How To Complete A Contact Hour Application

Association of periOperative Registered Nurses - Approver is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.

Revised: 10/19/2020 10:57 AM
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ANCC ACCREDITATION STATEMENT

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QUESTIONS ABOUT THE APPLICATION PROCESS
WELCOME AND INTRODUCTION

The AORN Approval Unit includes the Continuing Education Approval Unit (CEAC) and the AORN team. CEAC members are volunteer AORN members appointed by the Board of Directors, must be currently licensed as an RN, and hold a credential of BSN or higher in nursing. In the role of Nurse Peer Reviewers, the CEAC members work in teams to review applications to ensure AORN and ANCC criteria has been met for each application submitted for approval to awards contact hours.

About the application:
The application saves your information as you complete each page when “Next” or “Save” is clicked, and can be retrieved. The application allows you to advance back and forth through each page of the application making it easy to add, delete and change information. If all sections are not completed before submission, instructions regarding the correct action will appear on the “Review & Submit” page. Please contact the Approval Unit at 800-755-2676 ext. 456 for assistance.

Activity topics must support the definition of continuing nursing education. Programs on financial planning and retirement are not considered nursing education, as identified by ANCC. In-service activities are not eligible for contact hours.

- **In-Service Education** consists of activities intended to assist the professional nurse to acquire, maintain, and/or increase competence in fulfilling nursing responsibilities specific to the expectations of an employer of nurses.

- **Continuing Nursing Education** (CNE) is the systematic professional learning experience designed to augment the knowledge, skills, and attitudes of nurses and, therefore, enrich the nurses’ contributions to quality health care and to their pursuit of professional career goals.

- The identification of a **professional practice gap** is a critical first step in developing an educational activity. A CNE activity should be designed to “close” or “narrow” a professional practice gap (ie, gap in knowledge, skills, attitudes).

Qualified applicants can submit applications for LIVE events or ENDURING MATERIALS for approval of CNE contact hours.

Commercial interests, including speakers from industry, may no longer be eligible for contact hour approval. Presenters employed by a commercial company may present if the program does not in any way refer to a product and is an important topic, and that there are multiple ways to ensure content integrity. The following issues must be addressed:

- No promotional material in the slides,
- No company logos on the slides,
- Full disclosure of employment,
• Resolution that the presentation will be without bias

Applications must be submitted and approved BEFORE the activity date. Continuing Education Approval Committee members have specific criteria they must follow when reviewing an application. These criteria are dictated by the American Nurses Credentialing Center’s Commission on Accreditation. Failure to comply with reviewers' requests could jeopardize contact hour approval for this activity. Failure on the reviewer’s part to ensure complete application files could jeopardize AORN's accreditation from ANCC.

Activities meeting ANCC criteria are approved for a period of 2 years from your approval date.
Fee payment via credit card (Visa, MasterCard, American Express, and Discover) must accompany the application.

BEGINNING THE APPLICATION PROCESS

When you access the web-based application via the AORN home page or internet directly at https://www.aorn.org/education/individuals/ce-approval-process, you must first log in.
Once logged in you will be on the “CE Approval Process” page. If you or a representative of your group using your login information has submitted applications previously, you will see any pending and/or approved applications stored here.

Click “Access Application Process” to start an application and view previous applications.

“My CE Applications” appears.
To access an existing application, simply click on the title.

To begin a new application, click “New Live Presentation Application”.
You will be directed to a page that gives a brief overview of the kinds of information that you will need to complete the application process.

After clicking “New Live Presentation Application,” you will be directed to a page that asks what type of applicant you are. The application automatically defaults to Level I and will prompt for the chapter name.

Select the appropriate level then click “next” to continue:

- **Level I**: AORN Constituents – All AORN Chapters, Specialty Assemblies, and State Councils
- **Level II**: Non-AORN Constituents – Health Care Providers, Hospitals, Ambulatory Settings, Clinics, Local/Regional Nursing Organizations, Non-Profit Organizations
- **Level III**: Non-AORN Constituents – National/Specialty Nursing Associations with a primary focus on Continuing education; and certain industries.
- **Level IV**: Entrepreneurs

**STATEMENT OF UNDERSTANDING**
You will be directed to the “Statement of Understanding” page that will require you to read and agree to the ANCC requirement terms.

**ACTIVITY INFORMATION**
Next you will add the program title, employer or sponsor. You can type over the numbers in the box to add your program title.
If you are an AORN Chapter: check the box with your chapter name listed.

PEOPLE INVOLVED
Enter your Planning Committee members and/or authors or presenters. The following requirements must be met for the Planning Committee to submit your application:

- A minimum of two people must be involved in the planning process.
- A minimum of one registered nurse with a BSN or MSN must be involved.

1. One committee member must be identified as the key contact.

For a new Planning Committee member and/or author or presenter, click “Create New Person” and follow the instructions. You will be asked to enter the following:

- Name, Credentials – provide person’s full name and credentials
- Preferred Street Address – provide person’s complete street address
- City, State, Zip – provide person’s preferred mailing address city, state, and ZIP Code information.
- Preferred Telephone/Contact Method - provide person’s telephone number.

When using a past Planning Committee member and/or author or speaker, enter the name in the “Lookup Person” box and click the “magnifying glass” (search) button. A list of names appear from which you will select the one you want. Click the name and then click “Add” located directly to the right next to “Create New Person”.

ANCC/AORN considers a “conflict of interest” to exist when an individual has an opportunity to affect continuing nursing education content in relation to a commercial interest with which he/she has a financial relationship. Relationships also include those of a spouse/partner. ANCC/AORN considers financial relationships in any amount occurring within the past 12 months as “relevant” in terms of creating a perceived conflict of interest that may impact an educational activity.

Each member of the Planning Committee must indicate whether or not he/she has a real or perceived conflict of interest with the program/content to be presented. Having a financial interest in a commercial organization or product does not prevent a person from being on the Planning Committee. However, each committee member must follow all guidelines and criteria regarding conflict of interest. Any real or perceived conflict of interest must be disclosed.

