Continuing Health Education
Co-Sponsorship Instructions

Iowa Board of Nursing, Provider #6

7/15/13
Dear Facilities,

Welcome to Iowa Western’s Continuing Health Education Co-Sponsorship agreement. Iowa Western is committed to providing and Co-Sponsoring Continuing Health Education programs that are current, evidence-based and relevant to today’s health professional. In order to ensure that the programs we Co-Sponsor meet the criteria as set forth in the Iowa Administrative Code for the Board of Nursing, we require that standards be met prior to a program being awarded CEUs/Contact Hours. This instructional manual will walk you through our process and help you to become acquainted with the Iowa Administrative Code and Iowa Board of Nursing criteria for appropriate subject matter. These instructions are for our yearly contract facilities as well as one-time users of our services.

We thank you for partnering with us in providing this education to your employees and the healthcare professional community. Iowa Western’s objective is to enhance the practitioner’s educational needs and the health needs of the consumer.

If you have questions regarding the process listed in this manual, please contact Lana Hansen at 800/432-5852, ext. 3265 or 712/325-3265 or I can reached via email lhansen@iwcc.edu.

Sincerely,

Lana Hansen

Lana Hansen BSN, RN
Program Coordinator
Continuing Health Education
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The following forms listed in the Appendix section are also available for download on our website at: iwcc.edu

  • Highlight the Continuing and Career Education tab at the top of the page
  • Look under the header: Health Occupations (to the right of the page)
  • Click on CEU Co-Sponsorships
What is Co-Sponsorship?

Iowa Western is an Iowa Board of Nursing approved provider, #6. We are the responsible party for maintaining records and standards as set forth by the Iowa Board of Nursing. Iowa Western follows all Providership Rules and Regulations that are listed in the 655 Iowa Administrative Code (IAC), Chapter 5.

According to 655 Iowa Administrative Code (IAC), 5.3(2), paragraph “b”, subparagraph (14) “If desired, cosponsor an offering provided by a non-approved provider. When cosponsoring is done, the approved provider is responsible for assurance that all criteria in subrule 5.3(2) are met. A co-sponsorship contract or letter of agreement shall delineate responsibilities of all parties, which includes the approved provider awarding the credit and maintaining the program and participant records. Co-sponsorship is not acceptable for learner designed self study.”

What does this mean for you as the co-sponsor? Even though you, as a co-sponsor, are presenting the program, Iowa Western is ultimately responsible for maintaining the standards and our Providership. Our Providership is renewed every five years through the Iowa Board of Nursing.

Getting Your Program Approved

First, you will need to send the Purpose/Objective Form and Speaker Bio Data Form in for approval. You must send in the forms 60 days prior to the date of the intended program. This gives us proper time to review and assess if the program and presenter meet the proper criteria. Iowa Western will work with you and your facility to see if the program will meet appropriate criteria. The required forms and information are available on our website: http://www.iwcc.edu/Continuing_Education/health_occupations/ceu.asp

In our efforts to be greener and expedite the process, please email the forms and necessary documents to Lana Hansen at lhansen@iwcc.edu.

FACILITY CONTRACTS

If you have a contract with us and run the same program multiple times, you will not need to send in the Purpose/Objective Form once the program is approved. Once you have your speaker approved, you will not need to continue to send in the Speaker Bio Data Form either. You will only need to email the dates the program was offered prior to program. If you have a new speaker presenting the information, the speaker will need to be approved prior to the program.
ONE-TIME CONTRACTS

This category is for those that do not have a yearly contract. It is imperative for these contracts to get the information in 60 days prior to the program date for approval.

Fees For CEU Approval

Yearly contract fees are based on approximately how many programs are run during the year, the number of participants, and the number of hours the programs are as well as our administrative fees associated with the workload. These factors are taken into consideration with each individual facility contract.

The one-time contracts are based using the same criteria. Rates do vary; please contact Lana Hansen at lhansen@iwcc.edu.

Getting Started

APPROPRIATE AUDIENCE

When planning your program, keep in mind who your intended audience is. The appropriate audience would include Nurses (both LPN and RN), Social Workers, and other Healthcare Professionals. Inappropriate audiences would include lay people, caregivers who are not Healthcare Providers and volunteers. It is possible to have a mix of both at a program. If this is the case, it is very important that the material being presented is appropriate content for the Healthcare Professional.

