

Arkansas Department of Health
Midwife Advisory Board
5800 West 10th Street, Suite 810
Little Rock, AR 72204

APPLICATION FOR APPROVAL OF EDUCATION ACTIVITY

A. General Information

1. Person responsible administratively for this continuing education activity (application submission and record storage):

Name & Credentials: _____

Address: _____

(This address will be used for all mailings)

Daytime Phone Number:_(_____)_____ Ext. _____

Fax Number: _____ E-Mail: _____

2. Title of planned continuing education activity:

3. Date(s) of planned activity _____

4. Number of contact hours requested _____

5. Planning Committee: For each person on the planning committee, please list name, degrees and credentials here and attach a biographical data form with the additional required information.

- B. Needs assessment** - Indicate how the need for this activity was determined and how learner input was considered. **Check all boxes that apply.**

- questionnaire or survey method
- analysis of past attendance records
- regulatory requirements
- advisory committees
- findings from quality improvement activities
- learner requested event
- trends in literature, law and health care
- other (please describe briefly)

C. Purpose - The purpose is a statement of intent that describes how this activity will enrich the participant's contributions to quality health care and pursuit of professional career goals. State the Purpose of this activity here:

D. Faculty/Presenters - list names, degrees & credentials of each faculty/presenter below. Attach the completed biographical data forms for each presenter.

1. Presenter Name, Degrees and Credentials: (add more lines if needed on another sheet of paper or by computer)

A. _____
B. _____
C. _____
D. _____

2. ___ Each presenter has declared if they have any vested interests or off label use on the Biographical Data form.

3. Learners will be informed of presenters' declaration of vested interests and off label use by:
___ a. Not applicable
___ b. Announcement at beginning of event/session.
___ c. Information provided on advertising.
___ d. Information provided on handouts.
___ e. Signs placed inside or outside of presentation room.
___ f. Other – Describe:

E. Educational Activity/Session Content - Use the attached **Educational Design** form. As many additional copies of the format as necessary may be made. Use one form for each session.

- **Objectives:** Indicate what the participant will be able to do at the conclusion of the activity. An average of 1-2 objectives per hour is realistic. It is recommend that objectives be numbered sequentially and in behavioral terms. (i.e.; Participant will be able to name three reasons for...)
- **Content:** Itemize key points that will be addressed with each objective. Content must be more than a restatement of the objective and must be related to the objective.
- **Time Frame:** List numbers of minutes for each objective or topic.
- **Presenter:** List the faculty/presenter who will be addressing each objective.
- **Teaching Methods, Strategies, Materials and Resources:** List the methods, strategies, materials and resources to be used by faculty/presenter to cover each objective.

F. Commercial Support: If none, check # 1. If yes, complete items 2, 3 & 4 below.

1. ___ This activity has no commercial support.

2. Commercial support has been provided by the following: (List name of representatives and company) (Add more lines as needed)
-

3. Commercial support provided by these organizations does not influence the objectives and content of this activity.

G. Evaluation.

1. Check or describe the methods of evaluation to be used: (Check all that apply)
- Evaluation Form (Required for all events.)
 - Pre and/or Post test (Optional).
 - Return Demonstration (Optional).
 - Other – Describe:
2. Submit a copy of the evaluation tool(s) to be used for this event. (See sample evaluation tool attached) It must include, at a minimum, (a) achievements of objectives and (b) teaching effectiveness of each presenter.
3. Check the best description or describe how evaluation data will be used:
- Revise future presentations of this activity.
 - Create new programs.
 - Discontinue the activity.
 - Decide whether or not to change the faculty.
 - Other – Describe:

H. Verification of Participation and Successful Completion

1. Sign in sheet
 Self-reported attendance (roll call)
 Other – Describe:
2. Criteria for successful completion include: (Check all that apply)
- Attendance at entire event.
 - Completion of evaluation tool.
 - Achieving passing score on post test.
 - Completion of self-study packet.
 - Other – Describe:

I. Record Keeping System

- All correspondence, complete copy of application and all attachments and corrections, records of attendance, summative evaluation & contact hours will be maintained in a retrievable file which is accessible to only authorized personnel for five years.
- Records will be maintained confidentially.

___Records will be filed and stored by person submitting this application, or if other, describe:
 other: _____

J. Follow-up Report - must be submitted to the Arkansas Department of Health within six weeks of completion of the continuing education activity. Report consists of the participant roster and summary of evaluations.

Application Completion Check list:

I have included the following in my application:

Information	Included	Comments
A. General Information - Administrator & Planning Committee identified, bio forms provided		
B. Needs Assessment		
C. Purpose of activity		
D. Faculty/Presenters - Bio forms & vested interest completed for each		
E. Educational Activity/Session Content - Educational Design form(s) completed for each session		
F. Commercial Support 1. Checked if no commercial support provided 2. If yes, list who providing 3. Checked support is not influencing activity		
G. Sample Evaluation form enclosed		
H. Participation and Completion - Sample Certificate of Attendance enclosed		
I. Record Keeping - Checked statement of commitment, confidentiality, identified where stored		
J. Report - submit participant roster and summary of evaluation within 6 weeks of presentation		

Submit nine copies of the application to the Midwife Advisory Board or the Arkansas Department of Health (ADH). Call ADH, Women’s Health Work Section, at 501-661-2480, for information on most expedient way to request approval.