A Planning Committee member indicating that he/she does have a conflict of interest must specify what that conflict is and how it was resolved. A verbal announcement must then be made at the beginning of the event or a written notification distributed to each participant prior to the beginning of the program.

An individual who refuses to disclose financial relationships will be disqualified from being a planning committee member.
**Conflict of Interest Guidelines – Speaker**

When submitting information about a speaker, always include the speaker’s current place of employment and role in the application information.

*Conflict of interest disclosure statements must be obtained from all speakers* to identify the presence or absence of any potentially biasing relationship of a financial, professional, or personal nature on the part of those who have an impact on the content of an educational activity. The applicant must be able to show that each speaker with a conflict of interest has disclosed all financial relationships with any entity with a commercial interest.

A speaker indicating that he/she does have a conflict of interest must specify what that conflict is and how it was resolved. A verbal announcement must then be made at the beginning of the event or a written notification distributed to each participant prior to the beginning of the program.

A conflict can be resolved in three ways:

- Divesting of the financial connection
- Replacing the presenter
- Peer review through ANCC accredited approval unit

You can use this Decision Tree to help identify if the educational content meets criteria to submit an application for approval of CNE contact hours.

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**Decision Tree – Does the educational content meet criteria to submit an application for approval of Continuing Nursing Education (CNE) contact hours?**

1. Is this educational course content addressing an area of nursing practice?
   - **YES**
     - Does this content attempt to close or narrow a professional gap? (i.e., gap in nursing knowledge, skills, practice?)
       - **YES**
         - Does the presenter have a real or perceived conflict of interest? (i.e., an opportunity to affect CNE education in relation to a commercial interest with which he/she has a financial relationship)
           - **YES**
             - Can the conflict of interest be resolved?
               - **YES**
                 - Meets criteria to apply for CNE contact hours for this content
               - **NO**
                 - Does not meet criteria to apply for CNE contact hours for this content
           - **NO**
             - Meets criteria to apply for CNE contact hours for this content
       - **NO**
         - Does not meet criteria to apply for CNE contact hours for this content
   - **NO**
     - Does not meet criteria to apply for CNE contact hours for this content
When “CPI/Bio-Incomplete” is clicked, the “CE Approval COI Instructions Update” appears for the Planning Committee member and/or author or speaker selected.

**Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity and has a financial relationship with a *commercial interest* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual/potential conflicts of interest during the planning and implementation phases of an educational activity. If Nurse Planner has an actual or potential conflict of interest, she should recuse herself from the role as Nurse Planner for the educational activity.

An organization is NOT a *Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (501(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies, and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-health care related entity whose primary mission is not producing, marketing, or selling or distributing health care goods or services consumed by or used on patients;
- Liability insurance providers
- Health insurance providers
The biography and educational sections must be completed for newly added Planning Committee members and/or author or speakers. Information for both will appear for those already in the database. One member of the committee must state his/her understanding of ANCC criteria.

The Expertise section must also be completed, and the information below can be added here:

1. Employer – provide the name of the person’s current employer; you do not need to provide the address. If person is self-employed, indicate so.
2. Present Position – provide person’s functional title; do not provide a job description.
3. Planning Committee Member Expertise – Information should include only the person’s past experience/expertise in planning continuing educational activities/programs or positions which included planning such activities/programs. If this is the first time a committee member has participated in the planning process of a continuing education activity, please indicate as such. Please state you are familiar with, have expertise in, or are being mentored in planning continuing nursing education activities using the AORN and ANCC criteria. You may also include the name of the person who is mentoring you through the process of education planning.
4. Planning Committee members and/or authors or presenters must declare whether or not they have a conflict of interest.

NEEDS ASSESSMENT
• A **needs assessment** is a process used to identify the gap (e.g., discrepancy) in what is desired and what exists currently. The nursing planning committee must indicate in the application which method of **learners’ needs assessment** identified the professional practice gap for the educational activity being submitted. Needs assessment methods can include conducting surveys, quality improvement initiatives, and the release of new nursing knowledge.

• **Supporting evidence is the data** collected from the needs assessment. This information should be uploaded into the application as a word document. The data can include the results of member-surveys from previous meetings/educational activities; quality improvement data; peer-reviewed journal articles; evidence-based resources; a new or revised AORN guideline; other professional guidelines; and are **specific** to the topic to be presented. The data submitted should support why the planning committee selected the educational activity.

• Identify the target audience.

• What was the needs assessment method used to plan this event?

• Indicate source of supporting evidence for needs assessment data.

• Upload Needs Assessment Data

• Identify the appropriate gap for the intended target audience that this educational activity will address.
Needs Assessment

Identify the target audience:
(Check all that apply)
- All RNs
- Advance Practice RNs
- RNs in Specialty Areas (Identify Specialty):
- LPNs
- Interprofessional (Describe):
- Other - (Describe):
You must choose at least one target audience.

What was the needs assessment method used to plan this event?
(Check all that apply)
- Surveying stakeholders, target audience members, subject matter experts or similar
- Requesting input from stakeholders such as learners, managers, or subject matter experts
- Reviewing quality studies and/or performance improvement to identify opportunities for improvement
- Reviewing evaluations of previous educational activities
- Reviewing trends in literature, law and health care
- Other - (Describe):
You must choose at least one assessment method.

Indicate source of supporting evidence for needs assessment data.
(Check all that apply. Individual/Activity/Person must be able to access this data upon request.)
- Annual employee survey
- Literature Review
- Outcome Data
- Surveys results from stakeholders or learners
- Reviewing trends in literature, law and health care
- Quality Data
- Requests (e.g., telephone, in person or by email)
- Written evaluation summary requests
- Other - (Describe):
You must choose at least one source of supporting evidence.

Needs Assessment Data
Needs assessment data is attached. (e.g. survey data, reference in literature, QI data, etc.)