APPROPRIATE CONTENT

According to Iowa Administrative Code (IAC), 5.3(2) paragraph “a,” subparagraphs (1) to (6): “Appropriate subject matter for continuing education reflects the educational needs of the nurse learner and the health needs of the consumer. Subject matter is limited to offerings that are scientifically founded and predominantly for professional growth. The following areas are deemed appropriate subject matter for continuing education credit:

(1) Nursing practice related to health care of patients/clients/families in any setting.
(2) Professional growth and development related to nursing practice roles and designed to enhance the delivery of patient care and health service.
(3) Sciences upon which nursing practice, nursing education, or nursing research is based, e.g., nursing theories and biological, physical, behavioral, computer, social, or basic sciences.
(4) Social, economic, ethical and legal aspects of health care
(5) Management or administration of health care, health care personnel, or health care facilities.
(6) Education of patients or their significant others, students, or personnel in the health care field.”

Self growth and development are not considered appropriate content unless it is related to how this affects patient care. This should be reflected in the purpose, objectives and content.

According to Iowa Administrative Code (IAC), 5.3(2) paragraph “b,” subparagraph (10): “Structure program content and learning experience to related to the stated purpose and objectives. Program content shall cover one topic or a group of closely related topics, current, relevant, scientifically based supportive materials shall be used.”

When planning your program(s), you will find it helpful to keep these criteria in mind and think about which actual appropriate criteria you are meeting. If you are unsure your program will meet the above, we will help you to determine if it is appropriate content.

APPROPRIATE PRESENTER(S)

After you have identified your topic, it is important to have a presenter who is qualified to speak on your selected topic.

According to Iowa Administrative Code (IAC), 5.3(2) paragraph “d,” subparagraphs (1) to (7): “Criteria related to faculty of informal offerings. The faculty shall:

(1) Be current, knowledgeable, and skillful in the subject matter of the offering by having evidence of further education in the subject. Such education shall be acquired through course completion or an advanced degree, experience in teaching in the specialized area within the three years preceding the offering, or six months work experience in the specialized area within the three years preceding the offering.
(2) If applicable, be skillful in assisting a nurse in designing a learner designed self-study program by having experience or education in course design.
(3) Include a nurse if the subject matter is nursing or if it is learner designed self-study.
(4) Encourage active participation of the nurse learners enrolled in the offerings.
(5) Utilize principles of adult education in teaching strategies.
(6) Utilize teaching methodologies appropriate to the subject, audience and the time allotment.
(7) Utilize current supportive material by drawing from resources that are predominantly less than five years old unless the topic is of an historical nature.”
#2 of the above criteria does not apply as learned self designed study is not approved for Co-sponsored programs.

Iowa Western will need to determine if your presenter meets the criteria. The presenter’s CV, Resume or Bio Data Sheet is acceptable. This will need to accompany the Purpose/Objective Form. Please refer to the APPENDIX section of this manual. We are electronically storing the presenters’ information. If you have already submitted a copy of the information, it may not be necessary to resend it.

**Purpose Statement**

Your purpose statement should reflect the overall purpose of the program. This can be as simple as a sentence. If you are planning a conference of several presentations, the purpose statement will reflect the overall purpose of the conference. Your objectives will then specifically address what the learner is to accomplish at the end of the conference.

**Writing Objectives**

Objectives should be learner centered and be objective. They should reflect, in measurable terms, what the learner will learn at the completion of the program. Objectives are based on the overall purpose and title of the program. When writing the objectives for your program, keep the following in mind:

- are these objectives specific
- are these objectives observable
- are these objectives achievable in the allotted time
- do these objectives measure learning outcomes

For those familiar with Bloom’s Taxonomy, the action verbs associated with the different levels of learning is appropriate. The table of suitable action verbs related to Bloom’s Taxonomy is available in chart form on the following page. As with any part of this process, we are here to help you if you need assistance.

