



AANP Continuing Education Accreditation Application

AMERICAN ACADEMY OF NURSE PRACTITIONERS

Effective date January 1, 2010

Please note that all of the forms included in this packet are provided for your convenience. The information requested may be provided in other formats.



CONTINUING EDUCATION APPROVAL PROGRAM

The American Academy of Nurse Practitioners (AANP), the largest, oldest, and only full-service organization for NPs of all specialties, is committed to promoting high quality continuing education appropriate to nurse practitioners (NPs). AANP-approved continuing education is universally accepted by all NP certifying bodies. The enclosed and abbreviated guidelines are provided for developing continuing education program packets for AANP approval. Detailed policies and standards are described in the AANP CE Policy Handbook.

We hope to make the submission process as simple as possible. While sample forms are provided for your use (pages 6-15), other formats are acceptable, as long as all required information is submitted and is legible. The information is required to allow AANP reviewers to evaluate submissions based on the relatedness and quality of objectives, content, faculty, and allotted time, as well as on principles of teaching and learning.

AANP is a continuing education accrediting body. As such, AANP continuing education (CE) is not affiliated with or accredited by any other organization. AANP CE activity approval indicates that an educational activity has been reviewed by the AANP CE staff and deemed to be educationally sound, relevant to NP practice, and meets all AANP CE requirements. AANP CE standards are similar to those of the ACCME. AANP- approved programs must be fair and balanced (unbiased). In addition to planning balanced content on proposed topics, commercial funding and faculty-industry relationships must be disclosed to learners. The FDA, OIG, PhRMA, and ACCME have established guidance for industry supported scientific and educational events. The implementation of AANP-approved programs should be consistent with this guidance.

AANP's approval of individual programs DOES NOT imply partnership or sponsorship of the activity. Use of the AANP logo is not applicable for program approval. For AANP-approved activities, AANP is acting as the accreditor or approver, not as a provider. As such, AANP does not enter into commercial agreement regarding implementation of the program and/or management of funds. Providers interested in AANP having further involvement and sharing provider responsibilities should contact AANP CE department early in the activities development, to discuss and negotiate a potential partnership.

The appropriate review fee and a complete application must be received before a packet will be reviewed. A fee schedule is provided on page 5 of this packet. Review fees are non-refundable. AANP will not accept and hold for completion continuing education program applications that are missing required documentation; incomplete applications will be returned. Applications are not considered pending until accepted for review (complete).

“Hard copy” applications (2 complete copies) must be received at least six (6) weeks prior to the date on which the program will be offered. Electronic copies will be accepted up to four (4) weeks prior to the program date for programs less than 16 contact hours. For programs 16 contact hours or more 45 days are required for the review. Exceptions will be made for electronic packets received in this office less than four weeks prior to the first offering date and accompanied by an additional fee (applicable fees on page 5). ***No packet will be accepted less than 2 weeks prior to the scheduled date. Programs are not reviewed/approved retroactively.***

Please refer questions about the status of your application to Stormy Causey, AANP CE Coordinator, at (512) 442-4262, extension 5244 or email: scausey@aanp.org. Contact JoEllen Wynne, RN, FNP-BC, Associate Director of Education, at (512) 442-4262 extension 5225 or jwynne@aanp.org for questions specific to the development of your packet/program.

This packet includes copies of the following sample forms for your use or adaptation:

- Application Cover Sheet (p. 6)
- Speaker Bio-Sketch (p. 7)
- Speaker Disclosure (p.8)
- Program Description (p. 9-10)
- Program Evaluation (p. 11)
- Program Roster (p. 12)
- Sample Flyer/Invitation (p.13)
- Certificate of Completion (p. 14)
- Sample Agenda (p. 15/16)
- Session Disclosure/Financial Support Schedule (p. 17)
- Planner Disclosure (p. 18)

Email one complete copy with required fees to scausey@aanp.org

Or: Send 2 copies of the full packet, with appropriate fees to:

AANP
Attention: Stormy Causey, CE Coordinator
2600 Via Fortuna, Ste 100
Austin, TX 78746
(This is also the overnight delivery address)

Or FAX one copy to (512) 442-6469

Please note that all of the forms included in this packet are provided for your convenience. The information requested may be provided in other formats.

