

**Provider Unit: AOHP**  
**Approver Unit: OHIO ORGANIZATION NURSE EXECUTIVES (OONE)**  
**Faculty Directed CE Activity Application**

**Office Use only:** Application Received: \_\_\_\_\_  
ID#: \_\_\_\_\_

---

**A. Demographic Information/Resources:**

Individual Submitting the CE Activity Application: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Location: \_\_\_\_\_

|                      |                                 |
|----------------------|---------------------------------|
| Presentation Date(s) | # Contact Hours (CH) calculated |
| _____                |                                 |

As appropriate, check the applicable Category of CE:

- |   |   |
|---|---|
| <input type="checkbox"/> Category A Law and Rule  | <input type="checkbox"/> Category B Non-certified Clinical Nurse Specialist |
| <input type="checkbox"/> Category C Dialysis Care | <input type="checkbox"/> General Continuing Education                       |

**B. Planning Committee:** *List three committee members. The person completing the application can be a committee member. The committee must include at least one registered nurse (RN) from the target audience. An individual with a baccalaureate degree and/or relevant experience in adult education and/or CE should be a member of the planning committee. A licensed practical nurse (LPN) must be represented on the planning committee if the target audience includes licensed practical nurses. (If more space is needed for planning committee, attach a separate sheet.)*

Name: \_\_\_\_\_

Education: \_\_\_\_\_

Name: \_\_\_\_\_

Education: \_\_\_\_\_

Name: \_\_\_\_\_

Education: \_\_\_\_\_

**C. Target Audience:**  Registered Nurses  Licensed Practical Nurses  
 Dialysis Technicians  Others: (specify)

Program content is intended for individuals practicing in what area? (i.e. critical care, oncology, dialysis etc.)  
(Specify) \_\_\_\_\_

How was learner input considered in selection of topic, scheduling and location? **Check all that apply.**

- Topic requested by staff  Quality improvement activities  
 Patient population & nature of care provided  
 Central location & appropriateness of meeting space  
 Scheduled at a time to facilitate attendance  Other (specify)

**D. Faculty Credentials:** *List credentials of all faculty. If more space is needed, attach an addendum and label.*

Name: \_\_\_\_\_

Education: \_\_\_\_\_

Current Title/Position: \_\_\_\_\_

Qualifications specific to topic being presented: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Education: \_\_\_\_\_

Current Title/Position: \_\_\_\_\_

Qualifications specific to topic being presented: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Education: \_\_\_\_\_

Current Title/Position: \_\_\_\_\_

Qualifications specific to topic being presented: \_\_\_\_\_

\_\_\_\_\_

**E. Teaching Methods:** Check all that apply.

- Lecture  Powerpoint  
 Handouts  Overheads/slides  
 Video  Other (specify)

**F. Co-Sponsor:** Is program being co-sponsored?  Yes  No

If yes, attach a copy of the agreement.

**G. Content Outline:** Complete the **Faculty-directed content outline** on the form included with this application. Outline must include **behavioral objectives**, outline of **content**, **time frame(s)** for each objective, and **faculty** for each presentation. **Additional copies can be made of the content outline form. Each page should be numbered. The content must be reflective of the definition of continuing education:** "A planned activity that builds upon a licensee's or certificate holder's prelicensure or recertification education program and enables the licensee or certificate holder to acquire or improve skills, knowledge, or behavior that promote professional or technical development or advance the licensee or certificate holder's career goals."

**H. Evaluation:** A copy of all evaluation tools must accompany the application.

The CE activity Program will be evaluated by: **(Check all that apply)**

- Standard evaluation form.  Post test; The passing score is \_\_\_\_.
- Other (specify)**

**I. Criteria For Successful Completion:** Check all applicable criteria for successfully completing the program.

- Attendance at **entire** event.  Complete evaluation form.
- Score of \_\_\_\_ on posttest.  Contact Hr. adjusted for partial attendance
- Other (specify)**

The criteria for successful completion will be communicated by: **(Check all that apply)**

- Advertising  Announcement before program begins.
- Other (specify)**

**J. Record Keeping:** Sponsor must indicate record keeping commitment and describe record storage, security and retrieval. **Record Keeping Commitment:** Sponsor will maintain the application, all related correspondence, attendance rosters, summary evaluations & number of contact hours awarded to each participant in a retrievable file accessible only to authorized personnel for a period of six years:

- Yes  No **(check here)**

Describe where records will be stored, the security and retrieval system: \_\_\_\_\_

---

**K Advertising:** A copy of advertising or in-house flyer is required.

- In-house flyer is enclosed.  Draft advertising is enclosed.

**L. Contact Hours:** One approved hour continuing education awards 1.2 contact hours.

The CE activity requested calculates to \_\_\_\_ contact hours.

**M. CE Certificate:** A "mock-up" of the CE certificate to be issued is required.

A draft of the CE certificate to be issued to participants.  **(check here)**

**N. Agenda:** An agenda for all day or multi-day programs is required.

- Agenda is enclosed.  Not Applicable  **Other (specify)**

**O. Objectives:** Participant will receive objectives via:  CE certificate  Handouts  
 Advertising  Other (specify)

**P. Attestation: (To be completed only by individual applicants submitting application directly to OONE)**

Program provider/applicant agrees to:

- Comply with all OONE and OBN requirements for all aspects of the program;
- Inform OONE of any changes to the program and future dates of presentation if it is approved by OONE; and
- Comply with all requests from the OBN and OONE for data/information related to the program.

---

**Applicant Signature**

---

**Date**

**Fee:**

**There is a fee of \$25 per contact hour for those programs sponsored by AOHP.**

- A check, made payable to AOHP, is enclosed in the amount of \$ \_\_\_\_\_

**NOTE: A Co-Sponsored program requires additional forms. A different fee for nursing contact hours will apply. Please contact the AOHP Continuing Education Chair for further information.**

**The following attachments are included with the application:**

- |  |   |
|--|---|
| <input type="checkbox"/> Additional Planning Committee members | <input type="checkbox"/> Additional faculty credentials |
| <input type="checkbox"/> Co-Sponsor agreement                  | <input type="checkbox"/> Agenda                         |
| <input type="checkbox"/> Evaluation form                       | <input type="checkbox"/> Post-test                      |
| <input type="checkbox"/> Advertising                           | <input type="checkbox"/> Mock-up of CE certificate      |
| <input type="checkbox"/> Other (describe) _____                |   |

Rev. 9/2004(OONE)  
modified: 2/2006 AOHP/jf

**Faculty-directed Content Outline**

**PROGRAM TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

| <p align="center"><b>Behavioral Objectives</b></p> <p>1 – 2 objectives per hour. Must start with a behavioral, measurable verb.</p> | <p align="center"><b>Outline of Program Content</b></p> <p>Content must relate to each objective and not be a restatement of the objective. Must be sufficiently detailed for reviewers to know what will be presented.</p> | <p align="center"><b>Faculty Name</b></p> <p>Single Faculty: list name once. Multi-faculty: list name(s) related to content.</p> | <p align="center"><b>Time Frame</b></p> <p>List time for each objective &amp; section of content.</p> |
|---|---|--|---|
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |

Rev 2/2003