Uploaded Files

Identify the appropriate gap for the intended target audience that this educational activity will address.
This information should be based on needs assessment data
- Gap in Knowledge (knows)
- Gap in Skills (knows how)
- Gap in Practice (knows what vs. does)
- Other - (Describe):
You must indicate at least one educational gap.
LEARNING OUTCOME

The Learning Outcome is a broad statement that should entail the following:

- How this activity will enrich the perioperative nurse’s contribution to quality health care,
- What you hope the outcome of the activity will be
- The Learning Outcome should not be a rewritten version of the program OUTCOMES.

EDUCATIONAL OUTCOMES

HOW TO WRITE OUTCOMES AND CONTENT

- Educational Outcomes, Content, Timeframes, Presenters (Subject Matter Experts for Enduring Materials), and Teaching Strategies must be submitted using the 5-column format of the Activity Documentation Form. Determination of outcomes is a collaborative activity between planners (Planning Committee) and presenters.
One (1) contact hour is equal to 60 minutes of presentation time. Introductions, breaks, and meals are not valid contact-hour time, and, as a result, do not count toward the total number of presentation minutes. However, time scheduled for completion of the Evaluation Form, a Questions & Answers session, and Discussion is calculated as valid contact-hour time. Add up the total number of minutes used for valid presentation time and divide by 60 to determine total number of contact hours you want to apply for. A minimum of one-half (.5) contact hours (30 minutes) must be awarded.

How Many Outcomes Do I Need?

The number of educational outcomes should be sufficient to accomplish the intended learning outcome(s) of the activity. For a 60 minute/one (1) contact hour presentation, at least one (1) outcome must be identified. Please note that it is not necessary, nor is it recommended, to begin an outcome by saying "The participant will be able to..." Just start with a measurable verb from the Sample List of Action Verbs on the next page.

Important Note about the Term: CEU

The ANCC Commission on Accreditation does not recognize the Continuing Education Unit (CEU) term. CEU is not a generic abbreviation for continuing education but rather a specific measure: ten (10) contact hours equal one (1) CEU. Do not use the term “CEU” in any manner.

Writing Outcomes

- Educational Outcomes are written statements that describe the learner-oriented outcomes which may be expected as a result of participation in the educational activity. In the case of most continuing education activities, these statements describe knowledge, skills, and attitude changes that should occur upon successful completion of the activity.
- Learner-oriented outcomes must be expressed in measurable terms (using measurable, behavioral verbs), identify observable actions, and specify one action or outcome per outcome (avoid using the word “and”). Examples of commonly used measurable behavioral verbs include: classify, compare, contrast, demonstrate, describe, develop, differentiate, discuss, explain, identify, list, and name. See the “Sample List of Action Verbs” on the next page.
<table>
<thead>
<tr>
<th>KNOWLEDGE</th>
<th>APPLICATION</th>
<th>EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrange</td>
<td>Apply</td>
<td>Appraise</td>
</tr>
<tr>
<td>Define</td>
<td>Choose</td>
<td>Argue</td>
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<tr>
<td>Describe</td>
<td>Classify</td>
<td>Assess</td>
</tr>
<tr>
<td>Distinguish</td>
<td>Demonstrate</td>
<td>Attach</td>
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<tr>
<td>Identify</td>
<td>Develop</td>
<td>Choose</td>
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<tr>
<td>Label</td>
<td>Employ</td>
<td>Compare</td>
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<tr>
<td>List</td>
<td>Generalize</td>
<td>Consider</td>
</tr>
<tr>
<td>Match</td>
<td>Illustrate</td>
<td>Contrast</td>
</tr>
<tr>
<td>Name</td>
<td>Interpret</td>
<td>Decide</td>
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<tr>
<td>Recall</td>
<td>Operate</td>
<td>Defend</td>
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<tr>
<td>Relate</td>
<td>Organize</td>
<td>Estimate</td>
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<tr>
<td>Repeat</td>
<td>Practice</td>
<td>Evaluate</td>
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<tr>
<td>State</td>
<td>Relate</td>
<td>Judge</td>
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<td></td>
<td>Restructure</td>
<td>Predict</td>
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<tr>
<td>SYNTHESIS</td>
<td>Schedule</td>
<td>Rate</td>
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<tr>
<td>Arrange</td>
<td>Solve</td>
<td>Score</td>
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<tr>
<td>Assemble</td>
<td>Transfer</td>
<td>Select</td>
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<td>Classify</td>
<td>Use</td>
<td>Standardize</td>
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<td>Collect</td>
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<td>Support</td>
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<td>Combine</td>
<td>ANALYSIS</td>
<td>Validate</td>
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<td>Compose</td>
<td>Analyze</td>
<td>Value</td>
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<td>Construct</td>
<td>Evaluate</td>
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<td>Create</td>
<td>Calculate</td>
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<td>Derive</td>
<td>Categorize</td>
<td>Classify</td>
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<tr>
<td>Design</td>
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<td>Document</td>
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<td>Modify</td>
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<td>Organize</td>
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<td>Indicate</td>
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<td>Plan</td>
<td>Discriminate</td>
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<td>Prepare</td>
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<td>Rephrase</td>
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<td>Propose</td>
<td>Experiment</td>
<td>Report</td>
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<tr>
<td>Set up</td>
<td>Identify</td>
<td>Restate</td>
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<td>Specify</td>
<td>Inventory</td>
<td>Review</td>
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<tr>
<td>Synthesize</td>
<td>Question</td>
<td>Rewrite</td>
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<tr>
<td>Transmit</td>
<td>Test</td>
<td>Select</td>
</tr>
<tr>
<td>Write</td>
<td>Summarize</td>
<td>Tell</td>
</tr>
</tbody>
</table>

Writing Content

Each outcome must have written content that is directly related to the outcome.
1) Subject matter which relates to each outcome should be supplied in the form of a topic outline.
2) The content outline should not be a restatement of the outcome. This outline should provide a list of the material to be presented to support the intended outcome and facilitate learner achievement of the outcome. The amount of material to be covered should be adequate to support/justify the allotted timeframe.
3) Identification of the content/topics is a collaborative process between the planners (Planning Committee) and presenters.

