

<b>ACTIVITY REQUEST</b>
<b>Requesting Organization Name:</b>
<b>Organization Address:</b>
<b>Title of activity:</b>
<b>Date of first presentation:</b>
<b>How often will this activity be offered?</b> <input type="checkbox"/> One-time <input type="checkbox"/> Multiple times
<b>Location(s)/Address of activity (if applicable):</b>
<b>Proposed Registration fee:</b>
<b>This activity is</b> <input type="checkbox"/> <b>Provider Directed</b> <input type="checkbox"/> <b>Learner-Paced</b>
<b>For web-based activities, list the URL (website address):</b>

<b>A. Assessment of Learner Needs</b>
<i>Instructions: Place a check mark or "x" next to applicable statements or identifying characteristics. (check as many as apply)</i>
<p><b>The need for this activity was identified by:</b></p> <p><input type="checkbox"/> Previous course evaluations      <input type="checkbox"/> Reports on trends in health care system</p> <p><input type="checkbox"/> Quality improvement data <input type="checkbox"/> Consumers</p> <p><input type="checkbox"/> Nursing experts      <input type="checkbox"/> Professional organizations</p> <p><input type="checkbox"/> Research findings      <input type="checkbox"/> Needs assessment or survey</p> <p><input type="checkbox"/> Specifically requested      <input type="checkbox"/> Societal and organizational trends</p> <p><input type="checkbox"/> The Registered Nurse      <input type="checkbox"/> Legislation</p> <p><input type="checkbox"/> Reports of advances in treatments and technology</p> <p><input type="checkbox"/> Other</p>
<input type="checkbox"/> <b>SUPPORTING EVIDENCE/DOCUMENTATION FOR THE ABOVE SELECTION(S) IS ON FILE AND AVAILABLE UPON REQUEST.</b>
Signature

**B. Learning Goal/Purpose Statement**

The purpose is a statement of intent that reflects the rationale for the activity and describes how this activity will enrich the participant's contributions to quality health care and his or her pursuit of professional career goals by addressing identified gaps in knowledge, skills, attitude or practice based on the needs assessment. NOTE: Consider HOW you expect the participant to utilize the information presented once he/she is back in their workplace.

--

**C. Determination of Target Audience**

**1. Please list all target audience disciplines**

Physician     Nurse     Other (Specify):

**2. Please specify area of practice ( Example: Family Practice, Neurology, Pediatric)**

--

**3. Location of Participant**

Rural facility

Suburban facility

Urban facility

Military facility

Skilled Nursing facility/LTC

Home Health facility

Education

Other:

--

**D. & J PLANNING COMMITTEE**

Submit a Biographical Data Form (BDF) and a Disclosure form for each member serving on the Planning Committee. This includes faculty, content specialists and authors. Minimum planning committee membership is two. Resumes and curriculum vitas are NOT accepted.

**Name and Credentials:**

BDF Attached     Disclosure Attached

**Name and Credentials:**

BDF Attached     Disclosure Attached

**Name and Credentials:**

BDF Attached     Disclosure Attached

**Name and Credentials:**

BDF Attached     Disclosure Attached

**Name and Credentials:**

BDF Attached     Disclosure Attached

- A COPY OF THE BDF FOR EACH FACULTY MEMBER IS ATTACHED.
- A COPY OF THE DISCLOSURE FOR EACH FACULTY MEMBER IS ATTACHED.
- A COPY OF THE ED FORM FOR EACH FACULTY MEMBER IS ATTACHED.

## M. Activity Evaluation

*Instructions: Please check all applicable statements or phrases. Check as many as apply.*

1. Identify which evaluation category(ies) is/are most appropriate for this activity and provide the rationale and outcome measurement in the space below. Then, for each evaluation category(ies) selected, describe how the evaluation categories could be assessed long-term as related to improving patient/ client outcomes?

