

INSTRUCTIONS

How to complete your contact hour application

AORN Approval Unit

2011



THE ASSOCIATION OF PERIOPERATIVE REGISTERED NURSES, INC. IS ACCREDITED AS AN APPROVER OF CONTINUING NURSING EDUCATION BY THE AMERICAN NURSES CREDENTIALING CENTER'S COMMISSION ON ACCREDITATION.

INSTRUCTIONS

How to complete your contact hour application

The application saves your information as you complete each page, and can be retrieved. If at any time during the application process you enter incorrect information, or omit information, the program will not advance. Instructions regarding the correct action will appear in red. Please contact the Approval Unit at 800-755-2676 ext. 254 or 456 for assistance.

Activity topics must support the definition of continuing nursing education. Programs on financial planning and retirement are not considered nursing education, as identified by ANCC.

In-service activities are not eligible for contact hours.

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

Commercial interests, including speakers from industry, may no longer be eligible for contact hour approval. Presenters employed by a commercial company may present if the program does not in any way refer to a product and is an important topic, and that there are multiple ways to ensure content integrity. The following issues must be addressed:

- No promotional material in the slides,
- No company logos on the slides,
- Full disclosure of employment
- Resolution that the presentation will be without bias

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

Activities meeting ANCC criteria are approved for a period of 2 years from your approval date.

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

Table of Contents

BEGINNING THE APPLICATION PROCESS.....	4
ACTIVITY INFORMATION.....	5
PLANNING COMMITTEE MEMBERS	5
ENTERING PLANNING COMMITTEE MEMBER INFORMATION	6
BIOGRAPHICAL INFORMATION.....	7
ACTIVITY NEEDS	8
TARGET AUDIENCE	9
PRESENTER INFORMATION	9
CONFLICT OF INTEREST GUIDELINES – PRESENTER	10
ENTERING PRESENTER INFORMATION	10
COMMERCIAL SUPPORT	14
SUBMITTING COMMERCIAL SUPPORT INFORMATION.....	14
PURPOSE/GOAL STATEMENT	15
HOW TO WRITE OBJECTIVES AND CONTENT	15
HOW MANY OBJECTIVES DO I NEED?.....	15
IMPORTANT NOTE ABOUT THE TERM: CEU	16
WRITING OBJECTIVES	16
SAMPLE LIST OF ACTION VERBS	17
WRITING CONTENT	18
TIMEFRAMES	19
INDEPENDENT STUDY CONTACT HOUR CALCULATION	19
TEACHING STRATEGIES	21
HOW TO CREATE A SESSION	21
HOW TO ADD OBJECTIVES	22
INDEPENDENT STUDY -- ENTERING CONTACT HOUR INFORMATION.....	25
PROGRAM EVALUATION	26
PARTICIPATION AND CERTIFICATE OF ATTENDANCE.....	27
MARKETING.....	28
AORN LOGO.....	28
ANCC ACCREDITATION STATEMENT.....	28
POST ACTIVITY RESPONSIBILITY	29
RECORDKEEPING AND STORAGE SYSTEM.....	29