Example: At the completion of this program, the learner will:

State..
List...
Define…
### Action Verbs for Writing Objectives

<table>
<thead>
<tr>
<th>Know</th>
<th>Comprehend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>Classify</td>
</tr>
<tr>
<td>Define</td>
<td>Cite</td>
</tr>
<tr>
<td>Describe</td>
<td>Conclude</td>
</tr>
<tr>
<td>Enumerate</td>
<td>Make sense of</td>
</tr>
<tr>
<td>Find</td>
<td>Describe</td>
</tr>
<tr>
<td>Identify</td>
<td>Predict</td>
</tr>
<tr>
<td>Label</td>
<td>Estimate</td>
</tr>
<tr>
<td>List</td>
<td>Explain</td>
</tr>
<tr>
<td>Match</td>
<td>Generalize</td>
</tr>
<tr>
<td>Name</td>
<td>Give examples</td>
</tr>
<tr>
<td></td>
<td>Illustrate</td>
</tr>
<tr>
<td></td>
<td>Summarize</td>
</tr>
<tr>
<td></td>
<td>Trace</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Apply</th>
<th>Analyze</th>
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<td>Assess</td>
<td>Break down</td>
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<tr>
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<td>Classify</td>
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<tr>
<td>Choose</td>
<td>Compare</td>
</tr>
<tr>
<td>Compute</td>
<td>Contrast</td>
</tr>
<tr>
<td>Construct</td>
<td>Correlate</td>
</tr>
<tr>
<td>Demonstrate</td>
<td>Diagram</td>
</tr>
<tr>
<td>Determine</td>
<td>Differentiate</td>
</tr>
<tr>
<td>Develop</td>
<td>Discriminate</td>
</tr>
<tr>
<td>Establish</td>
<td>Distinguish</td>
</tr>
<tr>
<td></td>
<td>Evaluate</td>
</tr>
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<td></td>
<td>Adapt</td>
</tr>
<tr>
<td></td>
<td>Categorize</td>
</tr>
<tr>
<td></td>
<td>Compose</td>
</tr>
<tr>
<td></td>
<td>Construct</td>
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<td>Formulate</td>
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<td>Generate</td>
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<tr>
<td></td>
<td>Incorporate</td>
</tr>
<tr>
<td></td>
<td>Integrate</td>
</tr>
</tbody>
</table>

CE Units of Measurement

The terms ‘CEU’ and “Contact Hours’ are examples of time measurement, however, they are not interchangeable. 1 contact hour=50 minutes=.1 CEU. No credit is awarded for programs less than 1 contact hour.

In order to avoid confusion on the conversion from CEU to contact hours, we will be using the term ‘Contact Hours’ on all hours awarded. Your advertising flyers should reflect this verbiage as well.

CONTINUING EDUCATION-UNITS OF MEASUREMENTS
IOWA BOARD OF NURSING

<table>
<thead>
<tr>
<th>HOURS</th>
<th>MINUTES</th>
<th>CONTACT HOURS</th>
<th>CEU EQUIVALENT</th>
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<tr>
<td>0</td>
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<td>1.0</td>
<td>.1</td>
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<td>60</td>
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<td>.12</td>
</tr>
<tr>
<td>1.5</td>
<td>90</td>
<td>1.8</td>
<td>.18</td>
</tr>
<tr>
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<td>120</td>
<td>2.4</td>
<td>.24</td>
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<tr>
<td>2.5</td>
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<td>.3</td>
</tr>
<tr>
<td>3</td>
<td>180</td>
<td>3.6</td>
<td>.36</td>
</tr>
<tr>
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<td>210</td>
<td>4.2</td>
<td>.42</td>
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<td>.48</td>
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<td>5.4</td>
<td>.54</td>
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<td>6</td>
<td>.6</td>
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<td>6.6</td>
<td>.66</td>
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<td>360</td>
<td>7.2</td>
<td>.72</td>
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<td>6.5</td>
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<td>.84</td>
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<tr>
<td>7.5</td>
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<td>480</td>
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<td>.96</td>
</tr>
<tr>
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<td>510</td>
<td>10.2</td>
<td>1.02</td>
</tr>
<tr>
<td>9</td>
<td>540</td>
<td>10.8</td>
<td>1.08</td>
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</table>

