electronic submissions only)			
	\$100	\$25	\$25
Hard Copy Handling Fee * (*NOTE: This includes faxed copies)	\$50	*Not applicable to Group Members \$0	\$25

AANP CE WebPages Listing: AANP maintains a free listing for state, regional and national AANP-approved programs (see www.aanp.org). To have your program listed, check the box on the application cover page (page 7).

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AANP CE Application Checklist

This checklist is provided as a courtesy and is NOT to be submitted with this or any CE application packet.

ALL completed applications must be sent at least 14 days before the initial presentation date of the activity (45 days for events with more than 16 contact hours). Incomplete applications will not be accepted and are not considered pending with the AANP. While sample forms are provided for your use in the application (pages 7-16), other formats are acceptable as long as all required information is submitted and is legible*.

***PLEASE NOTE: YOU MUST SUBMIT THE AANP COVERSHEET WITH ALL APPLICATIONS.**

Please provide the following:

- *AANP CE Coversheet
 - For programs with multiple presentations please provide all scheduled dates.
- Program Planner Disclosure(s)
- Program Agenda/Schedule
 - Required for programs over 10 contact hours OR with concurrent sessions
 - Agenda may be part of the brochure as long as times are indicated
- Program objectives (for each individual session with time frames and pharmacology content indicated if applicable)
- Faculty Bio(s) for all Speakers/Moderators (CVs will **NOT** be accepted)
- Faculty Disclosure(s) for all Speakers/Moderators
- Evaluation Form
- All flyers, announcements, brochures: these can be draft copies
- Sample Certificate of completion

Note: You must provide a document (electronic or hard copy) for all required information. URLs linking to online documents will not be accepted. Records must be maintained for 6 years and online documentation cannot be guaranteed for that time period. You may print the online pages to a PDF document and send via email attachment or hard copy (additional fees apply to hard copy applications).

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AMERICAN ACADEMY OF NURSE PRACTITIONERS CONTINUING EDUCATION APPLICATION COVER SHEET

Note: All details must be provided in a legible form. Two (2) complete copies, including all documentation, are required for hard-copy applications.

A. Submitting Sponsor: _____

AANP Group Member? Yes _____ No _____ Group Member Number _____
Not-for-Profit (501c)? Yes _____ No _____ Letter of Non-profit status on file with AANP Yes _____ Attached _____

B. Program Title: _____

C. Program Type: _____ D. Location: _____ Initial Program Date _____

E. Target Audience: _____

F. Need Determined By: __ Surveys __ Prior Program Evaluations __ Literature Review
__ Professional Organization Recommendations __ New/Evolving Technology __ Other

G. Indicate any accreditation by any of the following: __ ACCME __ AAFP __ State Board of Nursing/ANCC

H. Primary Contact Person: _____

Title: _____ Address: _____

Website: _____

Phone: _____ FAX: _____ E-mail: _____

I. Number contact hours requested* +: Total: _____ Pharmacology (if applicable): _____

* Specify how enduring material credit determined (Mergener formula, pilot test - see AANP CE Policies, etc.):

+ Indicate here if more detailed credit breakdown is requested: _____ By-Session _____ By-Day

J. Fees Submitted: (Payment must accompany application. See below.)

Review Fee: _____ (See fee schedule) __ Enduring __ Live __ # times presented

Expedite Fee: _____ (See fee schedule for response in 2-4 weeks - electronic submissions only)

Hard Copy Handling Fee: _____ (\$50/\$25 * includes faxed copy) - Free to Group Members

Total: _____

K. This program is supported in part or whole by grant from: _____

(Please list any grants or external speaker funding which may be pending at time of application submission. Use separate sheet if needed.)