Following are examples of the INCORRECT and the CORRECT ways to state an outcome.

INCORRECT
Title of Activity: Total Hip Replacement

Outcome

Enter your Session Outcome Detail below. If you have more than one outcome for your session you must add each individually. You may save and return at any time.

Outcome:

Describing the symptoms and risk for a candidate for a total hip replacement.

CORRECT

Outcome

Enter your Session Outcome Detail below. If you have more than one outcome for your session you must add each individually. You may save and return at any time.

Outcome:

Describe the major symptoms for a candidate for total hip replacement.

1. Outcome is compound (avoid using the word “and”).
   Learner-oriented outcomes must be expressed in single measurable terms (using measurable, behavioral verbs), must identify observable actions, and must specify one action or outcome per outcome.
   This Outcome is actually asking for two outcomes:
1. A description of the symptoms; and
   A description of the risks.
   It would have to be split into two outcomes:
   - Describe the symptoms a person who requires total hip replacement may exhibit; and
   - Discuss the possible complications following total hip replacement.

2. Content is just a restatement of the outcome. Content must be presented in an outline form and, in this case, a list of the items to be described/discussed.

**CORRECT**

<table>
<thead>
<tr>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter your Session Outcome Detail below. If you have more than one outcome for your session you must add each individually. You may save and return at any time.</td>
</tr>
</tbody>
</table>

**Outcome**

Describe the major symptoms for a candidate for total hip replacement.

<table>
<thead>
<tr>
<th>Content / Topics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide an outline of the content presented.</td>
</tr>
</tbody>
</table>

- a. Arthritis - restricted movement hip
- b. Pain not relieved by non-steroidal anti-inflammatory medications

**NOTE:** When using 'copy/paste' to enter text, be sure to use a non-rich text editor so unsupported code is not mistakenly entered. Copying unsupported code into the outcome field may cause an error.
**Timeframes**

The educational outcomes and the level and amount of content to be provided dictate the amount of time which will be required. Each outcome or content area should have a specific designated timeframe. The time allotments for content for each outcome should be sufficient to facilitate achievement of the outcome by the learner.

**Timeframe:** Provide a definite timeframe expressed in minutes.

Question and Answer time is included in the total number of contact hours. Either 5 or 10 minutes maximum can be selected for each session, not for each outcome in a session.

**Teaching Strategies**

Instructional methods that support attainment of the educational outcomes should be used. The action indicated as the expected outcome determines the teaching strategies to be used. Teaching strategies include, but are not limited to, lecture, PowerPoint/slides, discussion, demonstration, and return demonstration. Question and Answer may be considered a teaching strategy as well.

CREATE A SESSION

You will create a session from the “Educational Outcomes” page. Please note: Certificate and Evaluation Forms will be generated for each session.
Educational Objectives

Sessions & Objectives

- Click on a Session or Objective link to view or modify an existing session or objective.
- Click ‘Add Another Objective’ as needed to enter all objectives for a session. (One or two objectives is recommended for a 60-minute presentation.)
- Click ‘Add Another Session’ to your Proposal/Application if it is a longer presentation with multiple sessions.

Enter Session Title – enter the title of the program to be presented; date and time of this Session. Select “Save Session”. If you need to close out before saving, just click “Cancel”.

Session

Enter your Session Title and select date of Activity.

Session Title: (Session Title)

Activity Date:

Save Session  Cancel
HOW TO ADD OUTCOMES

Select “Add Outcome”

- Click on a Session or Outcome link to view or modify an existing session or outcome.
- Click ‘Add Another Outcome’ as needed to enter all outcome for a session. (One or two outcomes is recommended for a 60-minute presentation.)
- Click ‘Add Another Session’ to your Proposal/Application if it is a longer presentation with multiple sessions.

<table>
<thead>
<tr>
<th>SESSION</th>
<th>ERRORS</th>
<th>DELETE</th>
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<tbody>
<tr>
<td>(Untitled)</td>
<td>Session Title is required</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OUTCOME(S)</th>
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<tr>
<td>-----------</td>
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<tr>
<td>Outcome 1</td>
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</tbody>
</table>

If you are entering your outcomes, be sure that “Teaching Outcomes” is selected.

Type:   ✔ Teaching Outcome
        ☐ Question and answer period

Per ANCC guidelines, question and answer sessions may be included in the total hours calculations, but may not be considered an outcome. If you will be providing a question and answer period, please indicate this by choosing this option.

Write the outcome in the space provided and provide your content outline.

Provide a definite timeframe for this outcome expressed in minutes (do not type in the work “minutes,” just the number.)
Enter your Session Outcome Detail below. If you have more than one outcome for your session you must add each individually. You may save and return at any time.

**Outcome:**
Describe the symptoms a person who requires a total hip replacement may exhibit.

**Timeframe:** Provide a definite timeframe expressed in minutes.
20

**Content / Topics:**
Provide an outline of the content presented.

- Arthritis - restricted movement hip
- Pain not relieved by non-steroidal anti-inflammatory medications
- Pain not relieved by physical therapy

For each outcome, select the speaker from the drop down list, then click “Add”.

**Speaker(s):** Select speakers for this outcome.
Choose...
Add

List your teaching strategies and select “Save Outcome”.

**Teaching Strategies:**
- Lecture/Slides
- Hands-on/Participation
- Storytelling/Skits
- Demonstration
- Poster
- Other
If you will be having a Q & A session, after you have entered your outcomes, click “Add a New Outcome: and select “Question and Answer Period.” You will be asked to select either 5 or 10 minutes. When you click “Save Outcome” the total contact hours will display.

When you click “Save Outcome” the total contact hours will display.