Biographical Data Form

Licensed Lay Midwife Continuing Education

Name: _____
(Name, Degrees and Credentials)

Home Address **OR** Business Address: _____
(Number and Street)

(City, State, Zip Code)

Day Telephone: _____ Ext. _____

E-Mail Address: _____

Present Position (Title) & Employer: _____

Role: ___ Planning Committee ___ Faculty/Presenter

Describe your expertise related to your role in the educational activity.

Vested Interests

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity. (If the applicant already has special forms to identify this, it does not need to be repeated on the bio form. Include the applicant's copy of the completed forms declaring vested interest.)

I recognize that I must follow all guidelines and criteria regarding vested interest. Any real or perceived conflict of interest for a conference participant must be disclosed. For this purpose a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly

or indirectly during the presentation; being or having been an employee of a company with such financial interest and/or having had substantial research support by an industry to study the product to be discussed at the presentation.

___ I have no real or perceived conflicts of interest that relate to this presentation.

___ I have the following real or perceived conflicts of interest that relate to this presentation:

Signature

Date

Off Label Use:

Content: ___ will ___ will not include the discussion of an off label use of a commercial product. If off-label use of a commercial product is included, I agree to inform learners of such.

Signature

Date

EDUCATIONAL ACTIVITY DESIGN

Title of Educational Design: _____

Total Number of Contact Hours requested: _____

Objectives	Content (Topics)	Time Frame	Faculty	Teaching Method
List objectives in educational/behavioral terms.	Provide an outline of the content/topic presented and indicate to which objective(s) the content or topic is related.	Provide a time frame for each topic or content area.	List the presenter for each topic or content area.	List the teaching strategies by each presenter for each topic or content area.

Make copies as needed

(SAMPLE)
Certificate of Attendance

Sponsoring agency name
Sponsoring agency address

(NAME)

has participated in the Licensed Lay Midwife CE activity

(TITLE)

DATE _____ CONTACT HOURS _____

THIS LICENSED LAY MIDWIFE CONTINUING EDUCATION ACTIVITY WAS APPROVED BY THE ARKANSAS MIDWIFE ADVISORY BOARD ON (DATE).

Information for Sponsor of Licensed Lay Midwife Continuing Education on Requesting Approval of Offering

A. REQUIREMENTS FOR SUBMITTING CONTINUING EDUCATION ACTIVITIES FOR APPROVAL

1. Maintain responsibility for the following:
 - a. Determination of objectives and content
 - b. Selection of presenters/content specialist
 - c. Awarding of contact hours
 - d. Record keeping
 - e. Evaluation

2. Maintain records for each activity for five (5) years in a secure and confidential manner.
 - a. Title of the education activity
 - b. Number of contact hours awarded to activity
 - c. Names, titles, and expertise of persons responsible for 1) planning the education activity and 2) presenters (Use Biographical Data form)
 - d. Description of the needs assessment
 - e. Location(s) and date(s) of the activity
 - f. Names and addresses of participants and number of contact hours awarded to each
 - g. Purpose
 - h. Objectives, content, teaching/learning strategies, materials, delivery methods (use Educational Design form)
 - i. Sample of the certificate awarded to participants
 - j. Copy of the evaluation tool(s) and summary of participant's evaluations (example of evaluation tool attached)
 - k. If applicable, documentation of how program integrity was maintained for an educational activity receiving commercial support
 - l. Vested interest and Off-label statements (on Biographical Data form)

3. Provide participants who successfully complete the education activity with written verification of completion (Certificate of Attendance, example attached) that includes the following:
 - a. Name of learner
 - b. Number of contact hours awarded
 - c. Name and address of the provider of the education activity
 - d. The title and date of the education activity
 - e. Official approval statement: **THIS LICENSED LAY MIDWIFE CONTINUING EDUCATION ACTIVITY WAS APPROVED BY THE ARKANSAS MIDWIFE ADVISORY BOARD ON (DATE).**

4. Implement the system of awarding credit described in item **H** below.

5. To ensure that all continuing education activities are free from bias, all presenters must declare any vested interest.

6. In the event that any form of commercial support is provided for an educational activity, the provider will maintain control of the educational content and disclose to the learners all financial relationships or lack of, between the commercial supporter and the provider or presenters.
 - a. Funds from a commercial source should be in the form of an educational grant to the provider of the education activity and must be acknowledged in printed materials and brochures.
 - b. Arrangements for commercial exhibits will not influence the planning of or interfere with the presentation of education activities.
 - c. Learners will be made aware of the nature of all commercial support of all education activities.
 - d. Education activities are distinguished as separate from endorsement of commercial products. When commercial products are displayed, participants will be advised that approved status refers only to the continuing education activities and does not imply Arkansas Department of Health or Midwife Advisory Board endorsement of any commercial products.
 - e. Education activities that present research conducted by commercial companies will be designed and presented with scientific objectivity.
 - f. Learners will be informed of any off label use of a commercial product that is presented in education activities.