POST ACTIVITY REPORT 30

SUBMITTING YOUR APPLICATION 30

FEE SCHEDULE 30

PRINTING OUT A CERTIFICATE OF ATTENDANCE AND EVALUATION 32

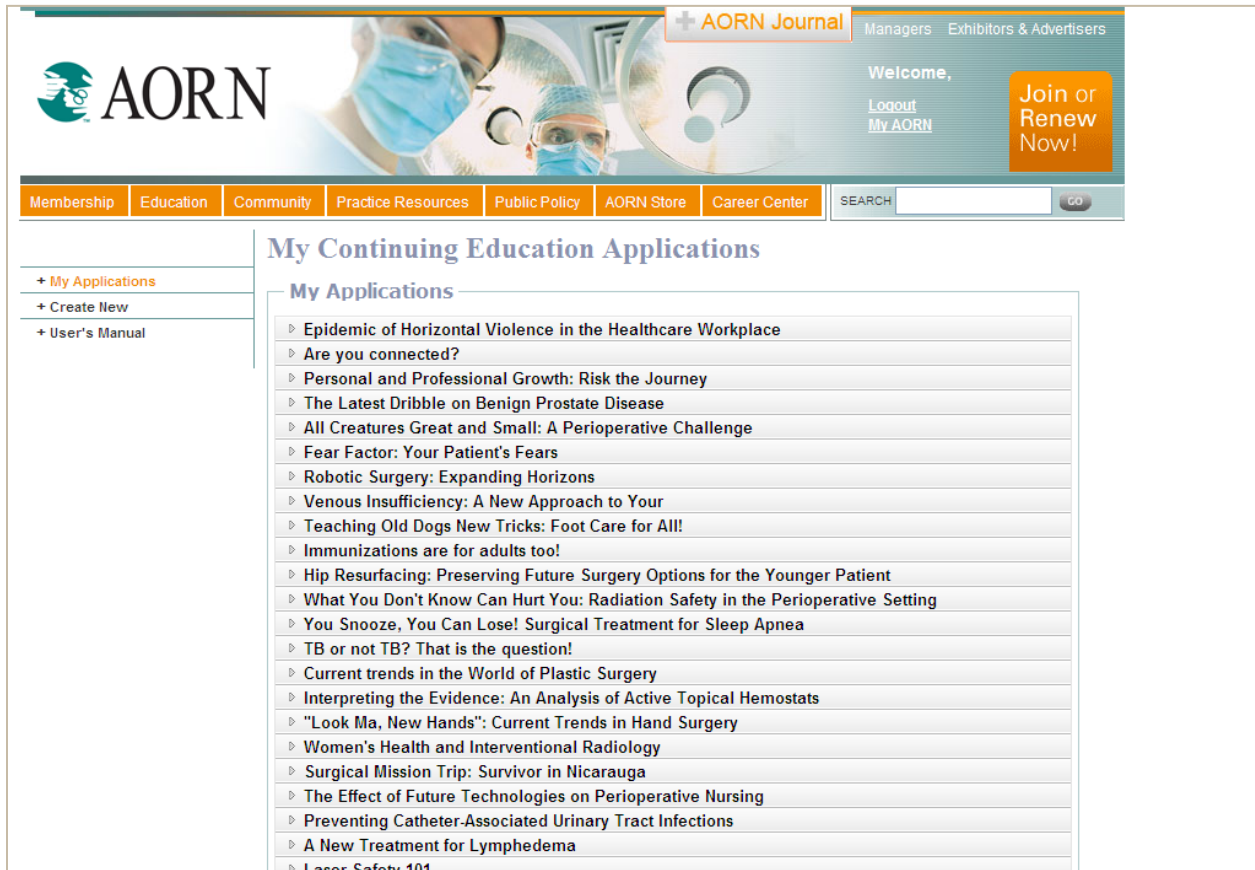
PRINTING FULL APPLICATION 33

QUESTIONS ABOUT THE APPLICATION PROCESS 33

BEGINNING THE APPLICATION PROCESS

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

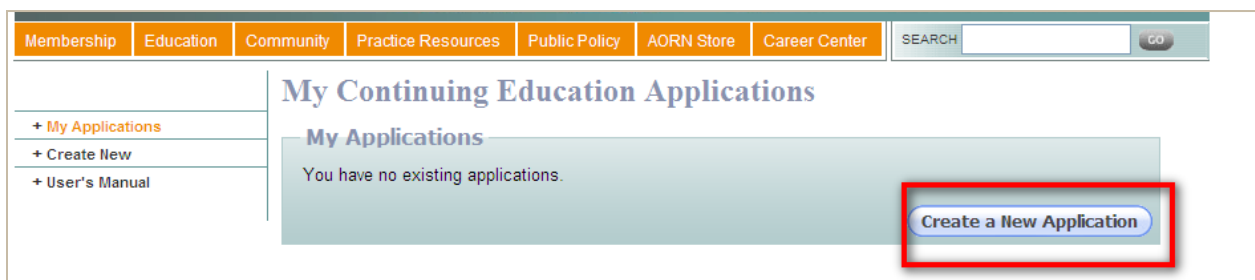
After you log in, the application area appears. If you or a representative of your group using your login information has submitted applications previously, you will see any pending and/or approved applications stored here.



The screenshot shows the AORN website interface. At the top, there is a navigation bar with tabs for Membership, Education, Community, Practice Resources, Public Policy, AORN Store, and Career Center. A search bar is located to the right of these tabs. The main content area is titled "My Continuing Education Applications" and contains a list of 20 application titles, each with a dropdown arrow icon. The titles include "Epidemic of Horizontal Violence in the Healthcare Workplace", "Are you connected?", "Personal and Professional Growth: Risk the Journey", "The Latest Dribble on Benign Prostate Disease", "All Creatures Great and Small: A Perioperative Challenge", "Fear Factor: Your Patient's Fears", "Robotic Surgery: Expanding Horizons", "Venous Insufficiency: A New Approach to Your", "Teaching Old Dogs New Tricks: Foot Care for All!", "Immunizations are for adults too!", "Hip Resurfacing: Preserving Future Surgery Options for the Younger Patient", "What You Don't Know Can Hurt You: Radiation Safety in the Perioperative Setting", "You Snooze, You Can Lose! Surgical Treatment for Sleep Apnea", "TB or not TB? That is the question!", "Current trends in the World of Plastic Surgery", "Interpreting the Evidence: An Analysis of Active Topical Hemostats", "Look Ma, New Hands": Current Trends in Hand Surgery", "Women's Health and Interventional Radiology", "Surgical Mission Trip: Survivor in Nicaragua", "The Effect of Future Technologies on Perioperative Nursing", "Preventing Catheter-Associated Urinary Tract Infections", "A New Treatment for Lymphedema", and "Laser Safety 101".

To access an existing application, simply click on the title.

To input a new application, click on the tab that says “create a new application.”



The screenshot shows the AORN website interface. At the top, there is a navigation bar with tabs for Membership, Education, Community, Practice Resources, Public Policy, AORN Store, and Career Center. A search bar is located to the right of these tabs. The main content area is titled "My Continuing Education Applications" and contains the text "You have no existing applications." Below this text is a button labeled "Create a New Application" which is highlighted with a red box.

