

**ONCOLOGY NURSING SOCIETY
REVIEWERS' APPRAISAL**

Return to ONS Approver Unit by email or fax
e-mail: ceapprover@ons.org
Fax: 412/859-6160 Phone: 412/859-6249

CE#: _____
Title: _____

Due Date: _____

Reviewer: _____

Program Date: _____

AREA	CRITERIA	YES	NO	N/A
Demographic	Cover sheet is complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has this application been denied by other ANCC accredited approvers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Planning Team Information	There are at least 2 people listed as involved in the planning process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A nurse planner is identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The nurse planner is an RN with a minimum of a BSN and appears to have been involved in the planning process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	There is at least one individual fulfilling each planning team role:			
	• Relevant content expert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Member of the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All individuals involved in the planning process are qualified (including "other planners")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Biographical sketches are attached for each individual involved in the planning process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Full financial disclosure forms are completed for each individual involved in the planning process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evaluation for conflict of interest is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If conflict of interest is noted, there is documentation of how it was resolved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments				
Target Audience	Target Audience is identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
Needs Assessment	Needs assessment is described.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
Purpose/Goal	Purpose/goal is stated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Presenters/ Authors	Presenters/authors are qualified through education and/or experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Biographical sketches are attached for each presenter or author.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Full financial disclosure forms are completed for each presenter or author.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evaluation for conflict of interest is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If conflict of interest is noted, there is documentation of how it was resolved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The method to inform learners whether any financial relationships exist is indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The method to inform learners of any discussion of off-label/ investigational use of products has been addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREA	CRITERIA	YES	NO	N/A
Comments:				
Co-providership	Co-provider names are listed, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Co-provider agreement outlines delineation of key responsibilities as listed in this section of the application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Commercial Support	Commercial support is indicated, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name of company and contact information is listed for each providing support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The plan for use of commercial support is identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Method for maintaining the integrity of the program is indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Non-Commercial Sponsor Support	Non-commercial sponsor support is indicated, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name of sponsor, contact information and type of support provided is listed for each sponsor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Method by which learners will be informed about whether or not there is commercial support or non-commercial sponsorship is identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Disclosures to Learners	Method by which learners will be provided disclosure information is indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Evaluation	Method of evaluation is identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Category of evaluation information collected identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evaluation tool includes the following:			
	Achievement of the purpose/goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Achievement of the each objective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Teaching effectiveness of each presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Notification about commercial support, financial relationships and off-label/investigational agents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lack of bias question included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The method to use the evaluation data is identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The method of providing feedback to participants is identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments				
Verification of Participation and Successful Completion	Method to verify participation is identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Criteria for successful completion are identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The method to inform participants of successful completion is identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
CE Certificate	Completed sample of the certificate is included and includes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name of learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Number of contact hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Number of hours and/or minutes of pharmacology content, if requesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name and address of educational activity provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Title and date of activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREA	CRITERIA	YES	NO	N/A
	Appropriate accreditation statement appears on certificate. “This continuing nursing education activity was approved by the ONS, an accredited approver by the American Nurses Credentialing Center’s COA.”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Location for CE Identification Number as assigned by ONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
Record Keeping	Agree to maintain records for six (6) years in a retrievable secure area available only to authorized personnel. Records will include the following: correspondence, ONS CE application, promotional materials, names and addresses of all CE Activity participants, and evaluation summary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Advertising Materials	A copy of advertising materials is included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If advertising prior to approval, the appropriate credentialing statement included: “This activity has been submitted to the Oncology Nursing Society for approval to award contact hours. ONS is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s COA.””	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do any accreditation statements stand alone, beginning and ending on a separate line from other statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the ONS logo appear on promotional materials? (It should not unless the provider is an ONS chapter.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Complete and sign	Application is signed (manually or electronically) and dated by the nurse planner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Planned Program Length Content Outline	Objectives are expressed in measurable terms and begin with behavioral verbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	One action or outcome is specified per objective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Detailed outline/description of content for each objective is included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Content information is submitted for the entire activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pharmacology content listed sufficient to support time allotment indicated on CE certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The presenter is identified for each topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Complete hours for the educational activity are outlined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Time for each presenter is included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Time allotted is sufficient to realistically achieve desired objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are introductions, housekeeping announcements, breaks, and meals included in the contact hours? (they should not be)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The contact hours are calculated correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching methods are identified and reflect adult learning principles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
Contact Hour Calculation Form	Method for contact hour calculation indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If a post-test will be used:			
	• Copy of the post-test is attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Questions on post-test are clearly stated and relevant to the objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREA	CRITERIA	YES	NO	N/A
	If contact hours based upon a pilot test:			
	• Number of participants included in the pilot study is identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Required percentage for successful completion of post-test is identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Measures taken to correct any deficits are identified, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Calculation of contact hours is consistent with pilot test results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Learner Directed Content Outline	Objectives are expressed in measurable terms and begin with behavioral verbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	One action or outcome is specified per objective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Content information is submitted for the entire activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Content outline is adequate to determine whether each objective can be met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pharmacology content included is sufficient to support time allotment indicated on CE certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The contact hours are calculated correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Teaching methods are identified and reflect adult learning principles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REVIEWER'S RECOMMENDATION				
APPROVE <input type="checkbox"/>		DEFER <input type="checkbox"/>		DENY <input type="checkbox"/>
APPLICATION STRENGTHS				
AREAS FOR IMPROVEMENT				
REASONS FOR DEFERRAL OR DENIAL				

I verify that I personally reviewed the application and completed the above evaluation.

I verify that I have no pertinent financial relationships or other conflicts of interest that might bias my review of this application.

Reviewer's name: _____

Date:

ONCE THE PROGRAM DATE AS LISTED ON THE TOP OF THIS FORM HAS PASSED, PLEASE DELETE OR DESTROY ALL PROGRAM MATERIALS. THANK YOU!