Key Guidelines for AANP Continuing Education Approval

NP Continuing Education (CE): NP continuing education is defined as a systematic and structured educational activity designed to enhance the knowledge and skills of NPs to provide patient-centered and evidence-based care within the milieu of the healthcare environment and to ultimately promote positive outcomes. CE excludes activities designed for promotion of specific products, services, or devices. No promotional activities may occur during CE events. This includes distribution of product brochures or product information in conjunction with handouts. No slides or handouts developed by a commercial interest may be used during presentations.

Pharmacology Content: On request, pharmacology CE credit will be identified. The cover sheet must indicate the amount of pharmacology credit requested and pharmacology content clearly identified in the program description. Incidental mention of pharmacological treatments does not qualify for pharmacology credit. In order for content to be approved for pharmacology credit, it should be designed to improve the learners' ability to prescribe; examples include content on pharmacokinetics and clinical applications of drugs. Incidental mention of pharmacological treatments does not qualify for pharmacology credit. In order for pharmacology credit to be approved, the learning objective and content description must adequately support the approval.

Contact Hours: The AANP contact hour is the equivalent to 60 minutes of learning. Most NP certifying bodies and regulatory agencies requirements are stated in terms of contact hours. The recommended length for live AANP-approved CE programs is at least one contact hour of learning. No program will be approved for less than .25 contact hours. Credit is awarded only for the educational presentation and for time devoted to questions and answers. Credit is not awarded for time spent in introductory remarks, breaks, product exhibits, or program evaluation.

Credit Breakdown: AANP credit approval will be broken down by session or day for programs involving multiple sessions, if requested on the cover sheet application and ample detail is provided in the content session to allow completion with initial review. See worksheets pages 15/16.

Credit for Poster Session: CE credit may be approved for poster sessions held in conjunction with "live" programs of at least 1 contact hour in duration. The formula used to determine actual poster session credit awards 0.1 contact hour per two posters (i.e. 3 minutes/poster). There should be at least six posters submitted for credit. To request poster session credit, list title, presenter(s) name/credentials, and objective(s) for each poster in the CE application.

Enduring Materials: Enduring materials which are developed from a live meeting must have a separate application. Applications involving enduring materials/independent learning programs must include a statement regarding how the credit request was determined. AANP prefers the use of the Mergener formula for consistency across print programs. A Mergener formula worksheet is available from AANP CE reviewers upon request. If using a Pilot test it must include at least three individuals who were not involved in the planning or development of the content. The results of the pilot test must include the names and credentials of the three learners, the completion time for each individual, and the average of the three

Claimed Credit: Learners should claim credit only for the portion of the program they attended and successfully completed.

Required Planning Criteria: Certain criteria are universally expected by AANP, as well as by certification and regulatory bodies when considering the appropriateness and quality of a program. When developing your application, the following information should be made evident, regardless of the format used:

- The intended audience
- How the need for the topic was determined (not required with application submission, must be available upon request)
- Measurable, participant objectives of the program
- Content summary
- Each speaker/faculty member's educational and experiential qualifications for the topic
- The evaluation plan.

Please note that all of the forms included in this packet are provided for your convenience. The information requested may be provided in other formats.

Fair and Balanced Programming: Whether or not providers receive educational grants from product manufacturers or vendors, they are responsible for ensuring that the program provides fair and balanced coverage of the topic. It is important that all educational grant or other support be acknowledged to learners; faculty, planners, and others who may control the activity's content disclose any relationships with industry; faculty disclose any discussion of off-label, experimental, or investigational use of drugs or devices; providers maintain control of the content, faculty selection, and program evaluation; educational activities are separated from promotional functions; program evaluations include measurement of any perceived commercial or other bias in the activity.