You will be directed to a page that gives a brief overview of the kinds of information that you will need to complete the application process. After clicking “Begin the Application Process,” you will be directed to a page that asks what type of applicant you are. Select the appropriate level:

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

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

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

ACTIVITY INFORMATION

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

PLANNING COMMITTEE MEMBERS

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

Other required information:

- Name, Credentials – provide person’s full name and credentials
- Preferred Street Address – provide person’s complete street address
- City, State, Zip – provide person’s preferred mailing address city, state, and ZIP Code information.
- Preferred Telephone/Contact Method - provide person’s telephone number (indicate whether this is a home, cell, pager, or work number) or other preferred contact method – email, fax, US mail.
- Employer – provide the name of the person’s current employer; you do not need to provide the address. If person is self-employed, indicate so.
- Present Position – provide person’s current title(s); do not provide a job description.
- Education - Provide person’s education information from basic college preparation through highest degree held. Do not include work/degree in progress; only completed degrees. (NOTE: “RN” is not a degree.) If person does not have a college degree, state “NONE – high school diploma only” in the space marked for Institution Name.

Completed special training/certification programs provided by an employer, relative to the program topic, may be included.

- Planning Committee Member Expertise – Information should include only the person’s past experience/expertise in planning continuing educational activities/programs or positions which included planning such activities/programs. If this is the first time a committee member has participated in the planning process of a continuing education activity, please indicate as such. You may also include the name of the person who is mentoring you through the process of education planning.
- Planning Committee members and presenters must declare whether or not they have a conflict of interest.

Conflict of Interest Guidelines – ANCC/AORN considers a “conflict of interest” to exist when an individual has an opportunity to affect continuing nursing education content in relation to a commercial interest with which he/she has a financial relationship. Relationships also include those of a spouse/partner. ANCC/AORN considers financial relationships in any amount occurring within the past 12 months as “relevant” in terms of creating a perceived conflict of interest that may impact an educational activity.

Each member of the Planning Committee must indicate whether or not he/she has a real or perceived conflict of interest with the program/content to be presented. Having a financial interest in a commercial organization or product does not prevent a person from being on the Planning Committee. However, each committee member must follow all guidelines and criteria regarding conflict of interest. Any real or perceived conflict of interest must be disclosed.

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

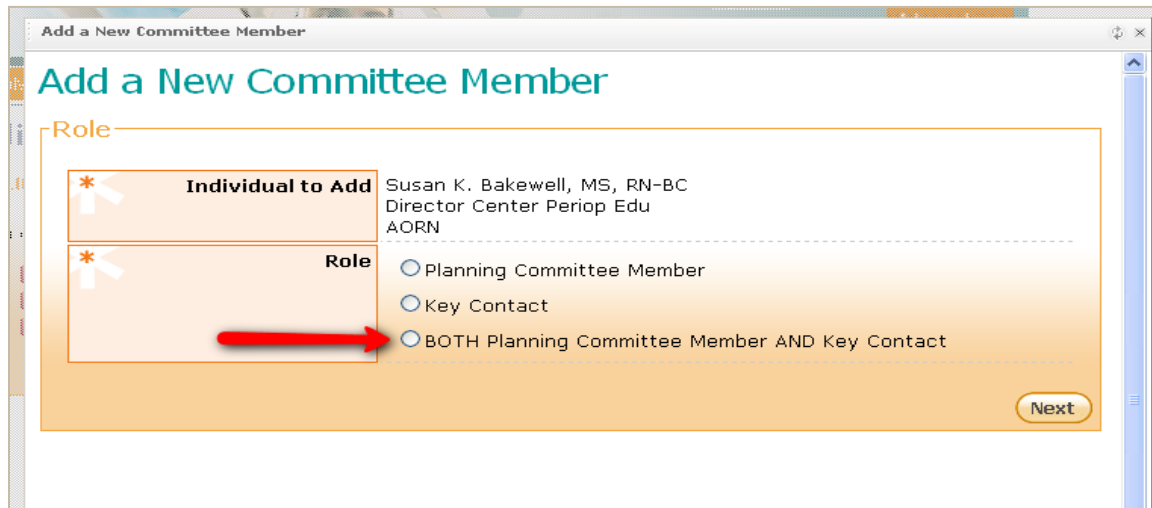
An individual who refuses to disclose financial relationships will be disqualified from being a planning committee member.

Entering Planning Committee Member Information

You will be asked to identify the first planning committee member by selecting the “Add a New Committee Member” tab. Enter the name in the box provided and select the “Search” tab. If the name doesn’t appear, try entering only the last name of the committee member and searching that way.

Select the “Add” button directly to the left of the name. If the planning committee member is an AORN member, the name will be in our database. You should not have to input any new contact information.

You will then indicate that person’s role: Planning Committee Member; Key Contact; or Both Planning Committee Member and Key Contact. If you are a planning committee member and the key contact, be sure to select that specific entry.



If you select “Key Contact” only, a portion of your biographical data will not appear, and the reviewers will ask you to revise that entry.

Biographical Information

Area of Expertise – ANCC requires that the following three areas of expertise be covered by the planning committee members and the speaker(s):

- Target audience,
- Adherence to criteria,
- Relevant content expertise,

Select the area of expertise that best fits each planner. In general, the presenter would fill the requirement for “Relevant Content Expertise.” You will fill that in when you complete the presenter biographical information.