Obtained from Iowa Board of Nursing website:
http://www.state.ia.us/nursing/images/pdf/Continuing%20Education/CEUnits_of_Measure.pdf
Updated by: L. Hudson 04/08/2013
Co-Sponsorship Presenter Agreement Form

In order to assure that all of the programs that we co-sponsor are held as advertised, it is required that a Co-Sponsorship Presenter Form be filled out and sent in with the necessary paperwork. This agreement assigns responsibility to the presenter or program coordinator for conducting the program according to the dates/times that were awarded by Iowa Western. Below is a copy of the form that will need to be completed and turned in. A full version of the form is available in the appendix of this booklet or can be downloaded from our website.

---

Co-Sponsorship Presenter Agreement

PROGRAM ____________________________________________________________

PRESENTER(S) ___________________________________________________________

DATE _________________   TIME ______________   HOURS_____________

The above program is a Co Sponsorship program between the Continuing Health
Education Division and ______________________________. The program is
being presented for Continuing Education through Iowa Western Community College,
Iowa Board of Nursing Provider #6. The program may be cancelled or postponed if the
minimum enrollment is not attained.

Accurate program attendance records will be maintained and submitted to the Continuing
Education Office upon completion of the program.

Any change in program meeting time or dates must be cleared with the appropriate
Continuing Education Coordinator.

Please sign this form and return one
Copy with certificates to the address listed below.

Lana Hansen BSN, RN #1380
Iowa Western Community College
Continuing Health Education Office
2700 College Road
Council Bluffs, IA 51503

IWCC Coordinator Signature     Date
Purpose/Objective Form

The purpose and objective form is required when submitting requests for CE approval. The following items must be addressed:

- Title
- Audience
- Purpose
- Objectives
- Presenter(s) with Credentials
- Date/Time
- Fee/Refund Policy
- City, State
- Co-Sponsor Name

This form is available on our website as a word document. It is preferred that you type in the information and email back as an attachment to Lana at lhansen@iwcc.edu.

Advertising Materials

When advertising your program, officially or unofficially, it is important to include the following wording in your documents at all times:

- Continuing Education Contact Hours awarded by Iowa Western Community College, Iowa Board of Nursing Provider #6
- When listing the hours approved, be sure to use the term ‘Contact Hours’
- Cost of program along with refund policy

The Iowa Western logo may be used for advertising materials that we are co-sponsoring. Requests may be emailed to Lana at lhansen@iwcc.edu.

Please send in any advertisement materials with your documents for approval.
Certificate of Attendance

Currently we are using duplicate, ½ sized, carbon copy certificates that the attendees fill out with the following information: (Attendees retain the white, top copy)

- Social Security Number (at least last 4 digits)
- Last, First Name
- Birth date
- Address, City, State, Zip
- Home, Work Phone
- Course Title (program name)
- Program Presenter
- Class Date (program date)
- Time frame
- Email Address
- Course Location (city, state)
- License/Certification Number (REQUIRED FOR CREDIT)
- Amount of contact hours you attended of program

In order to keep the files accurate and current, we do require certain identifying information for our database. The information is protected under FERPA.

In our efforts to improve our processes, it may be possible to utilize a different certificate for our co-sponsors. We may be able to utilize a standard certificate pdf that is a print only file that would require the attendee to fill in their name. When using this certificate, we would still need to work with you to capture the above information that is on the standard ½ certificate. We would create the certificate and the facility would be responsible for printing and circulating them to the attendees. Contact Lana to find out if your program would qualify for this.

Attendees are asked to maintain their white copy of the certificate for a period of 4 years from the date of the program. Duplicate certificates are available per request for a fee of $10.00.

Program Roster

To ensure proper attendance by the participants, we require that you create and send in a roster of the attendees for each of the programs we co-sponsor. For conferences that include more than 1 day, a sign-in roster is required for each day the conference is scheduled.
Evaluation Forms/Instructions

According to Iowa Administrative Code (IAC), 5.3(2) paragraph “b”, subparagraph (11): “The provider shall not require exchanging an evaluation form for a certificate of completion”.