Individuals serving on an industry speakers bureau may be considered as faculty for AANP-accredited CE programs on clinical areas other than the general focus of their speakers bureau activities. For topics in the same clinical area as their speakers bureau activities, faculty may be considered for content limited to areas such as disease prevalence, risk factors, diagnosis, and pathophysiology, i.e. not including therapeutic options beyond incidental mention of broad classes of drugs. As always, all conflicts of interest must be resolved prior to accreditation.

Required Forms: Forms are provided, including the following: program planning form, speaker bio-sketch form (to ensure experience/education related to topic. (No CVs), speaker disclosure form (to identify any potential conflict of interest /off label or experimental/investigational use of drugs/devices), planner disclosure form, program evaluation form (to measure program outcomes including any detected bias), certificate of completion and program announcement (to depict correct way to acknowledge support). If any potential source of bias or conflict is identified while planning a program, the program committee must take measures to ensure that content is fair and balanced and a notation added to describe these measures. AANP reviewers also assist in the process of ensuring fair and balanced content, as they consider the proposed content and faculty details and make recommendations, when warranted. Please submit samples of any program-related material, including announcements, certificates, etc.

Record Maintenance: Program providers must maintain records for at least six years, including a copy of the approved program, any related announcement, program date/time, participant roster, credit awarded, evaluation summary, certificate copy, etc.

Post-Program Submission: Within one month of the program, a summary program evaluation and copy of attendance roster must be submitted to AANP for review. Rosters must include a count for total participants, total NP participants and a unique identifier (not SSN) for each individual. They must also include a statement validating that any speaker COI and off-label information was disclosed to the participants. NP participants may not be grouped together with RN or PA attendees. For programs that are repeated, the above reports are due at one month, at one year and again one month after the program is completed.

Review Process: A member of the AANP CE staff promptly reviews all packets received. If not complete upon submission the application will be returned. Incomplete applications will not be "pending" nor accepted in multiple pieces. Submitters are contacted if clarifying information is needed. The submitter/provider is notified if the program is either "approved" or "not approved" before each program's initial presentation. Examples of reasons for non-approval include determination that the program: does not go beyond basic NP education, is deemed to be promotional, does not include qualified faculty, or is otherwise educationally unsound. An Appeal can be requested in writing, within 30 days of denial; only the **original** application will be reviewed during an Appeal.

As part of the review each program is assigned an ID number, which is sent to the program provider. This number must be referenced with any/all communications and reports.

Approval Period: Once accepted, approval is granted for two years, providing that no changes are made. At one year the Sponsor is responsible for review of the program's content and updating the information as needed.

Withdrawal of Credit: AANP reserves the right to withdraw credit at any time it is determined that a program does not meet the criteria for an accredited activity.

Payment: Payment can be made by check, payable to American Academy of Nurse Practitioners, or by credit card. For credit card payment, provide the appropriate information on the attached cover sheet (page 6). Checks must be sent via over-night delivery if application is sent via email.

Please note that all of the forms included in this packet are provided for your convenience. The information requested may be provided in other formats.

Fee Schedule: The following fee schedule is effective January 1, 2009. AANP is moving towards a paperless application process – please note the ‘hard copy’ handling fee for paper applications mailed to the office and faxed applications (not applicable to Group Members) and the expedited review fee for certain electronic submissions.

***Group Member Fees:** AANP group member benefits include free review of 12 applications for individual programs (under 9 contact hours) each calendar year. AANP Group Members submitting more than 12 packets in any calendar year will pay \$25 for each additional program of less than 9 contact hours.

