

Worksheet for CNA Accreditation of a Self-Assessment Program

Self-assessment programs enable nurses to assess aspects of their knowledge or practice in specific areas, topics or domains. Self-assessment programs are not tests. Instead, they use structured formats — such as multiple-choice or short-answer questions — that may include a clinical scenario and require participants to select the appropriate response. Participants receive feedback on the answers they selected to provide opportunities to identify areas for improvement and future learning.

**Important information before you begin**

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| Self-assessment programs approved by CNA must be developed or co-developed by a nursing organization.*CNA defines “nursing organization” as a not-for-profit group of health professionals with a formal governance structure. The organization serves and is accountable to its specialist nurse members and others by providing continuing professional development (CPD), health care, and/or research.*Please [visit our website for a full definition](https://www.cna-aiic.ca/en/accreditation/accreditation-eligibility) or contact CNA to confirm before submitting an application. You can also [read our policies](https://www.cna-aiic.ca/en/accreditation/accreditation-eligibility) on non-nursing organizations. |

**Additional considerations**

* Self-assessment programs are accredited for a maximum of two years from the start date of the activity.
* Accreditation will not be granted retroactively.
* The nursing organization that developed the activity is responsible for maintaining all records (including attendance records) for a 5-year period.

**Application process**

* Complete this application and submit the supporting documentation.
* A summary of the review will be e-mailed to the applicant, including the outcome of the assessment of the CPD activity, the number of accredited hours, and the CPD activity accreditation statement that must appear on all accredited CPD activity program materials and certificates of participation.
* The fee submitted at the end of this application is non-refundable and does not guarantee accreditation.

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| **Activity Information** |
| Title of self-assessment program: | Click or tap here to enter text. |
| Activity start date: (dd/mm/yyyy) | Click or tap to enter a date. | Activity end date: (dd/mm/yyyy) | Click or tap to enter a date. |
| Delivery method of self-assessment program: | [ ]  Web-based [ ]  Face-to-face [ ]  Both web-based and face-to-face |
| Has the program been previously accredited? | [ ]  Yes [ ]  No | If yes, when was it reviewed? | Click or tap to enter a date. |
| If yes, by which CPD accreditation system? | Click or tap here to enter text. |
| How many hours are required to complete the program? (This will indicate the number credits received) | Click or tap here to enter text. |

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| [**PART A: Administrative Standards**](http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-accreditation-group-learning-activities-conferences-workshops-e)  |
| Applicant Category: | [ ]  CNA Member [ ]  Not-for-Profit [ ]  For Profit |

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| **Name of nursing organization that developed the self-assessment program** |
| 1. Name and contact information requesting accreditation
 | Name of nursing organization: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| E-mail: Click or tap here to enter text. | Telephone #: Click or tap here to enter text. |
| Website address: Click or tap here to enter text. |
| 1. Contact information for main **point-of-contact**
 | First name: Click or tap here to enter text. | Last name: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| E-mail: Click or tap here to enter text. | Telephone#: Click or tap here to enter text. |
| 1. Name and contact information for **planning committee chair** *(if different)*
 | First name: Click or tap here to enter text. | Last name: Click or tap here to enter text. |
| E-mail: Click or tap here to enter text. | Telephone #: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |

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| 1. Name and contact information for organization ***co-developing* the activity** *(if applicable)*
 | Name of organization: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| E-mail: Click or tap here to enter text. | Telephone #: Click or tap here to enter text. |
| 1. Is the co-developing organization a nursing organization?
 | [ ]  Yes [ ]  No |

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| **Content development** |
| 1. Was the content developed by the applying nursing organization?
 | [ ]  Yes [ ]  No |
|  *If no, who developed the content?* | Click or tap here to enter text. |
| 1. ***Scientific planning committee members (SPC) this will be uploaded as a separate document in the application.***
 |
| *Complete the table below or send as an attachment if you have it available electronically.* |
| **Name of SPCM**  | **What type of target audience does the SPCM represent?** | **Is the SPCM a member of the nursing organization responsible for planning the CPD activity?** |
| Example: Jane Smythe, RN | Gerontology | Yes |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| [**PART B: Educational Standards**](http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-accreditation-group-learning-activities-conferences-workshops-e) |
| 1. What is the intended target audience of the activity?
 |
| Click or tap here to enter text. |
| 1. What needs assessment strategies were used to identify the learning needs (perceived and/or unperceived) of the target audience?