When you are finished adding sessions and outcomes, click “Next.”

**ACTIVITY DESIGN**

This page is where you identify the gap in knowledge, skills, and/or practice identified through the needs assessment finding which validates the need for your educational activity. The educational activity can be developed and reflects the desired outcomes for learners through their participation in the activity.

Content should be selected based on the most current evidence, which may include but is not limited to: evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content experts/expert opinion.
As part of the design process, the Planning Committee must develop ways in which to engage learners in the educational activity. This can include but is not limited to having question/answer sessions during or at the conclusion of a learning activity, self-check questions, or comments within an activity, returning pre- and/or posttest questions with answers, or engaging learners in dialogue during or after the learning activity.

Successful completion for both live and enduring material/Web-based activities should be defined for each educational activity, consistent with the strategies to facilitate learning and the desired outcome.

**Activity Design**

Describe how the needed qualifications of Faculty/Presenter/Authors are identified:

(Choose all that apply)

- [x] Content expertise
- [ ] Demonstrated comfort with teaching methodology (e.g., web-based, etc.)
- [ ] Presentation skills
- [ ] Familiarity with target audience
- [ ] Other - Describe

Planning committee assures the qualifications of the Faculty/Presenter/Authors are appropriate and adequate by:

(Choose all that apply)

- [x] Review of resume/CV of faculty/presenter/author
- [ ] Recommendation by colleagues
- [ ] Review of literature written by faculty/presenter/author
- [ ] Observation of previous presentation by faculty/presenter/author
- [ ] New faculty/presenter/author receiving mentoring (specify below)
- [ ] Other - Describe
**Identified Gaps:**
What is missing that identifies the need for this activity? (Select any gap in knowledge, skills and/or practice based on the needs assessment)

- [ ] Gap in Knowledge (knows)
- [ ] Gap in Skills (knows how)
- [ ] Gap in Practice (knows to do)
- [ ] Other - Describe:

**Content for this educational activity was chosen from:**

- [ ] Information available from the following organization/web site (organization must use current available evidence within past 5-7 years as resource for readers; may be published or unpublished content; examples - Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health)
- [ ] Information available through peer-reviewed journal/resource (reference should be within past 5-7 years)
- [ ] Clinical guidelines (example - www.guidelines.gov)
- [ ] Expert resource (individual, organization, educational institution) (book, article, web site)
- [ ] Textbook reference
- [ ] Other

**Organization/Website**

**Learner Feedback:**
Check the best description or describe how learners will be provided feedback.
- [ ] Question and answers during activity
- [ ] Self-check questions
- [ ] Engaging learners in dialogue
- [ ] Return results of testing
- [ ] Return demonstration
- [ ] Role play
- [ ] Other - Describe:

**Criteria for successful completion for live and enduring material/web-based activities include:**

(Select all that apply)
- [ ] Attendance at entire event or session
- [ ] Attendance for at minimum percentage of the event (specify value below)
- [ ] Attendance at one or more sessions
- [ ] Completion/submission of evaluation form
- [ ] Achieving passing score on post-test (specify value below)
- [ ] Return demonstration
- [ ] Other - Describe:

**Rationale for method selected above to determine successful completion:**

(Select all that apply)
- [ ] Importance of content knowledge
- [ ] Importance of content application
- [ ] Required by employer or organization
- [ ] Other - Describe:
**Partial Credit Awarded for Participation?**

- Contact hours awarded based on # of minutes attended
- Contact hours awarded for 1/2 day (1/2 of total eligible contact hours)
- Contact hours awarded based on # of sessions attended
- No partial credit is awarded

**Promotional Materials**

All marketing and promotional materials including email notifications and other documents that refer to awarding contact hours must include the following ANCC statement in the first paragraph and AORN waiver statement in a second, separate paragraph:

This activity has been submitted to the Association of periOperative Registered Nurses, Inc. for approval to award contact hours. The Association of periOperative Registered nurses, Inc. is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Activities that are approved by AORN are recognized as continuing education for registered nurses. This recognition does not imply that AORN or the ANCC Commission on Accreditation approves or endorses any product included in the presentation.

Upload a copy of each promotional item for this activity (this may be a draft of what you intend to publish).

A marketing flyer cannot be created for this activity until an educational session is created with objectives and speakers.
Uploaded Agreements

If your materials are available on an internet FTP site, enter the FTP address.

You must upload at least one marketing material document

Planning Expertise of the Key Contact and Nurse Planners

In a few sentences, describe the person’s expertise as a planner of continuing nursing education. Always include the following: Have previous experience planning CNE using ANCC criteria. If you don’t have experience, explain how you are being mentored. Please complete:

1000 character(s) remaining including spaces

NOTE: When using ‘copy/paste’ to enter text, be sure to use a non-rich text editor so unsupported code is not mistakenly entered. Copying unsupported code into the objective field may cause an error.

Content Expertise of the Faculty/Presenter

In a few sentences, describe the planning committee’s evaluation of the faculty/presenter’s expertise in the content to be presented. Evaluation should be based on the faculty/presenter’s expertise for the specific program topic related to his/her education, professional development, credentials, work experience, honors, awards, and/or professional publications. Please complete:

1000 character(s) remaining including spaces

NOTE: When using ‘copy/paste’ to enter text, be sure to use a non-rich text editor so unsupported code is not mistakenly entered. Copying unsupported code into the objective field may cause an error.
COMMERCIAL SUPPORT

Education must be kept separate from promotional activities. Commercial support, exhibits, or the presentation of research conducted by a commercial company must not influence the design and objectivity of any educational activity. Commercially-supplied funds or sponsorship for an educational activity that are given in the form of an educational grant, unrestricted grant, donations, scholarship, or in-kind assistance must be acknowledged in the brochures and/or printed material for the CE activity.

ANCC defines “commercial support” as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a continuing nursing education activity. ANCC does not consider providers of clinical service directly to patients to be commercial interests.