****Expedited Review Fee:** Submissions received less than four weeks before a program start date must be accompanied by an expedite fee. *Expedite fee applies to all applications, including those submitted by AANP Group Members and Non-Profits 501 (c).* NOTE: Only applications submitted electronically will be accepted for expedited review and programs of 16 contact hours or more must be submitted 45 days in advance of the program start date. Application accepted for expedited review will be completed within 2-4 weeks of submission based on the date it is accepted for review.

*****Hard Copy Handling Fee:** Hard copies must be received at least six weeks before program begins. ***This does not apply to group members with programs under 10 contact hours. Applications received less than two weeks prior to the anticipated program start date will not be accepted for review.

Category	Fee	*AANP Group Member Fee	501(c) (letter required)
REVIEW FEE* (nonrefundable)			
0.25-4.9 contact hours Up to 2 presentations	\$200	Up to 12 free reviews each calendar year.	\$105
5-8.9 contact hours Up to 2 presentations	\$240		\$125
9-16.9 contact hours Up to 2 presentations	\$280	\$65	\$150
17 –25.9 contact hours Up to 2 presentations	\$320	\$75	\$170
26 or more contact hours Up to 2 presentations	\$360	\$85	\$190
Repeated Presentations 3+: \$50 per	\$50 each	*Not applicable to Group Members 0	\$25 each
Enduring CE Programs	\$1000.00	\$250.00	\$500.00
**EXPEDITED REVIEW FEES (for electronic submissions only)			
	\$100	\$25	\$25
Hard Copy Handling Fee * (*NOTE: This includes Faxed copies)	\$50	*Not applicable to Group Members 0 (Programs less than 10 contact hours)	\$25

AANP CE WebPages Listing: AANP maintains a free listing for state, regional or nationally offered AANP-approved programs (see www.aanp.org). Check the box on the application cover page (page 6). If the contact information to register for your program is different from that of the primary contact person already listed on this page, please include the appropriate contact details – such as phone/fax number, email address and/or website.

Please Provide the Following for Website CE Calendar and Independent Study CE listings: This is how the participant will get more information or register. URL (if different from the Sponsor’s website) is for online programs, monographs and other Independent Study programs.

Website: _____

Email: _____

Phone: _____ Fax: _____

URL: _____

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AMERICAN ACADEMY OF NURSE PRACTITIONERS

CONTINUING EDUCATION APPLICATION COVER SHEET

Note: All details must be provided in a legible form. Provide two (2) complete copies, including all documentation, are required for hard-copy applications.

A. Submitting Sponsor: _____
AANP Group Member? Yes _____ No _____ Group Member Number _____
Not-for-Profit (501c)? Yes _____ No _____ Letter of Non-profit status on file with AANP Yes _____ Attached _____

B. Program Title: _____

C. Program Type: _____ D. Location: _____ Initial Program Date _____

E. Target Audience: _____

F. Need Determined By: __ Surveys __ Prior Program Evaluations __ Literature Review
____ Professional Organization Recommendations __ New/evolving technology ____ Other

G. Indicate any accreditation by any of the following: __ ACCME ____ AAFP ____ State Board of Nursing/ANCC

H. Primary Contact Person: _____

Title: _____ Address: _____

Website: _____

Phone: _____ FAX: _____ E-mail: _____

I. Number contact hours requested*⁺: Total: _____ Pharmacology (if applicable): _____

* Specify how enduring material credit determined (Mergener formula, pilot test - see AANP CE Policies, etc.):

+ Indicate here if more detailed credit breakdown is requested: _____ By-Session ____ By-Day

J. Fees Submitted: (Payment must accompany application. See below.)

Review Fee: _____ (See fee schedule) ____ Enduring ____ Live ____ # times presented

Expedite Fee: _____ (See fee schedule for response in 2-4 weeks - electronic submissions only)

Hard Copy Handling Fee: _____ (\$50/\$25 * includes faxed copy) - Free to Group Members

Total: _____

K. This program is supported in part or whole by grant from: _____

(Please list any grants which may be pending at time of application submission. Use separate sheet if needed.)