L. I have reviewed the AANP CE Policy Handbook within the last 12 months. **Initial Here** _____

Please list on AANP CE Website Calendar Yes _____ No _____ (Schedule and/or online information provided in application)

Website/URL: _____

If contact different from above: Email: _____ Phone: _____ Fax: _____

____ Enclosed is my check, payable to: American Academy of Nurse Practitioners

____ Charge my credit card: ____ Visa ____ MasterCard ____ American Express

Card #: _____ Exp. Date: _____

Cardholder name: _____ Signature: _____

Email complete application, along with credit card payment, to: CEApps@aanp.org . Or mail 2 complete copies to AANP, Attention: Stormy Causey, CE Coordinator, PO Box 12846, Austin, TX 78711. You may also FAX 1 complete copy to (512) 442-6469 with credit card payment.

For overnight delivery address ONLY: AANP, Attn: S. Causey, CE Coordinator, 2600 Via Fortuna, Suite 100; Austin, TX 78746

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AMERICAN ACADEMY OF NURSE PRACTITIONERS

CONTINUING EDUCATION FACULTY BIOGRAPHICAL SKETCH FORM WITH PRELIMINARY DISCLOSURE

****Submit a brief bio-sketch (2-page limit) for each presenter/faculty person. CV or resume will NOT be accepted. This form will be used to ensure faculty educational preparation and experience in the related content area.**

NAME: _____ DEGREES: _____

ADDRESS: _____

TELEPHONE: _____

PRESENT EMPLOYER: _____

CURRENT TITLE: _____ CURRENT POSITION DESCRIPTION: _____

EDUCATIONAL BACKGROUND:

Degree	Institution (Name, City, State)	Major Area of Study	Year Completed

BRIEFLY SUMMARIZE PROFESSIONAL EXPERIENCE/EXPERTISE RELATED TO TOPIC:

Will the content of your material(s)/presentation(s) in the CE activity include discussion of unapproved or investigational uses of products or devices? No Yes (specify all off-label or investigational use):

PRELIMINARY DISCLOSURE OF FINANCIAL RELATIONSHIPS

Within 12 months of the date of this form, have you or an immediate family member had any of the following financial relationship or other affiliation with a proprietary entity producing health care goods or services?

Examples include research grants, speakers' bureaus, ownership, consultant for fee, stock/bond holdings (excluding mutual funds), employment, and partnership

No (no further disclosure required) Yes (must complete full *Faculty Disclosure Form*)

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Continuing Education Faculty Disclosure Form

Name: _____

Contact Phone: _____ Contact E-mail: _____

Presentation Title: _____

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

I have or an immediate family member has a financial relationship or other affiliation with a proprietary entity producing health care goods or services. Please check the relationship(s). (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Research Grants
<input type="checkbox"/> Speakers' Bureaus* (see * below)
<input type="checkbox"/> Ownership
<input type="checkbox"/> Consultant for Fee | <input type="checkbox"/> Stock/Bond Holdings (excluding mutual funds)
<input type="checkbox"/> Employment
<input type="checkbox"/> Partnership
<input type="checkbox"/> Others (please list) _____ |
|--|---|

Please indicate the names of the organizations with which you have a financial relationship or interest, and the specific clinical areas that correspond to the relationship. If more than four relationships please list on separate page:

Organization with which Relationship Exists	Clinical Area Involved
1.	1.
2.	2.
3.	3.
4.	4.

- * Did you participate in company-provided speaker training related to your proposed topic? _____ Yes _____ No
- * Did the company provide you with slides of the presentation in which you were trained as a speaker? _____ Yes _____ No
- * Did the company pay the travel/lodging/other expenses? _____ Yes _____ No
- * Did you receive an honorarium or consulting fee for participating in this training? _____ Yes _____ No
- * When serving as faculty for the CE Provider, will you use slides provided by a proprietary entity for your presentation/handout materials? _____ Yes _____ No
- * Will your topic involve information or data obtained from commercial speaker training? _____ Yes _____ No

DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

(This question MUST be completed.)

_____ The content of my material(s)/presentation(s) in the CE activity **will not** include discussion of unapproved or investigational uses of products or devices.