In other words, you cannot withhold a certificate if the attendee chooses not to fill out an evaluation form.

There are several forms you may use for the evaluation of your program. These are also available on our website for you to download and personalize. Examples are included in the APPENDIX of this manual. If you use your own evaluation form, include the following statement:

It is required to send in only the Evaluation Summary. Do not send in the individual evaluation forms. They will be returned and the paperwork will be considered incomplete. Awarded hours may be in jeopardy if necessary paperwork is not sent in completed. You can send the summary in a variety of ways. You can download to a spreadsheet, a paragraph summary, or you may use a copy of the evaluation form with the numbers recorded on it. Return a tally of the evaluation forms to Lana.

Record Keeping

In order to keep our records current and up to date, we require specific identifying information. This identifying information is protected by FERPA and only a limited number of people have access to this information in our office. We electronically file all information and our electronic records are maintained indefinitely. The Iowa Board of Nursing asks that all attendees keep their certificate for a period of 4 years. Duplicate copies of certificates are available per request for a fee of $10.00. Transcripts of programs attended by the attendee are available at no cost.
After the Program

After the program is complete, please send in the following within 2 weeks of the program date:

- Copy of Program Purpose/Objective Form
- Co-Sponsorship Presenter Agreement Form (if not already submitted)
- Roster
- Yellow copy of ½ certificates
- Evaluation Summary

Resources

Reference related to 655 Iowa Administrative Code (IAC), 5.3(2) was retrieved from:

APPENDIX

Sample Yearly Facility Letter of Agreement Purpose/Objective Form Co-Sponsorship Presenter Agreement Form Presenter Data/Bio Sheet Attendee Instructions Evaluation Forms 655 Iowa Administrative Code (IAC), 5.3(2)

The following forms can also be downloaded and accessed from our website at: iwcc.edu

- Highlight the Continuing and Career Education tab at the top of the page
- Look under the header: Health Occupations (to the right of the page)
- Click on CEU Co-Sponsorships
Letter of Agreement

Name of Business
and
Iowa Western Community College
for
Co-Sponsorship of Continuing Educational Offerings

Continuing Educational programs offered at (Name of Business) have the following objective: to enhance the practitioner’s educational needs and the health needs of the consumer.

1.0 Name of business (initials of business) agrees to:
   1.1 Provide promotion to (initials of business) employees and select participants outside (initials of business).
   1.2 Provide program instructor, facility and audio/visual equipment.
   1.3 Provide IWCC with program objectives, purpose, outline and instructor resumé prior to the program. Attendance sheet will be provided to IWCC following the program.
   1.4 Provide IWCC with one set of class materials.
   1.5 Conduct registration as acting IWCC representative.
   1.6 Reimburse IWCC (price), the annual fee to cover approved provider and administrative fees. This fee enables (initials of business) to offer as many programs as desired and to an unlimited number of participants.

2.0 Iowa Western Community College (IWCC) agrees to:
   2.1 Approve content and provide CEU/Contact Hours approval for identified licensed certified personnel.
   2.2 Provide (initials of business) with continuing education registration forms or certificates for all participants.
   2.3 Provide assistance with registration when requested.
   2.4 Provide state licensing boards with required program and attendance information.
   2.5 Provide CEU file when requested.
   2.6 Maintain records of program.
   2.7 Issue certificates of completion with evidence of Contact Hours/CEU’s awarded.

(Full name of Business)

Name (PLEASE PRINT LEGIBLY)                Title
_________________________________________    ____________________________________
Signature                        Date

Street Address                                                         City                                        State                Zip
___________________________________________________________________________________
Phone                                                           Fax                                                    Email
___________________________________________________________________________________

Lana Hansen BSN, RN Program Coordinator       Date
Contract valid to June 30, 2015

9/17/14
Iowa Board of Nursing Provider #6

TITLE:

AUDIENCE:

PURPOSE:

OBJECTIVES:

PRESENTER:

DATE:

TIME:

TOWN LOCATION:

FEE:

CONTACT HOURS:

CO-SPONSOR:
Co-Sponsorship Presenter Agreement

PROGRAM: __________________________________________________________

PRESENTER(S): ______________________________________________________

DATE: _______________ TIME: _______________ CONTACT HOURS APPROVED: _______________

The above program is a Co Sponsorship program between the Continuing Health Education Division and _________________________________. The program is being presented for Continuing Education through Iowa Western Community College, Iowa Board of Nursing Provider #6. The program may be cancelled or postponed if the minimum enrollment is not attained.