An entity has a commercial interest if it:

1. Produces, markets, sells or distributes health care goods or services consumed by or used on patients;
2. Is owned or operated, in whole or in part, by any entity that produces, markets, sells or distributes health care goods or services consumed by or used on patients.

An entity or person identified as a commercial interest must provide the funds to the Applicant (e.g., AORN Chapter, State Council, other constituent/non-constituent group). The commercial interest may not directly support the nurse planner(s), the planning committee, and speakers.

The Applicant receiving commercial support

- must disburse the funds;
- may have to return unused funds; and,
- is responsible for accounting of expenses.

An entity is NOT a commercial interest if it is:

1. A government entity;
2. A non-profit (503(c)) organization; or
3. A non-healthcare related entity.
Commercial Support page without commercial support activity:

- Commercial Support / Sponsorship

Will this program be supported commercially?
- Commercial support (financial support) for the educational component of this program has been provided.
- This activity has no commercial support.
When commercial support is selected, the screen below will appear containing the Written Agreement for Commercial Support.

### Commercial Support / Sponsorship

**Will this program be supported commercially?**

- Commercial support (financial support) for the educational component of this program has been provided
- This activity has no commercial support.

**Commercial support/sponsorship has been provided by the following:**

(List name of organization(s) providing commercial support or sponsorship and the amount of support they provided.)

You must specify funding organizations.

**Content integrity has been/will be maintained by:**

(Check all that apply)

- You must specify at least one method of maintenance

**The following precautions have been taken to prevent bias in the educational content:**

(Check all that apply)

- Commercial support/sponsorship and bias has been discussed with each presenter.
- Each Faculty/Presenter/Author has signed a statement that says s/he will present information fairly and without bias.
- In conjunction with the above, the session will be monitored and violators of policy will not be asked to present again.
- Other – Describe:

You must specify at least one precaution.

### Written Agreement for Commercial Support

You must submit the Written Agreement for Commercial Support. Right click the link and select "Save As" or "Save Link As" to download. Please complete the form, sign the document, and upload a signed copy below. Electronic signature accepted. To upload a copy of your completed Written Agreement for Commercial Support, click on the 'Add Files...' button to locate the document on your computer. Then, click the Upload button.

*Add Files...  *Cancel upload
DISCLOSURES

Submitting Commercial Support Information

You will be directed to declare if this activity has any commercial support. If so, you will be asked to indicate the following:

- How the participants will be informed of the support
- That bias will be prevented
- To agree that the support does not influence the outcomes, content, or selection of speaker for the activity
- Submit a signed Written Agreement for Commercial Support that is provided in the application.

Please follow the directions on the web application when submitting a Written Agreement for Commercial Support.
CONFLICT OF INTEREST APPLICATION

A Planning Committee member associated with this application, other than the Nurse Planner, must review and validate that there are no conflicts of interest (COI) for the Nurse Planner.

Conflict of Interest Application

Conflict of Interest Agreement for Nurse Planners

A Planning Committee member associated with this application, other than the Nurse Planner, must review and validate that there are no conflicts of interest (COI) for the Nurse Planner. Your Full Name or an “X” in the box below serves as the electronic signature for confirming the Nurse Planner COI has been reviewed and that the COI is accurate.

(enter name)

You must enter a value for the signature.

(Applicant’s Signature)  (Date)  10/9/2015

Prev  Next  Save
ENDURING MATERIALS (eg, non-LIVE educational activity that lasts over time; Independent Study; Computer-assisted learning materials;) This learning activity experienced by the nurse can take place at any time and in any place.

Entering Contact Hour Information

1. Enter the number of contact hours calculated for this program.
2. Include a description of how the effectiveness of the independent study was evaluated, the results of the evaluation, and the changes made based on the evaluation.
3. Select the method used for calculating the contact hours? (Check the best description(s) that applies)
   - Pilot Study *
   - Mergener Formula

Contact Hour Calculation

Enduring programs are designed for completion by learners, independently, at the learner's own pace and at a time of the learner's choice. The applicant designs the educational program, and, through a pilot study or other defensible mechanism, determines the number of contact hours to be awarded. Examples: viewing videotapes or listening to audiotapes and completing post test questions; accessing web-based activities; reading selected articles and completing post test questions.

When submitting enduring materials, the applicant must demonstrate the rationale for determining the number of contact hours to be awarded. Examples of methods to determine contact hours include pilot testing or word count formulas, such as the Mergener formula, a popular and widely accepted method of estimating the number of hours a written (or online)
A continuing education project will take to complete. A Mergener Formula calculator, provided by Stephen Z. Fadem, M.D., FACP, FASN, can be found online at http://touchcalc.com/calculators/mergener

**Mergener Formula**

Constants included in the Mergener Formula Sample:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of words</strong></td>
<td>3774</td>
</tr>
<tr>
<td><strong>Number of questions</strong></td>
<td>16</td>
</tr>
<tr>
<td><strong>Difficulty of material</strong></td>
<td>2.5</td>
</tr>
</tbody>
</table>

Determining difficulty of material—depends on target audience:

Very easy = 1; Somewhat easy = 2; Moderate = 3; Difficult = 4; Very difficult = 5

Mergener Formula using above sample: 0.9 X [22.3+(0.00209 x number of words) + (2.78 x number of questions) + (15.5 x difficulty of material)]

Subtotal of Sample = 68.81766 x 0.9

Total minutes: 61.93589 = 1 contact hour (always round down when determining actual contact hour)

See also: Mergener, MA, “A Preliminary Study to Determine the Amount of Continuing Education Credit to Award Home Study Programs,” American Journal of Pharmaceutical Education, Vol. 55, Fall 1991 (263-266).

**Pilot-Testing**

In order to identify potential problems and provide evidence of the effectiveness of a program, a pilot-test is conducted with a group of representative learners from the target audience before finalizing the education activity for distribution and use. A pilot test also documents the time required for the learner to achieve the outcomes.