Category	How Assessed
<input type="checkbox"/> Learner satisfaction (Required)	Post activity evaluation
<input type="checkbox"/> Knowledge	
<input type="checkbox"/> Skill and attitude change	
<input type="checkbox"/> Change in practice/performance	
<input type="checkbox"/> Relationship of the practice change to quality of service	

2. Describe the method(s) used by the learner to evaluate this activity:

<input type="checkbox"/> Post-test (passing score: ____)	<input type="checkbox"/> Structured interview
<input type="checkbox"/> Rating scale	<input type="checkbox"/> Attitude scale
<input type="checkbox"/> Direct observation of skill performance	<input type="checkbox"/> Self-reported achievement of each measurable objective

Other:

**3. Describe how the evaluation data will be used:**

<input type="checkbox"/> Make revisions to this or future programs	<input type="checkbox"/> Future planning of educational activities
<input type="checkbox"/> In the development of the participant's portfolio	<input type="checkbox"/> Shared with the planning committee members and faculty
<input type="checkbox"/> Other:	

**4. Describe how the learners will be provided feedback:**

<input type="checkbox"/> Questions and answers during activity	<input type="checkbox"/> Certificate of successful completion
<input type="checkbox"/> Return results of testing	<input type="checkbox"/> Follow-up communication
<input type="checkbox"/> Other:	

**5. Describe how the faculty will be provided feedback:**

<input type="checkbox"/> Informal feedback	<input type="checkbox"/> Post activity feedback
<input type="checkbox"/> Written evaluation	
<input type="checkbox"/> Other:	

**N. A COPY OF THE PROMOTIONAL MATERIAL IS ATTACHED.**

<b>P. Sponsorship and Commercial Support Guidelines</b>	
<i>Instructions: Please check the applicable statements or phrases.</i>	
<b>1. Does this activity receive sponsorship or commercial support?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> List of Commercial Supporters and representatives is attached.	
<input type="checkbox"/> Commercial Supporters and representatives are listed below:	
Company	Representative
<b>2. Describe how content integrity of the educational activity is maintained:</b>	
<i>Instructions: Please check the applicable statements or phrases.</i>	
<input type="checkbox"/> Research conducted by commercial companies are designed and presented with scientific objectivity.	
<input type="checkbox"/> Learners are informed of any or possible off-label use of a commercial product that is referenced in the activity.	
<input type="checkbox"/> Sponsor/Commercial supporters did not influence the planning or presentation of the activity.	
<input type="checkbox"/> Sponsor/Commercial products are distinguished as separate from the activity.	
<input type="checkbox"/> Sponsor/Commercial supporters do not interfere with the planning or presentation of the activity.	
<b>3. Describe what/how precautions are taken to prevent bias in the educational content:</b>	
<i>Instructions: Please check the applicable statements or phrases.</i>	
<input type="checkbox"/> Content and format was reviewed to assure that it did not specify proprietary business and/or commercial interest.	
<input type="checkbox"/> Generic names were used.	
<input type="checkbox"/> Names were made available from several companies.	

**A COPY OF THE COMMERCIAL SUPPORTER LETTER OF AGREEMENT IS ATTACHED FOR ALL COMMERCIAL SUPPORTERS.**

**R. Disclosures Provided to Activity Participants**

*Instructions:* Required disclosures provided to activity participants. Describe the **METHOD** used to notify participants at the beginning of the education activity of the following: (Multiple methods or a single method are appropriate, check all that apply.) Components 2 through 6 must be addressed in the disclosure as to whether there is actual, potential, or no disclosure to be made. *Please check the applicable statements or phrases.*

<b>Disclosures</b>	<b>Promo Material</b>	<b>Handout</b>	<b>AV Slide</b>	<b>Posted at Registration</b>
1. Requirements for successful completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Conflicts of Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Disclosure of Relevant Financial Relationship(s) and Mechanism to Identify and resolve Conflicts of Interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commercial Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Non-endorsement of products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Expiration Date for Awarding Contact Hours (Enduring Materials Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Off-label use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A COPY OF WRITTEN DISCLOSURE IS ATTACHED**

<b>S. Co-Providership</b> (if applicable)	
<i>Instructions: Please check the applicable statements or phrases.</i>	
<b>1. Will the activity be co-provided?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" :	
<input type="checkbox"/> <b>A COPY OF THE CO-PROVIDERSHIP AGREEMENT IS ATTACHED</b>	