Describe Your Expertise – In a few sentences, describe the person’s expertise as a planner of continuing education in nursing. Always include the following: I have previous experience planning CNE using ANCC criteria. If you don’t have experience, explain how you’re being mentored.

Select whether or not a planning committee member has a Conflict of Interest

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

used in the treatment of perioperative patients.

Conflict List		Relationship	Name of Commercial Company(ies)
* 		Consultant/Speakers' Bureau	<input type="text"/>
		Employee	OR Solutions
		Stockholder	<input type="text"/>
		Product Designer	<input type="text"/>
		Grant/Research Support	<input type="text"/>
		Large Gift(s)	<input type="text"/>
		Other Support (Specify)	<input type="text"/>

*  **How was the conflict resolved?** Discussed with other planning committee member and confirm this relationship will not impact program.

Click “Next” to proceed.

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


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

Activity Needs

Choose all that apply:

Edit an Existing Application

Activity Needs

*  **How was the need for this activity assessed?**
Check all that apply.

Needs assessment
 Survey
 Professional literature
 Discussion with potential learners

Next

Target Audience

Choose all that apply:

Target Audience

The target audience is the group of people to whom the activity is directed. Because AORN is accredited to approve continuing education activities for nurses, the nurse must be the primary audience.

*** Who is the target audience for this activity?**
Check all that apply.

Perioperative RNs

General RN audience

Health Care Team

Other:

Next

PRESENTER INFORMATION

Note regarding Independent Study applications: The term “Presenter” is used throughout our online application. When submitting an Independent Study application, input your content specialist/author information whenever “presenter” appears.

Presenters should have documented qualifications that demonstrate their education and experience in the content area they are presenting. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. on the specific topic.

Presenters are expected to present for the full time for which they have been scheduled. If a speaker exceeds the amount of the approved timeframe, no additional contact hours can be awarded. Only the total approved presentation time is qualified.

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

- Name, Credentials – provide person’s name and credentials
- Preferred Street Address – provide person’s complete street address
- City, State, Zip – provide person’s preferred mailing address city, state, and ZIP information.

- Preferred Telephone/Contact Method - provide person's telephone number (indicate whether this is a home, cell, pager, or work number) or other preferred contact method – email, fax, US mail.
- Employer – provide the name of the person's current employer; you do not need to provide the address. If person is self-employed, indicate so.
- Present Position – provide person's current title(s); do not provide a job description.
- Presenter Expertise – Information should include presenter's past experience/expertise in presenting the specific program topic. Include research, books/articles written on the subject, prior programs on this topic, etc. If this is the person's first presentation of this topic, please indicate as such.

Conflict of Interest Guidelines – Presenter

Conflict of interest disclosure statements must be obtained from all 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.

The applicant must be able to show that each presenter with a conflict of interest has disclosed all financial relationships with any entity with a commercial interest.

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

A conflict can be resolved in three ways:

1. Divesting of the financial connection
2. Replacing the presenter
3. Peer review through ANCC accredited approval unit

Entering Presenter Information

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


Add a New Presenter

Search Results

Select a Presenter to Add

To add a presenter, click on the Add button. If you do not see the individual you are searching for in the following list, you may add that individual by clicking the "Add an Individual" button at the bottom of this page.

No individuals in our database matched your search.

 [Add an Individual](#)

Enter the specified Name information in the blanks

Add a New Individual

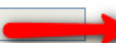
Name

Prefix	<input type="text"/>
* First Name	<input type="text"/>
Middle Name	<input type="text"/>
* Last Name	<input type="text"/>
Suffix	<input type="text"/>
Credentials e.g., RN, BSN, CNOR	<input type="text"/>
E-mail	<input type="text"/>

Work Information

Select Add/Change Company:

Work Information

Company	<input type="text"/>	 Add/Change Company
Title	<input type="text"/>	
RN License Number	<input type="text"/>	
RN License State	<input type="text"/>	

Work Address

Select "Search":

Work Information

Company [Add/Change Company](#)

You must select a company from the list of companies in our database. We request that you first use the search functionality to see if your company is in our database. If you are not at a company please select the "I do not work at a company" button.

[Cancel](#)  [Search](#) [I do not work at a company.](#)

Title


RN License Number

If name appears, simply “Add” company.

If name does not appear, select “Add a New Company”

please select that record. If you do not see your company listed below press the button to create a new record.

	Company	City	State
Select	Providence Newberg Med Ctr	Newberg	OR
Select	Providence Newberg Med Ctr	Newberg	OR




[Cancel](#) [Search Again](#) [Add a New Company](#)

Title

and type in the required information and select save:

Company Name	Hospital, Inc
Address	800 88th Street
City	Denver
State/Province	CO
Zip/Postal Code	80202
Country	United States
Phone	303-755-6300
Fax	303-755-2757
E-mail	name@hospital.org



Enter the Presenter's title, work address, and click "Submit."

Work Information	
Company	Cosnet <input type="button" value="Add/Change Company"/>
Title	Surgeon
RN License Number	
RN License State	
Work Address	
Address	800 88th Street
City	Denver
State/Province	CO
Zip/Postal Code	80202
Country	United States
Phone	303-755-6300

Presenter biographical details, expertise and conflict of interest information – see Entering Planning Committee Information on page 6.