Accurate program attendance records will be maintained and submitted to the Continuing Education Office upon completion of the program.

Any change in program meeting time or dates must be cleared with the appropriate Continuing Education Coordinator.

Please sign this form and return one copy with certificates to the address listed below

Lana Hansen BSN, RN #1380
Iowa Western Community College
Continuing Health Education Office
2700 College Road
Council Bluffs, IA 51503

Presenter/Coordinator Signature ___________________ Date ______________

Lana Hansen BSN, RN #1380
Iowa Western Community College
Continuing Health Education Office
2700 College Road
Council Bluffs, IA 51503

IWCC Coordinator Signature ___________________ Date ______________
Presenter Biographical Data Form

Name with credentials/degrees:__________________________________________

Address:________________________________________________________________

Phone:__________________________________________________________________

Position/Title and Company:_____________________________________________

Relevant Experience Related to Program Topic:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
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______________________________________________________________________

**A CV or résumé may be submitted in place of this document**
Attendee Instructions for Certificate

In order to receive proper credit for this program, please fill out the following information on the ½ certificate.

- Social Security Number (at least last 4 digits)
- Last, First Name
- Birth date
- Address, City, State, Zip
- Home, Work Phone
- Course Title (program name)
- Class Date (program date)
- Time frame
- Email Address
- Course Location (city, state)
- License/Certification Number (REQUIRED FOR CREDIT)
- Amount of contact hours you attended.

Be sure to sign any rosters that are available for each program

For questions related to the CEU co-sponsorship of this program, please contact Lana Hansen at (712)-325-3265 or through email at lhansen@iwcc.edu
Iowa Western Community College Continuing Health Education
IBON Provider #6

TITLE:  
Date:  
Location:  

EVALUATION
Complete this form and turn it in as you leave the room. Please evaluate how well this educational activity met the following objectives and criteria.

<table>
<thead>
<tr>
<th>Purpose Statement:</th>
<th>Presenter(s):</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>a. Purpose was met.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>b. PRESENTER’S NAME demonstrated expertise in the content.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>c. Teaching strategies were appropriate for the material.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
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As a participant in the program, I am now able to:

2. LIST OBJECTIVE #1
   a. Objective was met. | 5 | 4 | 3 | 2 | 1 | N/A |
   b. PRESENTER’S NAME demonstrated expertise in the content. | 5 | 4 | 3 | 2 | 1 | N/A |
   c. Teaching strategies were appropriate for the material. | 5 | 4 | 3 | 2 | 1 | N/A |

3. LIST OBJECTIVE #2
   a. Objective was met. | 5 | 4 | 3 | 2 | 1 | N/A |
   b. PRESENTER’S NAME demonstrated expertise in the content. | 5 | 4 | 3 | 2 | 1 | N/A |
   c. Teaching strategies were appropriate for the material. | 5 | 4 | 3 | 2 | 1 | N/A |

4. LIST OBJECTIVE #3
   a. Objective was met. | 5 | 4 | 3 | 2 | 1 | N/A |
   b. PRESENTER’S NAME demonstrated expertise in the content. | 5 | 4 | 3 | 2 | 1 | N/A |
   c. Teaching strategies were appropriate for the material. | 5 | 4 | 3 | 2 | 1 | N/A |

5. Presentation was given without evidence of commercial bias or influence. | 5 | 4 | 3 | 2 | 1 | N/A |

The physical facilities were appropriate. Yes ___ No ___

Facility Comments:

Please make comments below about the program and suggestions for future activities and speakers below.

Thank you for your participation!
5.3(1) Board authority. The board derives its authority under Iowa Code chapter 272C to create requirements for becoming an approved provider and maintaining that status. The board also has the authority to develop an audit, a mechanism to verify compliance with criteria for approved providers.