_____ The content of my material(s)/presentation(s) in the CE activity **will** include discussion of unapproved or investigational uses of products or devices. Verbal disclosure will be made during the presentation.

Please specify off-label or investigational use: _____

If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure to disclose, false disclosure, or inability to resolve conflicts of interest will require the CE Provider to indentify a replacement.

Signature: _____ Date: _____



AMERICAN ACADEMY OF NURSE PRACTITIONERS

CONTINUING EDUCATION APPLICATION

SAMPLE PROGRAM DESCRIPTION FORM (*Sample II*)

**This form provides an alternate format for program description. It may be completed, adapted, or used as a guide. Information may be hand-written, but must be legible. . You may use this page OR page 9 – outline - you do not need to use both.*

PROGRAM TITLE:					
I. Objectives	II. Related Content/Topics	III. Time Frame	IV. Teaching Method(s)	V. Presenter(s)	VI. Pharmacology
List each educational objective for the program. Each session must have individual objectives (not overall program objectives).	Summarize major content or topic related to each objective. Any pharmacology credit must be supported by this section.	Identify time allotted for each objective or cluster of content.	List (or circle) teaching methods planned for each objective or cluster of content.	List presenter/ speaker for each objective or cluster of content.	Check below to indicate areas included in request for pharmacology credit.
			Lecture Discussion Question/answer Demonstration/return demo Other:		
			Lecture Discussion Question/answer Demonstration/return demo Other:		
			Lecture Discussion Question/answer Demonstration/return demo Other:		
			Lecture Discussion Question/answer Demonstration/return demo Other:		
			Lecture Discussion Question/answer Demonstration/return demo Other:		

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AMERICAN ACADEMY OF NURSE PRACTITIONERS
Continuing Education Program Evaluation

Program Title: _____ Program ID # _____
(Required)

Date: _____ Location: _____

Circle the number that best fits your evaluation of this program:
4=strongly agree 3=agree 2=somewhat disagree 1=strongly disagree

As a result of completing the CE Activity:

1. After completing this activity, I will be able to achieve the following objectives.

a.	Objective 1	4	3	2	1
b.	Objective 2	4	3	2	1
c.	Objective 3	4	3	2	1
d.	Objective 4	4	3	2	1

2. The teaching methods used appropriate to the objectives.

4 3 2 1

3. The following speakers demonstrated expertise and effectiveness in the topic.

a.	Speaker 1	4	3	2	1
b.	Speaker 2	4	3	2	1
c.	Speaker 3	4	3	2	1

4. The individual objectives/content topics were cohesive with one another.

4 3 2 1

5. The content was balanced (free of commercial bias).

4 3 2 1

6. Speaker(s) fully disclosed any conflict of interest and discussion of off-label usage of medication and/or medical devices at beginning of, or during, the presentation.

4 3 2 1

7. The environment was conducive to learning.

4 3 2 1

8. I would recommend this program to my colleagues.

4 3 2 1

9. What, if any, recommendations would you like to share for future improvement of this program?

10. Was the level of content for NPs: Too Basic? Just Right? Too Advanced? (Please circle one.)

11. What topics would you like to be offered in the future?

Sample Program Announcement:

The NP Group of City, State

invites you to attend:

Updates on NP Practice

Speaker: Nurse Practitioner, MSN, NP-C

Learning Objectives: At the end of the presentation, participants will be able to:

Objective 1

Objective 2

Objective 3

Date/Time: January 6, 2013 at 6:30 p.m.

**Location: Name of Facility
Street Address**

RSVP to: NP Group Representative at: XXX-XXXX by December 1, 2012

**This program is supported by an unrestricted educational grant
from XXX Pharmaceuticals.**

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CONTINUING EDUCATION CERTIFICATE

This is to certify that

(Name of participant or attendee)

has attended and successfully completed the educational activity

Title of Program

This program has been granted ____ contact hours of continuing education (which includes ____ pharmacology hours) by the American Academy of Nurse Practitioners. Program ID # _____

This program was planned in accordance with AANP CE Standards and Policies and AANP Commercial Support Standards.