**For Internal Use**

**Date Reviewed by Education Board:**

**Approved**

**Not approved**

**Approved with changes**

**Recommendations:**

**Comments:**

# FORMS LIBRARY

**BIOGRAPHICAL DATA FORM**



<b>INSTRUCTIONS:</b> Use this format to provide documentation of your expertise as. <b>Submitted information must not be more than 2 pages. Please do not attach any additional material.</b>			
<b>Check which role you are fulfilling:</b>			
<input type="checkbox"/> RN Nurse Planner		<input type="checkbox"/> Faculty/Content Specialist	
<input type="checkbox"/> Physician Course Director		<input type="checkbox"/> Other:	
<b>Personal and Contact Information</b>			
Full Name :			
Degrees and Credentials :			
Address :			
City :		State :	Zip :
Telephone:	Extension:	FAX:	
E-mail :			
Employer:		Job Title:	
<b>Education</b>			
Degree	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded

Additional Training, Certifications etc.		
Type		Year

**Biographical Data**

Use the space below to briefly describe your professional experience as it relates to your role in this continuing nursing education activity: (add additional areas as needed that relate to this role.)

**Based on the role(s) checked above, complete the appropriate following statement:**

- As Nurse Planner, I have education or experience in the field of education or adult learning and knowledge related to ANCC/TNA criteria through:
  
- As Target Audience Representative, I represent the target audience by:
  
- As Faculty and or Content Specialist, I have content expertise in this topic by:
  
- Other: As \_\_\_\_\_ my professional experience as it relates to this continuing nursing education activity is:

**FACULTY /PLANNER DISCLOSURE FORM**

<b>Faculty Member / Planner</b>														
<b>Activity</b>														
<b>Presentation Title</b>														
<b>A. DISCLOSURE OF FINANCIAL CONFLICT OF INTEREST – Please select the appropriate statement below:</b>														
<input type="checkbox"/> Neither I nor members of my immediate family, spouse or partner have a financial conflict of interest or other relationship with a commercial entity in relation to this activity. <i>If selected, please skip to Section B.</i>														
<input type="checkbox"/> I or members of my immediate family, spouse or partner have a financial interest/arrangement/or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest, regardless of the context of the subject of my content.														
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A. Consultant or Advisory Board</td> <td style="width: 33%;">E. Receipt of equipment/supplies</td> <td style="width: 33%;">I. Stock/Bond Holdings (excluding mutual funds)</td> </tr> <tr> <td>B. Board of Directors</td> <td>F. Direct Honorarium</td> <td>J. Ownership or Partnership</td> </tr> <tr> <td>C. Leadership Position</td> <td>G. Research Grants or Support</td> <td>K. Other relationships (please list below)</td> </tr> <tr> <td>D. Employment</td> <td>H. Speakers' Bureaus</td> <td></td> </tr> </table>			A. Consultant or Advisory Board	E. Receipt of equipment/supplies	I. Stock/Bond Holdings (excluding mutual funds)	B. Board of Directors	F. Direct Honorarium	J. Ownership or Partnership	C. Leadership Position	G. Research Grants or Support	K. Other relationships (please list below)	D. Employment	H. Speakers' Bureaus	
A. Consultant or Advisory Board	E. Receipt of equipment/supplies	I. Stock/Bond Holdings (excluding mutual funds)												
B. Board of Directors	F. Direct Honorarium	J. Ownership or Partnership												
C. Leadership Position	G. Research Grants or Support	K. Other relationships (please list below)												
D. Employment	H. Speakers' Bureaus													
<b>Please indicate the names of the organizations with which you have financial relationships or interests, and the specific topic areas that correspond to each relationship. Use a separate piece of paper if you need more space.</b>														
Organization with Which Relationship Exists	Topic	Relationship <i>Select drop down box or circle the letter/s of corresponding affiliation above if completing manually.</i>												
		N/A A B C D E F G H I J K												
		N/A A B C D E F G H I J K												
		N/A A B C D E F G H I J K												
		N/A A B C D E F G H I J K												
<b>B. DISCLOSURE OF COMMERCIAL INFLUENCE – Please select Yes or No.</b>														
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Did a pharmaceutical company, public relations firm or any commercial entity sponsor the substance or creation of your content directly or indirectly? <input type="checkbox"/> YES <input type="checkbox"/> NO												
<input type="checkbox"/>	<input type="checkbox"/>	Was your content suggested by a commercial entity producing health care goods or services? <input type="checkbox"/> YES <input type="checkbox"/> NO												
<input type="checkbox"/>	<input type="checkbox"/>	Does your content, or is any part of it based on, slides or other materials provided by a commercial entity? <input type="checkbox"/> YES <input type="checkbox"/> NO												
If you answered Yes to any of the above, please explain:														
<b>C. SCIENTIFIC INTEGRITY AND COMMERCIAL SUPPORT -Please check each item listed below to indicate your agreement:</b>														
<b>I attest that my content will:</b>														
<input type="checkbox"/> be for scientific and/or educational purposes only and will not promote a company's products or services directly or indirectly;														
<input type="checkbox"/> reflect total control of content by me;														
<input type="checkbox"/> include no "scripting," emphasis, or influence on content by a company or its agents;														
<input type="checkbox"/> adhere strictly to principles of the highest quality, scientific integrity, and selection of content;														
<input type="checkbox"/> disclose when off-label, investigational, study or non-FDA approved drug or device use is mentioned, encouraged or implied, even if contained in a question from an audience member;														