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 or in-kind assistance must be acknowledged in the brochures and/or printed material for the CE 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:

1. Produces, markets, sells or distributes health care goods or services consumed by or used on patients;
2. 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 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.

For additional information about determining commercial interest, bias, and separation of promotion from education, see the following link from the ANCC website:

<http://www.nursecredentialing.org/ContinuingEducation/Accreditation/How-to-Apply/CommercialSupport/DecisionTree.aspx>

Submitting Commercial Support Information

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

- How the participants will be informed of the support
- That bias will be prevented
- To agree that the support does not influence the objectives, content, or selection of speaker for the activity

- Submit a signed Written Agreement for Commercial Support that is provided in the application.

Please follow the directions on the web application when submitting a Written Agreement for Commercial Support. You can upload only one document here, so if you have more than one Agreement, we recommend saving as one complete PDF or Word file.

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

<ul style="list-style-type: none"> ✓ Authors ✓ Commercial Support ✓ Purpose/Goal ← ✓ Objectives ✗ Contact Hours ✓ Program Evaluation 	<p>Other: <input type="text"/></p> <p>* Prevention of Bias in Content</p> <p>* Influence in Objectives/Content</p> <p>* Written Agreement for Commercial Support</p>	<p><input checked="" type="checkbox"/> Nurse planner discussed with commercial entity the need to prevent bias in the content.</p> <p><input checked="" type="checkbox"/> I agree that the commercial support or in-kind assistance provided by these organizations does not influence the objectives or the content of this activity.</p> <p>You must submit this <u>Written Agreement for Commercial Support</u> (right click the link and select "Save As..." or "Save Link As..." to</p>
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PURPOSE/GOAL STATEMENT

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

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

HOW TO WRITE OBJECTIVES AND CONTENT

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

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

How Many Objectives Do I Need?

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

Important Note 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.

Writing Objectives

Educational objectives are written statements that describe the learner-oriented outcomes which may be expected as a result of participation in the educational activity. In the case of most continuing education activities, these statements describe knowledge, skills, and attitude changes that should occur upon successful completion of the activity.

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

Sample List of Action Verbs

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

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

Writing Content

Each objective must have written content that is directly related to the objective.

- 1) Subject matter which relates to each objective should be supplied in the form of a **topic outline**.
- 2) The content outline should not be a restatement of the objective. This outline should provide **a list of the material to be presented** to support the intended outcome and facilitate learner achievement of the objective. The amount of material to be covered should be adequate to support/justify the allotted timeframe.
- 3) Identification of the content/topics is a collaborative process between the planners (Planning Committee) and presenters.

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

INCORRECT

Title of Activity: *Total Hip Replacement*

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

1. Objective is compound (**avoid using the word “and”**).
Learner-oriented outcomes must be expressed in single measurable terms (using measurable, behavioral verbs), must identify observable actions, and must specify one action or outcome per objective

This Objective is actually asking for two outcomes:

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

It would have to be split into two objectives:

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

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

CORRECT

Objective	Content	Timeframe	Presenter	Teaching Strategies
1. Describe the symptoms a person who requires a total hip replacement may exhibit.	<ol style="list-style-type: none"> a. Arthritis – restricted movement hip b. Pain not relieved by non-steriodal anti-inflammatory medications c. Pain not relieved by physical therapy d. Impact on ADL 	15 minutes	Wm Smith, MD	Lecture, slides, discussion
2. Discuss the possible complications following total hip replacement.	<ol style="list-style-type: none"> a. Nerve damage b. Infection c. Failure of prosthetic device 	20 minutes	Wm. Smith, MD	Lecture, slides, discussion

Timeframes

The educational objectives and the level and amount of content to be provided dictate the amount of time which will be required. Each objective or content area should have a specific designated timeframe. The time allotments for content for each objective should be sufficient to facilitate achievement of the objective by the learner.

Independent Study Contact Hour Calculation

Independent study programs are designed for completion by learners, independently, at the learner's own pace and at a time of the learner's choice. The applicant designs the educational program, and, through a pilot study or other defensible mechanism, determines the number of contact hours to be awarded. Examples: viewing videotapes or listening to audiotapes and

completing post test questions; accessing web-based activities; reading selected articles and completing post test questions.

The independent study applicant must demonstrate the rationale for determining the number of contact hours to be awarded. Examples of methods to determine contact hours include pilot testing or word count formulas, such as 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, M.D., FACP, FASN, can be found online at <http://touchcalc.com/calculators/mergener>

Mergener Formula

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: $0.9 \times [22.3 + (0.00209 \times \text{number of words}) + (2.78 \times \text{number of questions}) + (15.5 \times \text{difficulty of material})]$

Subtotal of Sample = 68.81766×0.9

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

In order to identify potential problems and provide evidence of the effectiveness of a program, a pilot-test is conducted with a group of representative learners from the target audience before finalizing the education activity for distribution and use. A pilot test also documents the time required for the learner to achieve the objectives.

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 continuing education credit, including post test (self assessments), return demonstrations or other requirements, and evaluations. Feedback from the pilot-testers

enables the planning committee to improve the activity prior to making it available for CE credit. Conducted prior to implementation of the activity, the pilot-test provides evidence of the:

- a. Effectiveness of the design and the teaching/learning materials
- b. Time required to complete the activity.
- c. Basis for determining the number of contact hours to be awarded for successful completion of the activity.