This includes any speaker receiving funding from an outside source.

****GROUP MEMBERS MUST SUPPLY GRANT REQUEST COVERSHEET - CONTACT CEGRANTS@AANP.ORG**

L. I have reviewed the AANP CE Policy Handbook within the last 12 months. Initial Here _____

Email complete application, along with credit card payment, to: scausey@aanp.org. Or mail 2 complete copies to AANP, Attention: Stormy Causey, CE Coordinator, PO Box 12846, Austin, TX 78711. You may also FAX 1 complete copy to (512) 442-6469 with credit card payment.

For overnight delivery address ONLY: AANP, Attn: S. Causey, CE Coordinator, 2600 Via Fortuna, Suite 100; Austin, TX 78746

Please list on AANP CE Website Calendar Yes _____ No _____ (Schedule and/or online information provided in application)

____ Enclosed is my check, payable to: American Academy of Nurse Practitioners

____ Please charge my credit card: ____ Visa ____ MasterCard ____ American Express

Card #: _____ Exp. Date: _____

Cardholder name: _____ Signature: _____

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AMERICAN ACADEMY OF NURSE PRACTITIONERS

CONTINUING EDUCATION FACULTY/PLANNER BIOGRAPHICAL SKETCH FORM

****Submit a brief bio-sketch for each presenter or faculty person. The “bio-sketch” should be no more than two pages long. CV and/or resume will NOT be accepted. This form will be used to ensure that the faculty has educational preparation and experience in the related content area.**

NAME: _____ DEGREES: _____

ADDRESS: _____

TELEPHONE: _____

PRESENT EMPLOYER: _____

CURRENT TITLE: _____ CURRENT POSITION DESCRIPTION: _____

EDUCATIONAL BACKGROUND:

Degree	Institution (Name, City, State)	Major Area of Study	Year Completed

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE/EXPERTISE RELATED TO TOPIC:

* Obtain/submit disclosure for each faculty person.

Please note that all of the forms included in this packet are provided for your convenience. The information requested may be provided in other formats.



Continuing Education Faculty Disclosure Form

Name: _____

Contact Phone: _____ Contact E-mail: _____

Presentation Title: _____

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

I have or an immediate family member has a financial relationship or other affiliation with a proprietary entity producing health care goods or services. Please check the relationship(s). (Check all that apply)

- Research Grants
- Speakers' Bureaus*
- Ownership
- Consultant for Fee
- Stock/Bond Holdings (excluding mutual funds)
- Employment
- Partnership
- Others (please list) _____

Please indicate the names of the organizations with which you have a financial relationship or interest, and the specific clinical areas that correspond to the relationship. If more than four relationships please list on separate page:

Organization with which Relationship Exists	Clinical Area Involved
1.	1.
2.	2.
3.	3.
4.	4.

- ❖ Did you participate in company-provided speaker training related to your proposed topic? _____ Yes _____ No
 - ❖ Did the company provide you with slides of the presentation in which you were trained as a speaker? _____ Yes _____ No
 - ❖ Did the company pay the travel/lodging/other expenses? _____ Yes _____ No
 - ❖ Did you receive an honorarium or consulting fee for participating in this training? _____ Yes _____ No
 - ❖ Have you received any other type of compensation from any company? Please Specify: _____ Yes _____ No
- _____
- ❖ When serving as faculty for the CE Provider, will you use slides provided by a proprietary entity for your presentation/handout materials? _____ Yes _____ No
 - ❖ Will your topic involve information or data obtained from commercial speaker training? _____ Yes _____ No

DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

____ The content of my material(s)/presentation(s) in the CE activity **will not** include discussion of unapproved or investigational uses of products or devices.

____ The content of my material(s)/presentation(s) in the CE activity **will** include discussion of unapproved or investigational uses of products or devices. Verbal disclosure will be made during the presentation.

Please specify off-label or investigational use: _____

If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure to disclose, false disclosure, or inability to resolve conflicts of interest will require the CE Provider to indentify a replacement.