- be free of commercial influence of bias in my comments, audiovisuals, and handout materials;
- use generic names instead of trade or brand names of pharmaceuticals or other medical products and provide balanced views of treatment options;
- ensure that the content of slides, reference materials, and handouts in print, electronic, or other media will not enhance the specific proprietary interests of any commercial entity;
- ensure delivery of my content is free of the participation of industry representatives who may be in the session room.
- be reviewed and edited if a conflict of interest is identified based on an independent review from a qualified resource.

**D. OFF LABEL DECLARATION - Please select Yes or No.**

YES	NO	I will include in my content a use of a pharmaceuticals and/or medical devices that are not approved by the FDA and/or medical or surgical procedures that involve an unapproved or "off-label" use of an approved device or pharmaceutical.
<input type="checkbox"/>	<input type="checkbox"/>	

**If Yes, please describe the substance(s) or products(s) to be disclosed, including off-label uses and indications.**

**If Yes, please provide contraindications, if any, of off-label discussion of use of substance(s) or product(s).**

**E. STATEMENT OF EVIDENCE-BASED CONTENT AND CONTENT VALIDATION –**

**Please check each item listed below to indicate your agreement:**

The Accreditation Council for Continuing Medical Education ( accrediting agencies) defines content that is acceptable for CE as follows:  
*"Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CE is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public."*

- I attest that :**
- my content is based on evidence that is accepted within the profession of medicine as adequate justification for the indications and contraindications in the care of patients.
  - the source of evidence upon which my content is based is a) approved by the US Food and Drug Administration or b) has been found safe and efficacious through clinical application and is based upon current practice standards in the medical community.
  - all scientific research referred to, reported or used in my content in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.
  - I will not provide content that :
    - promotes recommendations, treatment or manners of practicing medicine that are not within the definition of CE,
    - is known to have risks or dangers that outweigh the benefits
    - is known to be ineffective in the treatment of patients.
- Electronic Signature**
- I verify the information above is correct, and sign this document by entering my name, date, and submitting this form.

<b>Signature</b>	<b>Date</b>



<b>Faculty Member</b>	<b>H.</b>			
<b>Presentation Title</b>				
<b>E. OBJECTIVES</b>	<b>F. CONTENT OUTLINE</b>	<b>G. TIME FRAME</b>	<b>I. METHODS USED TO ENGAGE LEARNER</b>	<b>TOOLS</b>
<p>List the learner objectives in behavioral/measurable outcomes for evaluation.</p> <p>Learning objectives must be written in terms of <u>what the learner will do</u>, and not what the teacher will teach.</p> <p>Learning objectives should relate to the <u>type of result you have already designated</u> so that, for example, if improved competence is the goal, learning objectives should reflect the 'strategies' associated with competence.</p>		<p>Please enter time in minutes</p>	<p><u>Examples include:</u></p> <p>Case studies Audience Response System Reflection Worksheet Return Demonstration Team Case Study</p>	<p>Non-educational interventions support learners in achieving the intended results of this CE activity.</p> <p><u>Examples include:</u></p> <p>Patient reminders Algorithms Pocket cards Assessments</p>

## WRITTEN DISCLOSURE



**ACTIVITY TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### DISCLAIMERS

The information provided at this CME/CE activity is for continuing education purposes only and is not meant to substitute for the independent medical/clinical judgment of a healthcare provider relative to diagnostic and treatment options of a specific patient's medical condition.