The contact hours must reflect the documented time required by the pilot-test group to achieve the stated objectives. 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 time frames.

Upon completion of the pilot-test, the planners and content specialist(s) 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.

Teaching Strategies

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

HOW TO CREATE A SESSION

You are now ready to create a session. Please note: Certificate and Evaluation Forms will be generated for each session. If you are creating a program with several speakers and need only one Certificate, then add only one session with a general program title.

Select “Add a Session” tab in the lower right corner.

Applications

New

Annual

Existing Application

Activity Information

Planning Committee

Activity Needs

Target Audience

Presenters

Commercial Support

Objective/Goal

Objectives

Program Evaluation

Registration

Create a New Application

Delete Successful

Your session was successfully deleted.

Sessions and Objectives

You have not yet defined any sessions.

Contact Hour Calculation for Live Presentations Contact hour calculation is based on 60 minutes. Therefore, 60 minutes of education content time is equal to one (1) contact hour. This does not include introductions or breaks/meals. A minimum of one-half (.5) contact hour must be awarded. Add the total number of minutes of education content and divided by 60 to determine contact hours.

Live presentations involve participant attendance. It is distinguishable by the fact that the pace of the activity is determined by the group who plans and schedules the activity. Examples include, but are not limited to, conventions, courses, seminars, workshops, and lecture series. Knowledge and use of adult learning principles should be reflected in all aspects of the objectives, content, and teaching methods.

Add a Session

Next

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

Add or Edit a Session ⌵ ×

Add a Session

Session Details

*** Session Title**

*** Start Date/Time** 📅 🕒

*** End Date/Time** 📅 🕒

Save

HOW TO ADD OBJECTIVES

Select Add a New Objective.

is determined by the group who plans and schedules the activity. Examples include, but are not limited to, conventions, courses, seminars, workshops, and lecture series. Knowledge and use of adult learning principles should be reflected in all aspects of the objectives, content, and teaching methods.

▼ **Malignant Hyperthermia**

Session	Malignant Hyperthermia
Date/Time	Jul 16, 2010 7:00 PM — Jun 16, 2010 8:00 PM
Contact Hours	0

Objectives

Note: The time frames for the objectives are displayed in Contact Hours (CHs).

Objective	Content (Topics)	Time Frame	Presenter(s)	Teaching Strategies
No objectives have been added for this session.				

Type: If you are entering your objectives, be sure that Objective is selected.

Add an Objective

Objective Details

Type	<input checked="" type="radio"/> Objective <input type="radio"/> Question and Answer Period <small>Per ANCC guidelines, question and answer sessions may be included in the total contact hours calculation, but may not be considered an objective. If you will be providing a question and answer period, please indicate this by choosing this option.</small>
Objective	Identify symptoms of a Malignant Hypothermia event.
Content/Topics <small>Provide an outline of the content presented.</small>	A. Family history of <u>MH</u> a. Any adverse problem with anesthesia b. Has patient /family been tested c. Genetic defects
Time Frame	40

Write the objective in the space provided

Provide your content outline.

Provide a definite time frame for this objective expressed in minutes (do not type in the work “minutes,” just the number.

<p>* Content/Topics Provide an outline of the content presented.</p>	<p>A. Family history of MH a. Any adverse problem with anesthesia b. Has patient /family been tested c. Genetic defects</p>
<p>* Time Frame Provide a definite time frame expressed in minutes.</p>	<p>40</p>

Choose your speaker.

<p>Time Frame Provide a definite time frame expressed in minutes.</p>	<p>40</p>
<p>Speaker(s)/Author(s) Select the presenter name/subject matter expert from those previously entered by highlighting their name.</p>	<p>Jeff Marcus, BSD</p>
<p>Teaching Strategies List the teaching strategies to be used.</p>	<p>Lecture PowerPoint</p>

List your teaching strategies and select “Save.”

If you will be having a Q & A session, after you have entered your Objectives, click “Add a New Objective: and select “Question and Answer Period.” You will be asked to add a timeframe. Add the time in minutes appropriate for the presentation. Click “Save.”

Add an Objective


Objective Details

<p>* Type</p>	<p><input type="radio"/> Objective</p> <p><input checked="" type="radio"/> Question and Answer Period Per ANCC guidelines, question and answer sessions may be included in the total contact hours calculation, but may not be considered an objective. If you will be providing a question and answer period, please indicate this by choosing this option.</p>
<p>* Time Frame Provide a definite time frame expressed in minutes.</p>	<p>10</p>

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

Edit an Existing Application

Sessions and Objectives

Total Application Contact Hours 0.8 

Contact Hour Calculation for Live Presentations Contact hour calculation is based on 60 minutes. Therefore, 60 minutes of education content time is equal to one (1) contact hour. This does not include introductions or breaks/meals. A minimum of one-half (.5) contact hour must be awarded. Add the total number of minutes of education content and divided by 60 to determine contact hours.

Live presentations involve participant attendance. It is distinguishable by the fact that the pace of the activity is determined by the group who plans and schedules the activity. Examples include, but are not limited to, conventions, courses, seminars, workshops, and lecture series. Knowledge and use of adult learning principles should be reflected in all aspects of the objectives, content, and teaching methods.