The number of RN pilot-testers varies depending on the purpose and design of the activity as well as the size of the target audience. The entire learning package should be completed by the pilot-testers as if they were completing it for continuing education credit, including posttest (self-assessments), return demonstrations or other requirements, and evaluations. Feedback from the pilot-testers enables the planning committee to improve the activity prior to making it available for CE credit.

Conducted prior to implementation of the activity, the pilot-test provides evidence of the:

a. Effectiveness of the design and the teaching/learning materials
b. Time required to complete the activity.
c. Basis for determining the number of contact hours to be awarded for successful completion of the activity.

The contact hours must reflect the documented time required by the pilot-test group to achieve the stated outcomes. This may be an average of all time required or an average time of the majority of pilot-testers after discarding very short or very long time frames.

Upon completion of the pilot-test, the planners and content specialist(s) should carefully review the feedback/findings of the group to note if changes should be adopted before the activity is
finalized or completed. In the application, you will be asked to describe what changes were made based on this evaluation. You may also want to provide supportive documentation of the rationale used to determine the number of contact hours to be awarded is submitted with application.

Supportive Documentation and Disclosures

1. Include a copy of your finished article (study guide, module) or a link to your web-based program for review.

2. ANCC requires that the learners must receive all of the required disclosures prior to the start of the learning activity. The following required disclosures must be present prior the start of the learning activity:
   a. Purpose
   b. Outcomes
   c. Requirements for successful completion
   d. Whether or not sponsorship or commercial support was provided
   e. The following AORN statements (which can be written in separate paragraphs as shown below):

   "This activity has been submitted to the Association of periOperative Registered Nurses, Inc. for approval to award contact hours. The Association of periOperative Registered Nurses, Inc. is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

   "Activities that are approved by AORN are recognized as continuing education for registered nurses. This recognition does not imply that AORN or the ANCC Commission on Accreditation approves or endorses any product in the presentation."

   "The contact hours for this activity will expire two years after the date of approval."

   f. Whether the activity will include discussion of a product used for the purpose other than for which it was approved by the Food and Drug Administration (off-label use)

3. Once the activity has been approved by AORN and you have your expiration date to place on the document, please email us your final copy of the Enduring Materials with the expiration date on it. Please send to CEApprovalUnit@aorn.org.

4. Advertising may not be included in the body of the article/study pages, and you must identify any conflict of interest. All materials listed above must be provided for approval of application.
LIVE EVENT OR ENDURING MATERIAL: POST ACTIVITY RESPONSIBILITY

A Post-Activity Report will be submitted via the web within 30 days of the activity. Required information must include the total number of participants, the total number of contact hours awarded, a summary of evaluations, and a sample of the Certificate of Attendance distributed at the program.

Recordkeeping and Storage System

Records for each approved educational activity will be kept for six (6) years online in the secure My CE Applications area under your login information. All records will include the following essential information:

- The complete application form and all supporting documentation, including
  - Biographical Data Forms for each Planning Committee Member and for each Presenter,
  - Planning Checklist,
  - Conflict of Interest
  - Commercial Support Agreement
  - Evaluation Form, and
  - Certificate of Attendance;
- Sign-in sheet or record of attendance
- Brochures/activity announcements/flyers;
- Post Activity Report, including total number of attendees, summary of evaluations, and Certificate of Attendance.
- All correspondence regarding the approval process directly affecting the application approval must also be kept.

You must agree to these responsibilities before approval.
Post Activity Report

According to ANCC (American Nurses Credentialing Center) criteria, the Post-Activity Report is a required component. A Post-Activity Report should be submitted via the web within 30 days of the activity. Access your Post Activity Report by logging into your My CE Applications area. Required information must include the total number of participants, the total number of contact hours awarded, a summary of evaluations, and a sample of the Certificate of Attendance distributed at the program. **NOTE:** You will need to submit a list of attendees.

You must agree to submit a Post Activity Report prior to program approval.

---

**PROGRAM EVALUATION**

An automatically generated evaluation is available after your program has been approved. Click on the “Post Activity” tab:
Click “Evaluation”

My CE Post Activity

Enter the Activity Date, select the session and then enter the city and state.

Click on “Print” to view the evaluation. A partial view of the form is listed below:
**PARTICIPATION AND CERTIFICATE OF ATTENDANCE**

After your program has been approved, you will have access to print an automatically-generated Certificate of Attendance:

---

![Certificate of Attendance](image_url)
Example of completed Certificate of Attendance:

![Certificate of Attendance](image)

**MARKETING**

Promotional materials/announcements should contain the chapter/group name, chapter# (if applicable), the day, date, time, and location of the event, the title of the event and the pending contact hours. Additional information could include speaker name, contact person/information, purpose/goal, any commercial support, etc.

**AORN Logo**

Use of the AORN logo is restricted to use by AORN chapters only on chapter letterhead, chapter newsletters, educational certificates, and chapter websites. Use by non-chapters or other non-members is strictly prohibited.
ANCC Accreditation Statement

Prior to Approval
ANCC requires its accreditation statement be placed on ALL such promotional materials/announcements for any program requesting approval of contact hours through AORN’s Continuing Education Approval Unit. Therefore, the following mandatory statement MUST appear verbatim on ALL promotional materials/announcements, including email notifications PRIOR to final approval of activity.

This activity has been submitted to the Association of periOperative Registered Nurses, Inc. for approval to award contact hours. The Association of periOperative Registered Nurses, Inc. is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Activities that are approved by AORN are recognized as continuing education for registered nurses. This recognition does not imply that AORN or the ANCC Commission on Accreditation approves or endorses any product included in the presentation.

You may also create a basic promotional flyer which is located on the “Activity Design” page by entering information about your program and clicking “Create Flyer”, or add your own files containing this information.
After Approval

All promotional materials for FUTURE presentations of the same approved program must contain the following in this format:

This continuing nursing education activity was approved by the Association of periOperative Registered Nurses, Inc., an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Activities that are approved by AORN are recognized as continuing education for registered nurses. This recognition does not imply that AORN or the ANCC Commission on Accreditation approves or endorses any product included in the presentation.

