

ATTACHMENTS required

Please provide evidence of the following by including these Attachments:

<input type="checkbox"/>	Attachment 1	<u>Educational Activity Planning Table required</u> for all activities. <i>(If the activity is 3 or more hours, a full agenda timeline from registration to closing is also required)</i>
<input type="checkbox"/>	Attachment 2	<u>Biographical data:</u> Names and credentials of all individuals in a position to control content (must identify the individuals who fill the roles of Nurse Planner and content expert(s).
<input type="checkbox"/>	Attachment 3	<u>Conflict of Interest (COI) Forms required</u> for all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content experts and reviewers)
<input type="checkbox"/>	Attachment 4	Documentation of completion and/or certificate. Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant.) <u>*If the activity is longer than 3 hours, attach the agenda for the entire activity</u>
<input type="checkbox"/>	Attachment 5	<u>Commercial Support Agreement</u> with signature and date (if applicable)
<input type="checkbox"/>	Attachment 6	<u>Disclosures/ Evidence of required information provided</u> to learners prior to start of the activity: <ol style="list-style-type: none"> 1. Approval statement as issued by the Northeast Multistate Division <i>Brigham and Women's Hospital is approved as a provider of nursing continuing professional development by the Northeast Multistate Division, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.</i> 2. Learning Outcomes 3. Criteria for successful completion in order to receive contact hours 4. Declaration of presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers) If COI is present, disclosure must include name of person, type of relationship, and name of commercial entity. 5. Commercial support (if applicable) 6. Expiration date (enduring materials only) 7. Name(s) of Joint Providership(s) (if applicable) NOTE: Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and is responsible for adherence to ANCC criteria)
<input type="checkbox"/>	Attachment 7	<u>Summative evaluation</u> (added to the activity file at the conclusion of the activity) <u>Documentation after the event must summarize:</u> <ul style="list-style-type: none"> •Total number of participants •Contact hours earned by each participant •Pertinent findings from the participant feedback, comments, and suggestions for future topics •Documentation by the nurse planner of need for any follow up action steps and actions taken

NursingCEURequest@partners.org.

Completed by: _____ Date: [Click or tap to enter a date.](#)