B. REVIEW PROCESS

The Midwife Advisory Board will review the application packet to ensure that the content of the proposed continuing education offering is consistent with and will contribute to the practice of Licensed Midwives in Arkansas. **The applicant must use the forms provided in this document when completing the application. Any application not using the provided forms will be returned.**

C. APPLICATION SUBMISSION DATES

The applicant must submit **nine typed or legible copies** of the application to the Midwife Advisory Board at least sixty (60) days prior to the first presentation to ensure completion of the review process and to allow the applicant the opportunity to submit requested revisions, if necessary. The applicant may submit the nine copies to the Arkansas Department of Health for mailing to the Midwife Advisory Board members if no meeting will be held prior to the date of the presentation.

D. ACTION ON APPLICATION

The Midwife Advisory Board, or the Arkansas Department of Health, will notify sponsors in writing of the status of the application prior to the identified implementation date. Applications may be:

1. approved;
2. deferred - additional information or revisions required;
3. denied approval.

If an activity is denied approval, reasons why the activity was not approved and suggestions for redesigning and resubmitting the activity will be provided.

E. APPEAL PROCESSES

1. The applicant may request, in writing, that the appeals process be initiated within 15 days of notification of the adverse decision.
2. The applicant may not change the original application in any way, but can clarify the existing application through written explanations and amplification. The applicant may include statements regarding why the original decision was incorrect and what action is desired.
3. The Appeals Committee examines the original application and all additional information provided by the applicant.
4. If the CE activity is approved, the sponsor will be issued contact hours.
5. The applicant will be notified of the decision of the Appeals Committee within 21 days of the date the written request is received. **ALL DECISIONS OF THE APPEALS COMMITTEE ARE FINAL.**

F. LENGTH OF ACTIVITY APPROVAL

An approved CE activity may be repeated at any time or place for five (5) years from date of approval, as long as the sponsor and education design remain the same.

G. CHANGES IN APPROVED ACTIVITIES

An activity is approved on the basis of:

1. sponsor;
2. content;
3. objectives;
4. faculty/presenters.

If any change occurs in items one (1) through three (3), the activity must be re-submitted. If the only change is in item four (4), credentials of the new personnel must be submitted before presentation of the activity (**must submit biographical data forms**).

H. SYSTEM OF AWARDING CREDIT HOURS:

- a. The appropriate measure of credit is the 60 minute contact hour.
- b. A contact hour is 60 minutes of an organized learning activity, which is either a didactic or clinical experience.
- c. The minimum number of contact hours to be awarded is one (1).
- d. After the first contact hour, fractions or portions of the 60 minute hour should be calculated. For example, 120 minutes of learning experience = 2.0 contact hours. 150 minutes of learning experience = 2.5 contact hours.

- e. Registration, welcome, introductions, inservices, orientation, breaks and viewing of exhibits (products/vendors) are not included in the calculation of contact hours. Evaluation is considered part of the learning activity and needs to be included in calculation of contact hours. When calculating hours, include any pre and post-test, practice, discussion, educational poster sessions and evaluation time.
- f. To calculate the number of contact hours, add the total number of minutes of allowed time and divide by 60

EXAMPLE:

8:00 - 8:10 Welcome & Introduction	10 minutes
	(not applicable)
8:10 - 8:30 Pre-test	20 minutes
8:30 - 9:00 Talk #1	30 minutes
9:00 - 9:30 Discussion	30 minutes
9:30-10:10 Talk #2	50 minutes
10:10-10:25 Break	15 minutes
	(not applicable)
10:25-11:15 Supervised Practice	50 minutes
11:15-12:15 Lunch & Exhibits	60 minutes
	(not applicable)
12:15-1:55 Panel Discussion	100 minutes
1:55-2:10 Break	15 minutes
	(not applicable)
2:10-3:00 Poster Session	50 minutes
3:00-3:30 Questions & Answers	30 minutes
3:30-3:40 Evaluation	10 minutes
	360 minutes
365 Minutes Divided by 60 = 6.0 Contact Hours	

I. RESPONSIBILITIES OF SPONSORS

Sponsors of an approved educational activity have the following responsibilities:

1. Implement the activity as described in the approved application
2. Distribute a certificate of completion to each participant who has successfully completed the activity (see attached sample to be sure to include all required data)
3. Record participant contact hours
4. Maintain accurate and retrievable CE activity records that includes a summary of participant evaluations
5. Maintain accurate and retrievable participant attendance records (daily roster)
6. Must submit participant roster and summary of evaluation within 6 weeks of presentation of the CE activity to the Arkansas Department of Health, Women’s Health section.