Submitting Your Application

The amount you will be charged is based on the following fee schedule.

You may input credit card information online. A receipt will be generated after payment has been received.
Fee Schedule

CE APPROVAL PROCESS

Fee Schedule Effective 1.1.18
(All fees are calculated according to the number of calendar days counted from the date of submission to date of event.)

**LEVEL I: AORN CONSTITUENTS - ALL AORN Chapters, Specialty Assemblies, and State Councils**

<table>
<thead>
<tr>
<th>Contact Hours</th>
<th>40+ calendar days</th>
<th>19-39 calendar days</th>
<th>7-18 calendar days</th>
<th>2-7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 – 2.0</td>
<td>$30</td>
<td>$55</td>
<td>$105</td>
<td>$305</td>
</tr>
<tr>
<td>2.1 – 6.0</td>
<td>$155</td>
<td>$205</td>
<td>$405</td>
<td>$605</td>
</tr>
<tr>
<td>6.1 – 9.0</td>
<td>$205</td>
<td>$255</td>
<td>$505</td>
<td>$705</td>
</tr>
<tr>
<td>9.1 – 12.0</td>
<td>$255</td>
<td>$305</td>
<td>$605</td>
<td>$805</td>
</tr>
<tr>
<td>12.1 +</td>
<td>$305</td>
<td>$355</td>
<td>$705</td>
<td>$905</td>
</tr>
</tbody>
</table>

**LEVEL II: NON-AORN CONSTITUENTS - Healthcare Providers, Hospitals, Ambulatory Settings, Clinics, Local/Regional Nursing Organizations**

<table>
<thead>
<tr>
<th>Contact Hours</th>
<th>40+ calendar days</th>
<th>19-39 calendar days</th>
<th>7-18 calendar days</th>
<th>2-7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 – 2.0</td>
<td>$100</td>
<td>$179</td>
<td>$300</td>
<td>$430</td>
</tr>
<tr>
<td>2.1 – 6.0</td>
<td>$220</td>
<td>$355</td>
<td>$483</td>
<td>$850</td>
</tr>
<tr>
<td>6.1 – 9.0</td>
<td>$273</td>
<td>$460</td>
<td>$588</td>
<td>$1,165</td>
</tr>
<tr>
<td>9.1 – 12.0</td>
<td>$325</td>
<td>$565</td>
<td>$720</td>
<td>$1,323</td>
</tr>
<tr>
<td>12.1 – 15.0</td>
<td>$378</td>
<td>$667</td>
<td>$877</td>
<td>$1,585</td>
</tr>
<tr>
<td>15.1 – 18+</td>
<td>$430</td>
<td>$775</td>
<td>$1,035</td>
<td>$1,795</td>
</tr>
</tbody>
</table>

**LEVEL III: NON-AORN CONSTITUENTS - National/Specialty Nursing Associations with a primary focus on continuing education**

<table>
<thead>
<tr>
<th>Contact Hours</th>
<th>40+ calendar days</th>
<th>19-39 calendar days</th>
<th>7-18 calendar days</th>
<th>2-7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 – 3.0</td>
<td>$735</td>
<td>$1,260</td>
<td>$1,785</td>
<td>$2,310</td>
</tr>
<tr>
<td>3.1 – 6.0</td>
<td>$840</td>
<td>$1,470</td>
<td>$2,205</td>
<td>$2,730</td>
</tr>
<tr>
<td>6.1 – 9.0</td>
<td>$945</td>
<td>$1,680</td>
<td>$2,415</td>
<td>$3,150</td>
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<tr>
<td>9.1 – 12.0</td>
<td>$1,050</td>
<td>$1,890</td>
<td>$2,730</td>
<td>$3,570</td>
</tr>
<tr>
<td>12.1 – 15.0</td>
<td>$1,155</td>
<td>$2,100</td>
<td>$3,045</td>
<td>$3,990</td>
</tr>
<tr>
<td>15.1 – 18+</td>
<td>$1,260</td>
<td>$2,310</td>
<td>$3,360</td>
<td>$4,410</td>
</tr>
</tbody>
</table>

**LEVEL IV: NON-AORN CONSTITUENTS - Entrepreneurs**

<table>
<thead>
<tr>
<th>Contact Hours</th>
<th>40+ calendar days</th>
<th>19-39 calendar days</th>
<th>7-18 calendar days</th>
<th>2-7 days</th>
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<td>1.0 – 5.0</td>
<td>$1,980</td>
<td>$3,080</td>
<td>$4,180</td>
<td>$5,280</td>
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<tr>
<td>5.1 – 10.0</td>
<td>$3,300</td>
<td>$4,400</td>
<td>$5,500</td>
<td>$6,600</td>
</tr>
<tr>
<td>10.1 +</td>
<td>$4,620</td>
<td>$5,720</td>
<td>$6,820</td>
<td>$7,920</td>
</tr>
</tbody>
</table>

**Printing a Certificate of Attendance and Evaluation**

Once your application has been approved, you may print out the Certificates of Attendance and Evaluation forms. You may access your application by clicking on “My CE Approval Applications” button as you did before. All of your programs are stored here. Click on the “Post Activity” button.
You will be prompted to enter the activity date plus the city and state.

Then, you will be able to print your certificates and your evaluation forms.

**Printing Full Application**

Once you have submitted your application, you may view the full application found in your **My CE Applications** area. Click on the application link, and the following “View” tab:

You will be able to print the entire application using your web browser’s print function.
You can also select the “PDF” button located in the upper right corner and print or save to a file.

QUESTIONS ABOUT THE APPLICATION PROCESS
If you have any questions, please contact that CE Approval Unit at AORN using the contact information below:
800-755-2676 x456
Email: CEApprovalUnit@aorn.org