

American Association of Critical-Care Nurses

Required Supporting Documents for Individual Activity Applicants

This document serves as a supplement to the Program Approval Policy and describes the documents required for submission by Individual Activity Applicants. For questions email: programapproval@aacn.org

Requested Document Upload Format

Please follow the examples below for correct naming of documents to be uploaded.

Concept: (Number from this document). (Abbreviated title). (Abbreviated program title).

Example Program Name: Nurse Planner Training (NPT)

- 1.EDPF.NPT
- 2.Certificate.NPT
- 3.DE.NPT
- 4.IDM.FirstnameLastname.NPT
- 5.Agenda.NPT
- 6.CSA.NPT
- 7.PSF. NPT

1. Educational Design Process Form

Provide a completed copy of the [Educational Design Process Form](#)

2. Certificate

Provide a copy of the certificate of completion to be used and ensure it includes*:

- Participant name
- Title and date of the educational activity
- Name and address of provider of the educational activity (web address or full mailing address)
- Number of contact hours awarded
- Approval statement:
 - *This nursing continuing professional development activity was approved by the American Association of Critical-Care Nurses, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

3. Disclosure Example

Provide a copy of the disclosure script or slide to be used, be specific in the wording as we must review the exact language of the disclosure. Ensure disclosure includes:

- Approval Statement:
 - *This nursing continuing professional development activity was approved by the American Association of Critical-Care Nurses, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*
- Learner requirements to receive contact hours
- Disclosure of commercial support (if applicable, absence of support should NOT be disclosed)
- Disclosure of financial relationships between planners, faculty, etc. with ineligible companies
 - Do NOT disclose financial relationships for individuals only involved with non-clinical sessions
 - DO disclose absence of relevant financial relationships with ineligible companies
 - DO disclose all relevant financial relationships:
 - The names of the ineligible companies with which they have relationships
 - Identify ineligible companies by their name only. Do not include ineligible companies' corporate or product logos, trade names, or product group messages.
 - The nature of the relationships
 - A statement that all relevant financial relationships have been mitigated

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4. Individual Disclosure and Mitigation Forms (if applicable)

Submit an [Individual Disclosure and Mitigation Form](#) for every individual with the ability to control content who discloses a relationship with an Ineligible Company.

5. Agenda or Flyer (If applying for ≥ 3 Contact Hours)

Provide a copy of agenda or flyer and ensure it contains the pre-approval statement:

- If advertising is released *prior to approval* and after an application has been submitted and paid to AACN, the following statements must be used:
 - This activity has been submitted to the American Association of Critical-Care Nurses for approval to award contact hours. The American Association of Critical-Care Nurses is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.*
- If the advertising is to be released *after approval* is received, the following statements must be used:
 - This nursing continuing professional development activity was approved by the American Association of Critical-Care Nurses, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Approval refers to recognition of continuing education only and does not imply AACN or ANCC approval or endorsement of the content of this educational activity.*

6. Commercial Support Agreement (if applicable)

Provide a copy of the [Commercial Support Agreement](#)

7. Poster Session Form (if applicable)

Provide a copy of the [Poster Session Form](#)

Additional Requirements for California AACN Chapters ONLY

For California AACN chapter, provide the additional documentation:

8. All course instructor curriculum vitals or resumes (Format: 8.CV.Firstname.Lastname.NPT)
9. Example advertisement documents with California specific requirements* (Format: 9. Ad.NPT)
10. A document outlining the following: (Format:10.Policies.NPT)
 - Refund policy regarding non-attendance
 - Notification process if course is cancelled
 - Time period within which the full or partial registration fee will be refunded

*Example Certificate of Completion must include California specific language

*See [CE Policy for Individual Activity Applicants- Supplement for California](#) for details.