5.3(2) Criteria for approved providers. The approved providers shall show evidence of capability to adhere to criteria indicative of quality continuing education activities for nurses.

a. Criteria related to appropriate subject matter. Appropriate subject matter for continuing education credits reflects the educational needs of the nurse learner and the health needs of the consumer. Subject matter is limited to offerings that are scientifically founded and predominantly for professional growth. The following areas are deemed appropriate subject matter for continuing education credit:

1. Nursing practice related to health care of patients/clients/families in any setting.
2. Professional growth and development related to nursing practice roles and designed to enhance the delivery of patient care and health service.
3. Sciences upon which nursing practice, nursing education, or nursing research is based, e.g., nursing theories and biological, physical, behavioral, computer, social, or basic sciences.
4. Social, economic, ethical and legal aspects of health care.
5. Management or administration of health care, health care personnel, or health care facilities.
6. Education of patients or their significant others, students, or personnel in the health care field.

b. Criteria related to operation of an approved continuing education providership. The provider shall:

1. Have a consistent, identifiable authority who has overall responsibility for the operation of the providership and execution of the informal offerings who is knowledgeable in administration and has the capability to organize, execute, and evaluate the overall operations of the providership.
2. Have an organizational chart to delineate lines of authority and communication within the providership as well as within the parent organization, if applicable, and other cooperative or advisory committees.
3. Develop and implement a philosophy, goals and objectives consistent with the controlling institution, if applicable, which reflect the provider beliefs about nursing, education, and continuing education. These shall indicate the overall direction of the providership for a five-year period.
4. Maintain financial integrity so that participants receive the continuing education for which they have paid.
5. Maintain participant and program records as specified in paragraph “c” of this subrule.
6. Demonstrate active nursing participation in the planning and administration of informal offerings. Nursing participation shall be documented in a written statement of policy, denotation on the organizational chart, and planning minutes.
7. Select appropriate subject matter designed to fulfill the educational needs of nurses in order to meet the health care needs of consumers. Have a subject matter plan which indicates the mechanism of assessing the learning needs of the population to be served and describes how the provider shall meet the appropriate subject matter criteria as specified in subrule 5.3(2), paragraph “a,” subparagraphs (1) to (6).
8. Demonstrate planning for each offering that includes a statement of purpose and measurable, educational objectives.
9. Provide notification to licensees of the availability of informal offerings. A brochure or written advertisement shall be developed for all informal offerings other than learner designed self-study and a copy shall be sent to the board prior to each offering. The brochure or advertising shall accurately describe the activities by including the date, time, location, statement of purpose, educational objectives, intended audience, credentials of instructors, amount of continuing education credit to be awarded, and, if applicable, costs and items covered by the fee and refund policy. The board-approved provider number shall appear on the brochure or written advertisement.
10. Structure program content and learning experience to relate to the stated purpose and objectives. Program content shall cover one topic or a group of closely related topics. Current, relevant, scientifically based supportive materials shall be used.
(11) Develop policies and procedures for verification of satisfactory completion of the activity by each participant including a system for verification of satisfactory completion, the control methods to ensure completion and a method to inform participants that completion of the offering is required prior to the award of credit. The provider shall not require exchanging an evaluation form for a certificate of completion. The provider may award credit to other members of the providership who attend but do not serve as organizers during the actual offering. The provider may make an exception and award partial credit in extreme emergency conditions. The provider may make an exception and award credit for the portion of time the speaker attended the offering excluding the presentation time; however, full credit may be awarded to a speaker who presents the offering for the first time. The provider may base the verification of satisfactory completion of an extended course on the participant’s meeting the course objectives rather than on the number of sessions attended.

(12) Develop policies and procedures for management of continuing education programs including registration procedures, tuition refund, and enrollee grievances.

(13) Assign credit according to a uniform measure of credit as defined in subrule 5.2(2), paragraph “d.” No credit shall be awarded for less than one contact hour or .1 CEU.

(14) If desired, cosponsor an offering provided by a nonapproved provider. When cosponsoring is done, the approved provider is responsible for assurance that all criteria in subrule 5.3(2) are met. A cosponsorship contract or letter of agreement shall delineate responsibilities of all parties, which includes the approved provider awarding the credit and maintaining the program and participant records. Cosponsoring is not acceptable for learner designed self-study.