### NON-ENDORSEMENT OF PRODUCTS

The Camena Group, Inc. does not imply either real or implied endorsement of any product, service, or company referred to in this educational activity.

### ACCREDITATION STATEMENTS

#### Nursing Accreditation Statement

The Camena Group, Inc. is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This activity provides \_\_\_\_\_ contact hours.

### INSTRUCTIONS ON HOW TO RECEIVE CREDIT

In order to receive CME/CNE credit, participants must sign-in, review the CME/CNE information (accreditation, learning objectives, faculty disclosures, etc.) and attend the CME/CNE activity. Participants should also complete the activity evaluation form and return it to the appropriate representative following the activity.

### EVIDENCE-BASED CONTENT

It is the policy of The Camena Group, Inc. to review and ensure that all content and any recommendations, treatments, and modes of practicing medicine in CME/CNE activities are scientifically based, valid, and relevant to the practice of medicine. The Camena Group, Inc is responsible for validating the content of the CME/CNE activities provided.

Specifically, (1) all recommendations addressing the medical care of patients must be based on evidence that is scientifically sound and recognized as such within the profession; and (2) all scientific research referred to, reported, or used in CME/CNE in support or justification of a patient care recommendation must conform to generally accepted standards of experimental design, data collection, and analysis.

### UNAPPROVED USE DISCLOSURE STATEMENT

The Camena Group, Inc requires CME/CNE faculty to disclose to attendees when products or procedures discussed are off-label, unlabeled, experimental, and/or investigational (not FDA approved); and any limitations on the information that is presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion. Information presented is intended solely for continuing medical education and is not intended to promote off-label use of these medications. If you have questions, contact the medical affairs department of the manufacturer for the most recent prescribing information.

**The following speakers have indicated they have no off-label, unlabeled, experimental, and/or investigational (not FDA approved) use information to disclose relative to the content of this CME/CNE activity:**

### FACULTY CONFLICT OF INTEREST DISCLOSURE STATEMENT

It is the policy of The Camena Group, Inc. to ensure balance, independence, objectivity, and scientific rigor in all of its activities. The Camena Group, Inc. ensures that all personnel involved in the planning and production of an accredited activity will disclose any and all potential conflicts of interest and resolve them prior to the CME/CNE activity. Each activity is planned, presented, and evaluated in accordance with the standards developed by the governing accrediting entities.

The following speakers and/or planning committee members have indicated they have no relationship(s) with industry to disclose relative to the content of this CME/CNE activity:

The following speakers and/or planning committee members have indicated that they have relationship(s) with industry to disclose:

**This activity has received commercial funding from the following:**

**CO-PROVIDER AGREEMENT**



**The following co-providership agreement is initiated between the Camena Group, Inc. and**

Co-provider Organization Name:

Organization Address:

**For the purpose of planning, developing and implementing:**

Title of activity:

Date of activity:

Location(s)/Address of activity (if applicable):

**The Camena Group, Inc. is responsible for the following elements:**

- Appropriate educational objectives and content
- Content specialist planners and activity faculty
- Awarding contact hours
- Record keeping procedures
- Evaluation methods and categories
- Management of commercial support

---

Provider Representative:

---

(Signature above)

---

Date above

---

Print Name:

---

Title:

---

Co-Provider Representative:

---

(Signature above) IF APPLICABLE

---

Date above

---

Print Name:

---

Title:

---

**Please submit this packet and any attached documentation to:**

Kathy Lyda  
Camena Group, Inc.

Email: [Kathy@camenagroup.com](mailto:Kathy@camenagroup.com)

Fax: 817.337.3991

Mail: 2665 Johnson Rd  
Southlake, TX 76092