▼ Malignant Hyperthermia

Session	Malignant Hyperthermia
Date/Time	Jul 16, 2010 7:00 PM — Jun 16, 2010 8:00 PM
Contact Hours	0.8

Objectives

Note: The time frames for the objectives are displayed in Contact Hours (CHs).

Objective	Content (Topics)	Time Frame	Presenter(s)	Teaching Strategies
Identify	A.Family history of MH a. Any	0.67 CHs	Jeff Marcus, BSD	Lecture PowerPoint

[Edit](#)

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

Independent Study -- Entering Contact Hour Information

1. Enter the number of contact hours calculated for this program.
2. Include a description of how the effectiveness of the independent study was evaluated, the results of the evaluation, and the changes made based on the evaluation:
3. Select the method used for calculating the contact hours? (Check the best description(s) that applies)

- Pilot Study *
- Mergener Formula
- Peer Review
- Historical Data
- Complexity of content and data
- Determination of number of words in article and level of complexity
- Other

4. Provide supportive documentation of the rationale used to determine the number of contact hours to be awarded is submitted with application
5. Include a copy of your finished article (study guide, module) or a link to your web-based program for review.

Advertising may not be included in the body of the article/study pages, and you must identify any conflict of interest. All materials listed above must be provided for approval of application.

PROGRAM EVALUATION

An automatically generated evaluation form tab is available after your program has been approved. You may view a sample of your application before approval at this link:

Program Evaluation

* Check all applicable method(s) of evaluation to be used.

Evaluation Form (required for all events)

Pre and/or Post test (optional)

If post-test is used, what is the passing score? %

Return Demonstration (optional)

Other:

Sample Evaluation Form(s)

The following evaluation form(s) are provided as an example only. Once your application has been approved, you will be able to generate evaluation forms specific to the session dates and location.

- [Malignant Hyperthermia Evaluation \(Sample\)](#)

Just click on the link to view the sample evolution. If this format does not accommodate your needs, you may create your own form, incorporating all of the following items from our evaluation. Evaluations forms must be approved before use.

- a) Learner's achievement of each objective (each objective listed in the exact wording as that used on the approved Activity Documentation Form).
- b) Relationship of objectives to overall purpose/goal(s) of activity
- c) Expertise of presenter
- d) Appropriateness of teaching strategies
- e) Notification of conflict of interest (COI), off-label use(OLU) (using a product in a way not FDA approved), commercial support (CS), and/or in-kind support (IKG) for the education component of this program
- f) Was there product promotion or commercial bias during the education content? This question will help collect information regarding commercial bias required by ANCC.

- g) Will the information you gained from attending this program change your practice?
- h) Additional comments or suggestions

1. For programs that are intended to be repeated, you will be asked to identify how the evaluation data will be used for future programs.
2. You will be asked to identify how learners will receive feedback. Check the appropriate box(s).

PARTICIPATION AND CERTIFICATE OF ATTENDANCE

After your program has been approved, you will have access to print an automatically-generated Certificate of Approval. You may view a sample of your Certificate on the Participation page:

Participation

*** Identify the method for verifying participation.**

- Roll Call
- Self-reported attendance
- Registration Form
- Return of evaluation forms

*** Identify method(s) to be used to identify successful completion.**

- Attendance at session(s) for an identified percentage of time.
Percent: %
- Submission of a written post test
- Return demonstration
- Self-reported level of achievement of objectives (completion of Evaluation)

Sample Certificate of Attendance Form(s)

The following certificate(s) of attendance are provided as an example only. Once your application has been approved, you will be able to generate certificates of attendance specific to the session dates and location.

- [Malignant Hyperthermia Certificate of Attendance \(Sample\)](#)

Just click on the link to view your sample Certificate. If this format does not accommodate your needs, you may create your certificate. Always include the following ANCC Statement and AORN waiver:

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

AORN recognized this activity as continuing education for registered nurses. This recognition did not imply that AORN or the ANCC Commission on Accreditation approved or endorsed any product included in the presentation.

MARKETING

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

AORN Logo

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

ANCC Accreditation Statement

Prior to Approval

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

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

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

You will be asked to upload a copy of your marketing materials. Just click the Browse button to search for your document to upload. Please upload ALL materials or links to website marketing.

	<input type="checkbox"/> E-mail <input type="checkbox"/> Web site Other: <input type="text"/>
<div style="border: 1px solid orange; padding: 5px;"> <p style="text-align: center;">Marketing Materials</p> <p style="text-align: center;">*</p> </div>	<p>Please upload a copy of your marketing/promotional piece/announcement for this activity (this may be a draft of what you intend to publish).</p> <p style="text-align: right;"> <input type="button" value="Create Basic Promotional Flyer"/> </p> <p style="text-align: right;"> <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Upload"/> </p>

You may also **Create a Basic Promotional Flyer** by selecting that tab and following the directions.

After Approval

All promotional materials for FUTURE presentations of the same approved program must contain the following in this format:

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

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

POST ACTIVITY RESPONSIBILITY

Recordkeeping and Storage System

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

- ❖ The complete application form and all supporting documentation, including
 - Biographical Data Forms for each Planning Committee Member and for each Presenter,
 - Planning Checklist,
 - Conflict of Interest

- Commercial Support Agreement
- Activity Documentation Form,
- Evaluation Form, and
- Certificate of Attendance;
- 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.