Signature: _____ Date: _____

(Electronic Signature accepted: Typed signature with date indicates electronic verification of the information provided.)

* AANP Policy: Individuals serving on an industry speakers bureau may be considered as faculty for AANP-accredited CE programs on clinical areas other than the general focus of their speakers bureau activities. For topics in the same clinical area as their speakers bureau activities, faculty may be considered for content limited to areas such as disease prevalence, risk factors, diagnosis, and pathophysiology, i.e. not including therapeutic options beyond incidental mention of broad classes of drugs. As always, all conflicts of interest must be resolved prior to accreditation.

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CONTINUING EDUCATION APPLICATION SAMPLE PROGRAM DESCRIPTION FORM (Sample II)

**This form provides an alternate format for program description. It may be completed, adapted, or used as a guide. Information may be hand-written, but must be legible. . You may use this page OR page 9 – outline - you do not need to use both.*

PROGRAM TITLE:					
I. Objectives	II. Related Content/Topics	III. Time Frame	IV. Teaching Method(s)	V. Presenter(s)	VI. Pharmacology
List each educational objective for the program. Each session must have individual objectives/not overall program objectives.	Summarize major content or topic related to each objective. Any pharmacology credit must be supported by this section.	Identify the time planned for each objective or cluster of content.	List (or circle) teaching methods planned for each objective or cluster of content.	List presenter/ speaker for each objective or cluster of content.	Check below to indicate areas included in request for pharmacology credit.
			Lecture Discussion Question/answer Demonstration/return demo Other:		
			Lecture Discussion Question/answer Demonstration/return demo Other:		
			Lecture Discussion Question/answer Demonstration/return demo Other:		
			Lecture Discussion Question/answer Demonstration/return demo Other:		
			Lecture Discussion Question/answer Demonstration/return demo Other:		

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AMERICAN ACADEMY OF NURSE PRACTITIONERS
Continuing Education Program Evaluation

Program Title: _____ Program ID # _____
(Required)

Date: _____ Location: _____

Circle the number that best fits your evaluation of this program:
1=not at all 2=somewhat 3=quite a bit 4=completely

As a result of completing the CE Activity:

1. To what degree do you believe you will be able to achieve the following objectives?

Table with 4 columns (1-4) and 4 rows (Objective 1-4)

2. To what degree were the teaching methods used appropriate to the objectives?

Table with 4 columns (1-4)

3. To what degree did each of the following speakers demonstrate expertise and effectiveness in the topic?

Table with 4 columns (1-4) and 3 rows (Speaker 1-3)

4. To what degree were the individual objectives/content topics cohesive with one another?

Table with 4 columns (1-4)

5. To what degree was the content balanced (free of commercial bias)?

Table with 4 columns (1-4)

6. Speaker(s) fully disclosed any conflict of interest and discussion of off-label usage of medication and/or medical devices.

Table with 4 columns (1-4)

7. How appropriate was the environment to promoting learning?

Table with 4 columns (1-4)

8. How likely would you be to recommend this program to your colleagues?

Table with 4 columns (1-4)

9. What, if any, recommendations would you like to share for future improvement of this program?

10. Was the level of content for NPs: Too Basic? Just Right? Too Advanced? (Please circle one.)

11. What topics would you like to be offered in the future?

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Sample Program Announcement:

The NP Group of City, State

invites you to attend:

Updates on NP Practice

Speaker: Nurse Practitioner, MSN, NP-C

Learning Objectives: At the end of the presentation, participants will be able to:

Objective 1

Objective 2

Objective 3

Date/Time: January 6, 2009 at 6:30 p.m.