Participant: Please claim only the portion of this program that you attended/successfully completed. ____ Contact hours.

Location: (city, state)

Date: (of program)

Coordinator: (Name of person coordinating program)

Sponsor/Provider:

Program Agenda/Schedule: Please fill out for all programs that are over 10 contact hours, have concurrent sessions or request session-by-session and/or day-by-day breakdowns. ****Example at bottom of page.** (Use this or the spreadsheet also provided page 15 – you do not need to complete both.)

Day One Morning: Day/Date _____

Time	Session	Contact Hours	Pharm	Speaker

Day One Afternoon/Evening: Day/Date _____

Time	Session	Contact Hours	Pharm	Speaker

Day Two Morning: Day/Date _____

Time	Session	Contact Hours	Pharm	Speaker

Day Two Afternoon/Evening: Day/Date _____

Time	Session	Contact Hours	Pharm	Speaker

Add more as required to show all your days/sessions and breakouts. Please indicate concurrent session by filling in complete times for each.

****Example: Day One Morning: Saturday, December 8, 2007**

Time: 8 am to 1 pm	Session	Contact Hours	Pharm	Speaker
8:00 am to 8:15 am	Introduction	0	0	Group President
8:15 am to 10:15 am	Diabetes Update	2	1.0	Dr XXXX
8:15 am to 10:15 am	Massage & Blood Pressure: Does It Really Work	2	0	XXXX, FNP Massage Licensed
10:30 am – 12 pm	Inhaled Insulin Dosages & Precautions	1.5	1.5	Pharmacist XXXX
10:30 am – 12 pm	Korean Hand Therapy	1.5	0	Massage Therapist XXXx
Lunch till 1 pm	Lunch & Poster Presentations	0.5	0	Poster Presenters

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Continuing Education Planner Disclosure Form

Name: _____

Contact Phone: _____ Contact E-mail: _____

CE Sponsor/Organization/Group: _____

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

I have a financial relationship or other affiliation with a proprietary entity producing health care goods or services. Please check the relationship(s). (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Research Grants
<input type="checkbox"/> Speakers' Bureaus* (see * below)
<input type="checkbox"/> Ownership
<input type="checkbox"/> Consultant for Fee | <input type="checkbox"/> Stock/Bond Holdings (excluding mutual funds)
<input type="checkbox"/> Employment
<input type="checkbox"/> Partnership
<input type="checkbox"/> Others (please list) _____ |
|--|---|

Please indicate the names of the organizations with which you have a financial relationship or interest, and the specific clinical areas that correspond to the relationship. If more than four relationships please list on separate page:

Organization with which Relationship Exists	Clinical Area Involved
1.	1.
2.	2.
3.	3.
4.	4.