*Examples include surveys of potential participants, literature reviews, health-care data, and assessment of the knowledge, competence or performance of potential participants.* |
| Click or tap here to enter text. |
| 1. What learning needs or gap(s) in knowledge, attitudes, skills or performance of the intended target audience did the planning committee identify for this activity?
 |
| Click or tap here to enter text. |
| 1. How were the identified needs of the target audience used to develop the overall and session-specific learning objectives?

*For example:* * *Did the scientific planning committee share the needs assessment results with the speakers who are responsible for developing the learning objectives?*
* *Did the scientific planning committee use the needs assessment results to define the learning objectives for the speakers?*
 |
| Click or tap here to enter text. |
| 1. Describe the key knowledge areas or themes assessed by this self-assessment program
 |
| Click or tap here to enter text. |
| 1. State the sources of information selected by the planning committee to develop the content of this activity (e.g., scientific literature, clinical practice guidelines)
 |
| Click or tap here to enter text. |
| 1. What learning methods were selected to ensure the CPD activity would meet the stated learning objectives? Describe the rationale for the selected format (e.g., multiple-choice questions, short answer questions) to enable participants to review their current knowledge or skills in relation to current scientific evidence.
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| Click or tap here to enter text. |

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| 1. Describe the process that allows participants to demonstrate or apply knowledge, skills, clinical judgment or attitudes and shows how feedback will be provided to the participants.

At the end of this application, you have the option to upload a copy of the answer sheet for this assessment tool. *Attach a copy of the answer sheet for the assessment tool that allows participants to demonstrate knowledge, skills, clinical judgment or attitudes and shows how feedback will be provided to the participants.*  |
| Click or tap here to enter text. |
| 1. Does the program provide participants with references justifying the appropriate answer?
 | [ ]  Yes [ ]  No |
| 1. How will feedback be provided to participants on their performance to enable the identification of any areas requiring improvement through the development of a future learning plan?
 |
| Click or tap here to enter text. |
| 1. Describe how the references are provided to participants.
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| Click or tap here to enter text. |
| 1. How will the overall learning activity and each individual module (if applicable) be evaluated by participants?
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| Click or tap here to enter text. |

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| [**PART C: Ethical Standards**](http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-accreditation-group-learning-activities-conferences-workshops-e)  |
| 1. Does the CPD activity have one or more sponsors?
 | [ ]  Yes [ ]  No |
| 1. If yes, have the terms, conditions and purposes by which sponsorship is provided been documented in a written agreement that is signed by the CPD provider organization and the sponsor? *(Attach a sample)*
 |
| 1. If sponsorship has been received, please check all sources that apply
 |
| [ ]  Government Agency |
| [ ]  Health-care Facility |
| [ ]  Not-for-profit organization |
| [ ]  Medical device company |
| [ ]  Pharmaceutical company |
| [ ]  Education or communications company |
| [ ]  Other*Please specify* | Click or tap here to enter text. |
| 1. If yes, please list the name of the sponsor(s) below and indicate whether the sponsor(s) provided financial or in-kind support (s*hould you require more space, attach a new page). This will be added as an attachment to the online application so complete this on a separate form.*
 |
| **Sponsor name** | **Type of support** |
| Click or tap here to enter text. | [ ]  Financial supportamount received or anticipated to receive:Click or tap here to enter text. | [ ]  In-kind supportamount received or anticipated to receive:Click or tap here to enter text. | [ ]  *For-profit sponsor* *or*[ ]  *Non-profit sponsor* |
| Click or tap here to enter text. | [ ]  Financial supportamount received or anticipated to receive:Click or tap here to enter text. | [ ]  In-kind supportamount received or anticipated to receive:Click or tap here to enter text. | [ ]  *For-profit sponsor* *or*[ ]  *Non-profit sponsor* |
| Click or tap here to enter text. | [ ]  Financial supportamount received or anticipated to receive:Click or tap here to enter text. | [ ]  In-kind supportamount received or anticipated to receive:Click or tap here to enter text. | [ ]  *For-profit sponsor* *or*[ ]  *Non-profit sponsor* |
| Click or tap here to enter text. | [ ]  Financial supportamount received or anticipated to receive:Click or tap here to enter text. | [ ]  In-kind supportamount received or anticipated to receive:Click or tap here to enter text. | [ ]  *For-profit sponsor* *or*[ ]  *Non-profit sponsor* |