(15) An approved provider shall notify the board within 30 days of changes in the administrative authority or address of the providership or the inability to meet the criteria.

c. Criteria related to record system and maintenance of continuing education programs. The provider shall:

(1) Maintain participant records for a minimum of four years from the date of program completion. The participant records shall include the name of licensee, license number, contact hours or CEUs awarded, offering titles, and dates of offerings. The record system shall provide for secure storage and retrieval of the participant records of continuing education. Secure storage shall include limiting employee access and describing security measures. Individual attendance and information regarding each offering shall be available within two weeks upon request from individual nurses or the board. If individual nurses are assessed a fee for this retrieval service, the fee shall be specified.

(2) Maintain program records for a minimum of four years from the date of program completion. Program records for all informal offerings, other than learner designed self-study, shall include a brochure or advertising, roster of participants to whom credit was awarded, and a summary of the program including participant and provider evaluations. The provider shall maintain records for one informal offering which includes all required materials for renewal for approved providers as specified in subrule 5.3(4), paragraph “a,” subparagraph (6).

Program records for learner designed self-study shall include the written agreement between the learner and provider, date of completion, and learner and provider evaluations.

(3) Furnish a certificate to each participant documenting the date the credit was earned. The front of the certificate shall display: participant’s name, provider number, contact hours or continuing education units awarded, dates of the offering, subject matter taken, and a reminder to the participant to retain the certificate for four years. A certificate issued by electronic means must be a print-only file.

d. Criteria related to faculty of informal offerings. The faculty shall:

(1) Be current, knowledgeable, and skillful in the subject matter of the offering by having evidence of further education in the subject. Such education shall be acquired through course completion or an advance degree, experience in teaching in the specialized area within the three years preceding the offering, or six months’ work experience in the specialized area within the three years preceding the offering.

(2) If applicable, be skillful in assisting a nurse in designing a learner designed self-study program by having experience or education in course design.

(3) Include a nurse if the subject matter is nursing or if it is learner designed self-study.
(4) Encourage active participation of the nurse learners enrolled in the offerings.
(5) Utilize principles of adult education in teaching strategies.
(6) Utilize teaching methodologies appropriate to the subject, audience, and time allotment.
(7) Utilize current supportive materials by drawing from resources that are predominantly less than five years old unless the topic is of an historical nature.
(8) Not receive credit when teaching participants; however, an exception may be made as specified in subrule 5.3(2), paragraph “b,” subparagraph (11).
(9) Not receive credit for learner designed self-study from a provider which employs them in the regular administration of the providership.

c. Criteria related to evaluation of continuing education programs. The provider shall include:
(1) A design for participants to assess achievement of program objectives, faculty effectiveness, and teaching-learning methodologies, resources and facilities for each offering.
(2) Evaluation techniques to assess the effectiveness of each offering and plan for future offerings.
(3) A method of notifying the participants that the evaluation may be submitted directly to the board.

f. Additional criteria related to management of learner designed self-study for providers who wish to guide this type of education. The provider shall:
(1) Provide a written application process through which the learner describes the following:
   Individual’s assessed need for the learning activity which meets the criteria related to appropriate subject matter found in this subrule, paragraph “a.”
   Purpose for pursuing the learning activity.
   Objectives clarifying the purpose and providing a description of expected learning outcomes in measurable, behavioral terms.
   Learning experiences or activities detailed in a plan for achieving the behavioral objectives.
   Learning resources identifying people, materials, and facilities to be utilized to achieve the purpose and objectives.
   Timetable for completion of learning activities.
   Method of evaluation to be used which ensures completion of the learning activities, the objectives, and the number of hours required.
(2) Provide a written agreement with the learner. The written agreement shall include:
   The approved written application.
   Cost and refund policy.
   Number of contact hours to be awarded.
   The board-approved provider number.
   Signatures of the nurse learner and the faculty managing this learner designed self-study.
   Date of the agreement.
(3) Provide an evaluation which indicates successful completion of the terms of the written agreement and the award of a certificate of completion.