**Location: Name of Facility
Street Address**

RSVP to: NP Group Representative at: XXX-XXXX by December 1, 2008

**This program is supported by an unrestricted educational grant
from XXX Pharmaceuticals.**

CONTINUING EDUCATION CERTIFICATE

This is to certify that

(Name of participant or attendee)

has attended and successfully completed the educational activity

Title of Program

This program has been granted ____ contact hours of continuing education (which includes ____ pharmacology hours)
by the American Academy of Nurse Practitioners. Program ID # _____

This program was planned in accordance with AANP CE Standards and Policies and AANP Commercial Support Standards.

Participant: Please claim only the portion of this program that you attended/successfully completed. ____ Contact hours.

Location: (city, state)

Date: (of program)

Coordinator: (Name of person coordinating program)

Sponsor/Provider:

Program Agenda/Schedule: Please fill out for all programs that are over 10 contact hours, have concurrent sessions or request session-by-session and/or day-by-day breakdowns. ****Example at bottom of page.** (Use this or the spreadsheet also provided page 15 – you do not need to complete both.)

Day One Morning: Day/Date _____

Time	Session	Contact Hours	Pharm	Speaker

Day One Afternoon/Evening: Day/Date _____

Time	Session	Contact Hours	Pharm	Speaker

Day Two Morning: Day/Date _____

Time	Session	Contact Hours	Pharm	Speaker

Day Two Afternoon/Evening: Day/Date _____

Time	Session	Contact Hours	Pharm	Speaker

Add more as required to show all your days/sessions and breakouts. Please indicate concurrent session by filling in complete times for each.

****Example: Day One Morning: Saturday, December 8, 2007**

Time: 8 am to 1 pm	Session	Contact Hours	Pharm	Speaker
8:00 am to 8:15 am	Introduction	0	0	Group President
8:15 am to 10:15 am	Diabetes Update	2	1.0	Dr XXXX
8:15 am to 10:15 am	Massage & Blood Pressure: Does It Really Work	2	0	XXXX, FNP Massage Licensed
10:30 am – 12 pm	Inhaled Insulin Dosages & Precautions	1.5	1.5	Pharmacist XXXX
10:30 am – 12 pm	Korean Hand Therapy	1.5	0	Massage Therapist XXXx
Lunch till 1 pm	Lunch & Poster Presentations	0.5	0	Poster Presenters

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Continuing Education Planner Disclosure Form

Name: _____

Contact Phone: _____ Contact E-mail: _____

CE Sponsor/Organization/Group: _____

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

I have a financial relationship or other affiliation with a proprietary entity producing health care goods or services. Please check the relationship(s). (Check all that apply)

- Research Grants
- Speakers' Bureaus*
- Ownership
- Consultant for Fee
- Stock/Bond Holdings (excluding mutual funds)
- Employment
- Partnership
- Others (please list) _____

Please indicate the names of the organizations with which you have a financial relationship or interest, and the specific clinical areas that correspond to the relationship. If more than four relationships please list on separate page:

Organization with which Relationship Exists	Clinical Area Involved
1.	1.
2.	2.
3.	3.
4.	4.

- ❖ Did you participate in company-provided speaker training related to your proposed topic? _____ Yes _____ No
 - ❖ Did the company provide you with slides of the presentation? _____ Yes _____ No
 - ❖ Did the company pay the travel/lodging/other expenses? _____ Yes _____ No
 - ❖ Did you receive an honorarium or consulting fee for participating in this training? _____ Yes _____ No
 - ❖ Have you received any other type of compensation from any company? Please Specify: _____ Yes _____ No
- _____
- ❖ When serving as a program planner for this CE event, will you use slides/content provided by a proprietary entity for your presentation/handout materials or data obtained from commercial speaker training? _____ Yes _____ No

If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure to disclose, false disclosure, or inability to resolve conflicts of interest will require the CE Provider to indentify a replacement. **I also attest that any faculty identified by myself for this program was chosen independently without involvement of any commercial interest.**

Signature: _____

Date: _____

(Electronic Signature accepted: Typed signature with date indicates electronic verification of the information provided.)

AANP Continuing Education Decision