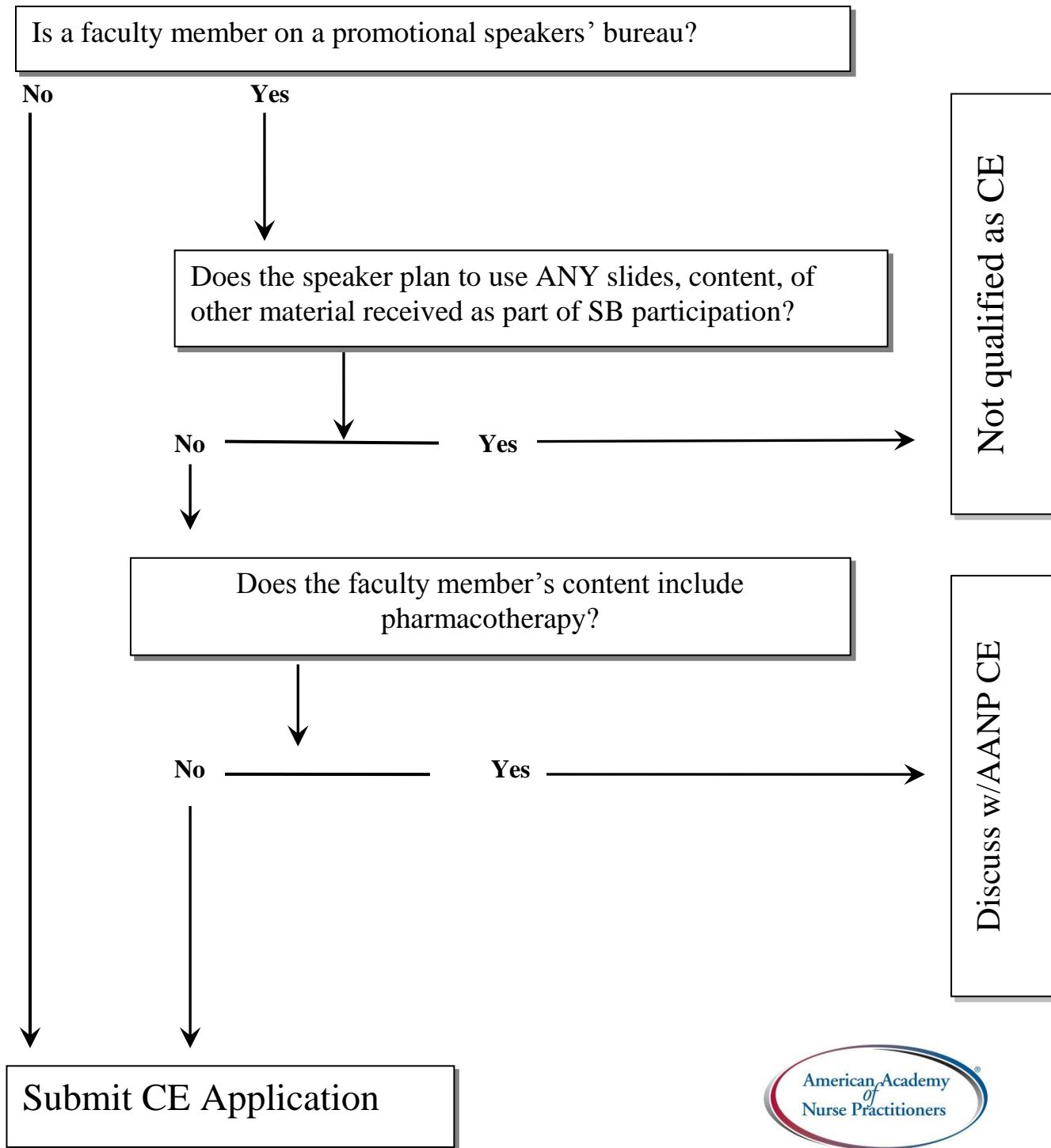
- * Did you participate in company-provided speaker training related to the topics planned? _____ Yes _____ No
- * Did the company provide you with slides of the presentation? _____ Yes _____ No
- * When serving as a program planner for this CE event, will you use slides/content provided or data obtained from commercial speaker training? _____ Yes _____ No

If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure to disclose, false disclosure, or inability to resolve conflicts of interest will require the CE Provider to indentify a replacement. **I also attest that any faculty identified by myself for this program was chosen independently without involvement of any commercial interest.**

Signature: _____ Date: _____

(Electronic Signature accepted: Typed signature with date indicates electronic verification of the information provided.)

AANP Continuing Education Decision Tree



*Individuals serving on an industry speakers' bureau may be considered as faculty for AANP-accredited CE programs on clinical areas other than the general focus of their speakers' bureau activities. For topics in the same clinical area as their speakers' bureau activities, faculty may be considered for content limited to areas such as disease prevalence, risk factors, diagnosis, and pathophysiology, i.e. not including therapeutic options beyond incidental mention of broad classes of drugs. As always, all conflicts of interest must be resolved prior to accreditation.