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| Disclosure Declaration Memorandum and Evaluation Form | |
| **COORDINATORS: Please distribute this form to each attendee prior to the start of your program.**  **PARTICPANT INSTRUCTIONS:** Please complete the evaluation form in its entirety. Each session attended must be evaluated separately. Return this form and the yellow copy of your contact hour certificate to the activity coordinator or to the registration area. To receive continuing education credit, please be sure to sign the attendance record and the verification of attendance/completion statement on the contact hour certificate. | |
| Title of Activity: |  |
| Date: |  |
| **Disclosure Declaration Memorandum** | |
| This memorandum has been created and distributed to fulfill an American Nurses Credentialing Center's Commission on Accreditation criterion.  **(a) Notice of requirements for successful completion:**  **Must attend ENTIRE activity to be awarded credit OR**  **Must attend 80% of each session to award credit for that session**  **(a1) Rationale for method of selection above:**  Category of Evaluation selected  Importance of Content Knowledge  Importance of Content Application  Required by Employer or Organization  Goal or purpose of the event indicated what was required for successful completion of the activity | |
| **(b) Commercial support: (If any):** | |
| **(c) Vendors: (If any):**  **(d) Expiration Date of Enduring Materials - no more than 2 year timeframe (if applicable):** | |
| **(e) Summative Evaluation:** ANNA is interested in the long-term impact that the educational material of this session may produce. In the next several months, you may be requested to complete additional evaluation questions to determine if this session made an impact on your skills, knowledge or practice. | |
| **(f) Accreditation Statement:**  This continuing nursing education activity was approved by American Nephrology Nurses Association- Approver an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. | |
| **Conflicts of Interest** | |
| (a) Planning Committee: | |
| (b) Presenters: | |
| 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 or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.  ***\*Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (Please reference content integrity document for further clarity http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf )  All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships\*\**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.  ***\*\*Relevant relationships***, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.  • Relationships with any commercial interest of the individual’s spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.  • Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.  • Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest. | |
| **Desired Learning Outcome:** | |

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| GENERAL EVALUATION: | | Strongly Strongly **Agree 5 4 3 2 1 Disagree** |
| 1. | The subject matter presented was relevant to my current practice. | 5 4 3 2 1 |
| 2. | The content was balanced (free of commercial bias). | 5 4 3 2 1 |
| 3. | Conflicts of Interest were disclosed and resolved if present. | 5 4 3 2 1 |

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| SESSION SPECIFIC EVALUATION | | | | | | |
| **Evaluate the presenter for only those sessions you attended.** | | | Strongly Strongly **Agree 5 4 3 2 1 Disagree** | | | |
| The presenter was knowledgeable of the subject | The teaching strategies supported the education | The material in this presentation enhanced my…  (select all that apply) | |
| Presenter: | |  | 5 4 3 2 1 | 5 4 3 2 1 | Skills Practice Knowledge | |
| Session Title: | |  | | | | |
| **Outcome Measures** | | | | | | The session Outcome Measures were met |
| 1. | I can implement… | | | | | 5 4 3 2 1 N/A |
| 2. | I plan to change my current practice as a result of completing this educational activity today. | | | | | 5 4 3 2 1 N/A |
| 3. | I plan to share information from this presentation with a professional colleague. | | | | | 5 4 3 2 1 N/A |
| Comments: | | | | | | |

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| **Evaluate the presenter for only those sessions you attended.** | | | **The presenter was knowledgeable of the subject** | **The teaching strategies supported the education** | **The material in this presentation enhanced my…**  **(select all that apply)** | |
| Presenter: | |  | 5 4 3 2 1 | 5 4 3 2 1 | Skills Practice Knowledge | |
| Session Title: | |  | | | | |
| **Outcome Measures** | | | | | | The session Outcome Measures were met |
| 1. | I can implement… | | | | | 5 4 3 2 1 N/A |
| 2. | I plan to change my current practice as a result of completing this educational activity today | | | | | 5 4 3 2 1 N/A |
| 3. | I plan to share information from this presentation with a professional colleague | | | | | 5 4 3 2 1 N/A |
| Comments: | | | | | | |

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| **Evaluate the presenter for only those sessions you attended.** | | | **The presenter was knowledgeable of the subject** | **The teaching strategies supported the education** | **The material in this presentation enhanced my…**  **(select all that apply)** | |
| Presenter: | |  | 5 4 3 2 1 | 5 4 3 2 1 | Skills Practice Knowledge | |
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| Comments: | | | | | | |

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| Presenter: | |  | 5 4 3 2 1 | 5 4 3 2 1 | Skills Practice Knowledge | |
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| 3. | I plan to share information from this presentation with a professional colleague | | | | | 5 4 3 2 1 N/A |
| Comments: | | | | | | |