You must **agree to these responsibilities** before approval.

Post Activity Report.

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

You must agree to submit a Post Activity Report prior to program approval.

Submitting Your Application

The amount you will be charged, based on the following fee schedule, will appear on the screen: Follow the instructions and click **next**. You may input credit card information online. A receipt will be generated after payment has been received.

Fee Schedule

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

Contact Hours	40+ calendar days	19-39 calendar days	7- 18 calendar days	2-7 days
1.0 – 2.0	\$25	\$50	\$100	\$200
2.1 – 6.0	\$150	\$200	\$400	\$600
6.1 - 9.0	\$200	\$250	\$500	\$700
9.1 – 12.0	\$250	\$300	\$600	\$800
12.1 +	\$300	\$350	\$700	\$900

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

Contact Hours	40+ calendar days	19-39 calendar days	7-18 calendar days	2 - 7 days
1.0 – 2.0	\$85	\$160	\$275	\$400
2.1 – 6.0	\$200	\$325	\$450	\$800
6.1 – 9.0	\$250	\$425	\$550	\$1100
9.1 – 12.0	\$300	\$525	\$650	\$1250
12.1 – 15.0	\$350	\$625	\$750	\$1500
15.1 – 18+	\$400	\$725	\$850	\$1700

LEVEL III: NON-AORN CONSTITUENTS - Entrepreneurs or 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 days
1.0 – 3.0	\$500	\$1,000	\$1,500	\$2,000
3.1 – 6.0	\$600	\$1,200	\$1,800	\$2,400
6.1 – 9.0	\$700	\$1,400	\$2,100	\$2,800
9.1 – 12.0	\$800	\$1,600	\$2,400	\$3,200
12.1 – 15.0	\$900	\$1,800	\$2,700	\$3,600
15.1 – 18+	\$1,000	\$2,000	\$3,000	\$4,000

Follow the instructions and click **next**. You may input credit card information online. You will receive the “Submission Succeeded!” page where you can view and print your receipt.

Submission Succeeded!

Application Successfully Submitted

Thank you for submitting your application with AORN's Approval for Contact Hours program. Your application will be reviewed by The Continuing Education Approval Committee (CEAC).

The CEAC committee is composed of peer volunteer AORN members, two appointed as co-chairs and 14 appointed as reviewers. The purpose of the committee is to maintain AORN's Continuing Education Approval Process. Approximately 11 to 15 applications for approval of contact hours are sent to CEAC members on a rotating basis every three weeks. The committee uses a Criteria Checklist based on criteria dictated by the American Nurses Credentialing Center's Commission on Accreditation to perform a qualitative review of the continuing education activity and either approves the Contact Hours or offer suggestions/guidance to the applicant to improve the activity. The Criteria Checklist is returned to AORN Headquarters, and the CEAC decision is then communicated to the applicant.

To check the status of your application, please visit <http://www.aorn.org/applications/CEAC/>.


If you have any questions about the application process, please call (800) 755-2676, extension 254 or email approvalunit@aorn.org.

View & Print Receipt

Printing Out a Certificate of Attendance and Evaluation

Once your application has been approved, you may print out the Certificates of Attendance and Evaluation forms. You may access your application by clicking on “Submit your application” button as you did before. All of your programs are stored here in the **My Applications** area. Click on “Eval/COA Forms” button.


Historical Perspective of Nursing in the OR	
Reference Number	8962
Title	Historical Perspective of Nursing in the OR
Type	Live Presentation
Event Date(s)	November 17, 2009
Application Status	Approved
My Role(s)	Key Contact
Approval Date	October 23, 2009
Expiration Date	October 23, 2011

 [Eval & COA Forms](#) [Post-Activity Reports](#) [Manage Presenters](#) [View](#)

You will be prompted to enter the activity date plus the city and state.

Generate an Evaluation or Certificate of Attendance

Activity/Session Information


* Document Type	<input checked="" type="radio"/> Evaluation <input type="radio"/> Certificate of Attendance
* Session	Historical Perspectives of Nursing in the OR (Nov 17 2009 - Nov 17 2009) ▾
* Activity City	Denver
* Activity State/Province	CO ▾
* Activity Date	<input type="text"/> 

Then, you will be able to print your certificates and your evaluation forms.

Printing Full Application

Once you have submitted your application, you may view the full application found in you're **My Applications** area. Click on the application link, and the following "View" tab:

▼ Inadvertent Perioperative Hypothermia	
Reference Number	9379
Title	Inadvertent Perioperative Hypothermia
Type	Live Presentation
Event Date(s)	July 16, 2010 — June 16, 2010
Application Status	Administrative Review
My Role(s)	Submitter
Approval Date	<i>N/A</i>
Expiration Date	<i>N/A</i>

 [View](#)

You will be able to print the entire application using your web browser's print function.

QUESTIONS ABOUT THE APPLICATION PROCESS

If you have any questions, please contact that Approval Unit at AORN using the contact information below:

800-755-2676 x254 or x456

Email: approvalunit@aorn.org