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| 1. Describe the process by which the SPC maintained control over the CPD program elements including:
* Identification of educational needs of intended target audience
* Development of learning objectives
* Selection of educational methods
* Selection of speakers, moderators, facilitators and authors
* Development and delivery of content
* Evaluation of outcomes
 |
| Click or tap here to enter text. |
| 1. Describe the process used to develop content for this activity that is scientifically valid, objective and balanced across relevant therapeutic options.
 |
| Click or tap here to enter text. |
| 1. How were those responsible for developing or delivering the content informed that any description of therapeutic options must use generic names (or both generic and trade names) and not reflect exclusivity and branding?
 |
| Click or tap here to enter text. |
| 1. All accredited CPD activities must comply with the National Standard for support of accredited CPD activities. If the scientific planning committee identifies that the content of the CPD activity does not comply with the ethical standards, what process would be followed? How would the issue be managed?
 |
| Click or tap here to enter text. |
| 1. How is information about the conflicts of interest of the speakers’, authors’, moderators’, facilitators’ and or/authors collected and disclosed to:
* The nursing organization?
* Those attending the CPD activity?
 |
| Click or tap here to enter text. |
| 1. How are the speakers’, authors’, moderators’, facilitators’ and or/authors’ conflicts of interest information collected and disclosed to:
* The planning committee?
* Those attending the CPD activity?
 |
| Click or tap here to enter text. |
| 1. If a conflict of interest is identified, what are the scientific planning committee’s methods to manage potential of real conflicts of interests
 |
| Click or tap here to enter text. |

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| 1. How are payments of travel, lodging, out-of-pocket expenses and honoraria made to members of the planning committee, speakers, moderators, facilitators and/or authors?

If the responsibility for these payments is delegated to a third party, please describe how the CPD organization or planning committee retains overall accountability for these payments. |
| Click or tap here to enter text. |
| 1. How has the nursing organization ensured that their interactions with sponsors have met professional and legal standards, including the protection of privacy, confidentiality, copyright and contractual law regulations?
 |
| Click or tap here to enter text. |
| 1. How has the nursing organization ensured that product specific advertising, promotional materials or other branding strategies have not been included on, appear within, or be adjacent to any educational materials, activity agendas, programs or calendars of events, and/or any webpages or electronic media containing educational material?
 |
| Click or tap here to enter text. |
| 1. What arrangements were used to separate commercial exhibits or advertisements in a location that is clearly and completely separated from the accredited CPD activity?
 |
| Click or tap here to enter text. |
| 1. If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the nursing organization?
 |
| Click or tap here to enter text. |
| 1. What strategies were used by the planning committee or the nursing organization to prevent the scheduling of unaccredited CPD activities at the time and locations where accredited activities were scheduled?
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| Click or tap here to enter text. |

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| **PART D: Declaration**  |
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| As the chair of the planning committee (or equivalent), I accept responsibility for the accuracy of the information provided in response to the questions listed on this application.  |
|[ ]  **I Agree** | By clicking “I agree” you are agreeing to the declaration stated above |
| **Name:** | Click here to enter text. |
| **Date:**(dd/mm/yyyy) | Click here to enter a date. |

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| **Attach the following documentation to the application form:** |
| Attachment 1 | The preliminary program/brochure/screen shot of webpage |
| Attachment 2 | The final program |
| Attachment 3 | Any other materials to promote or advertise the activity (for example, invitations, email announcements) (if applicable) |
| Attachment 4 | Sample form or process for the collection, management, and disclosure of conflicts of interests |
| Attachment 5 | The (summarized) needs assessment results |
| Attachment 6 | The template evaluation form(s) developed for this activity |
| Attachment 7 | The budget for this activity that details the receipt and expenditure of all sources of revenue for this activity, including an indication of whether funds were received in an educational grant or in-kind support (may be in-kind) |
| Attachment 8 | The template certificate of attendance that will be provided to participants |
| Attachment 9 | The sponsorship developed to solicit sponsorship for the activity (if applicable) |
| Attachment 10 | If sponsorship has been received for this activity, attach the written agreement that is signed by the CPD provider organization and the sponsor |

