Activity Information
Complete all demographic and program detail items on this page. Specific considerations include:

- **Date of activity**: Please indicate date of presentation. ONS Chapter Programs in a Box are designed as one time offerings and should be indicated as such on the application. If you wish to repeat the offering, please contact CEApprover@ons.org or 866-257-4ONS.

- **Name of CNE activity provider**: This would be your Chapter.

- **Denial of Contact Hours for other approver units**: You can answer ‘no’ to this question.

Planning Team Information
There must be at least two people involved in the planning process including:

- Nurse planner
  - The nurse planner must be directly involved in planning and producing the education event.
  - The nurse planner must be an RN with a minimum of a BSN who can competently utilize the ANCC criteria related to planning, implementing and evaluating education activities as documented on this application.
  - The nurse planner cannot have a conflict of interest.

- Content expert: Each planning team must also include at least one person with relevant content expertise related to the educational activity topic.

You must submit a Biographical Sketch and Full Financial Disclosure Form (located at the ONS Approver Unit site in the right hand column) for each planning team member.

You can collect the information from your planners and submit via the electronic forms in the application system OR
You can have the planners complete the template form and upload as one document to the application system.
DO NOT submit CVs or resumes.

Complete the **Planner Information table**, listing each planner team member’s:

- Name and credentials
- Role(s) they are fulfilling
- That their biographical sketch was submitted
- That their full disclosure form was submitted
- Whether they identified any financial relationships on their disclosure form
- Whether any financial relationships created a conflict of interest.
Conflict of interest:
- A conflict of interest (COI) exists when:
  - An individual has a financial relationship with a commercial entity whose products or services are used on or by people with cancer AND
  - There will be content presented in your program related to these specific products or services.
  - Having a financial relationship does not automatically cause a conflict of interest, but all financial relationships must be evaluated for conflict of interest.

- Since planning team members have influence over the content to be presented, any COI must be resolved before the person may be involved in planning an educational program.
- It is the responsibility of the nurse planner to evaluate whether planning team members have a COI and takes steps to resolve it.

- Nurse planner
  - The nurse planner cannot have a conflict of interest – if they do, a different nurse planner needs to be appointed.
  - The nurse planner may not evaluate his/her disclosure information for COI. The nurse planner information may be reviewed by another member of the planning team who does not have a conflict of interest or someone outside the planning team with knowledge of the ANCC criteria for conflict of interest.
  - The name and credentials of the person evaluating the nurse planner for conflict of interest need to be entered in the appropriate item.

- Resolution of COI: If any of the members of the planning team are found to have a conflict of interest, check the appropriate box(es) to indicate how this was resolved before the planning proceeded.

Presenter/Authors
Complete the Presenter/Authors table, listing each presenter’s:
- Name and credentials
- That their biographical sketch was submitted
- That their full disclosure form was submitted
- Whether they identified any financial relationships on their disclosure form
- Whether any financial relationships created a conflict of interest.

Conflict of interest:
- A conflict of interest (COI) exists when:
  - An individual has a financial relationship with a commercial entity whose products or services are used on or by people with cancer AND
  - There will be content presented by the individual related to these specific products or services.
  - Having a financial relationship does not automatically cause a conflict of interest, but all financial relationships must be evaluated for conflict of interest.

- Any COI must be resolved before the person may be allowed to present or author content.
Activity Planning

There are several steps in program planning that need to be documented in the application, starting with this section. Special considerations include:

- **Identified learners (target audience):** Please indicate APNs, RNs in both in- and outpatient hem onc settings, RNs in radiation oncology settings, LPNs, and nursing students as these are the groups this program was developed for.

- **Needs assessment method:** Please indicate that the needs assessment was determined by a survey of target audience members, stakeholders, subject matter experts or similar; review of evaluations of previous educational activities; and review of trends in literature, law, and health care.

- **Source of support evidence:** Please indicate: ONS Congress and Connections Conference Evaluations; Survivorship Dinner Program evaluations; Regional Conference evaluations; input from ONS Nursing Project Managers; NCCN Guidelines; and American College of Surgeons Commission on Cancer Standards / Reports.

- **Type of gap:** Indicate the type of gap you identified in your needs assessment. For this program, please indicate gaps in knowledge and skills.

  **Specific gap identified:** Please indicate: The National Cancer Institute (NCI) estimates that there are nearly 13.7 million cancer survivors alive in the United States today with three-quarters of them being over 60 years of age. These numbers are expected to increase to 18 million by the year 2022. Cancer survivors have complex needs and oncology nurses are in an unique position to advocate for and help empower them to improve the survivorship experience.

- **Goal/Desired Outcome:** Please indicate: The goal of this educational program is to present knowledge needed for nurses to enhance the quality of cancer care delivered to cancer survivors and their caregivers.

- **Evidence to Support Content:** Please indicate: information available from organization / web site; information available through peer-reviewed journal / resource; and clinical guidelines.

- **Content outline form:** Please see Content Outline template available in accompanying “Cancer Survivorship and Care Planning Templates for CNE Application” documents. This form needs to be customized to your specific program with presenter’s name and clock times for each objective.

Contact hour calculation

- Please indicate: 1.0 CNE hour based on 60 minutes worth of content presented (60 minutes = 1.0 CNE hr).
Criteria for Successful Feedback and Feedback

- **Criteria for successful completion**: Please indicate attendance at entire event or session and completion / submission of evaluation form.
- **Rationale for method**: Please indicate importance of content knowledge and importance of content application.
- **How learners will be provided feedback**: Please indicate questions and answers during activity and engaging learner in dialogue.
- **Method for verifying participation**: Please indicate sign-in sheets and return of evaluation tool.
- **Sample of CNE Certificate**: Please see sample CNE Template available in accompanying “Cancer Survivorship and Care Planning Templates for CNE Application” documents. This form needs to be customized to your specific program with chapter name, chapter address, program date, and program location.

Evaluation

- **Methods of evaluation**: Please indicate evaluation form and case study with group discussion.
- **Evaluation tool**: Please see Evaluation Tool template available in accompanying “Cancer Survivorship and Care Planning Templates for CNE Application” documents. This tool needs to be customized to your specific program with program date and presenter’s name.
- **Use of evaluation data**: Please indicate: refine future presentations of this educational program; identify need for new educational programs; and document that the identified need was met.

Co-Providership (No co-providership support is provided by ONS. If your Chapter is securing a co-provider, then this section must be completed)

Co-providers are institutions, organizations, or agencies (besides the provider listed on the front of this application) who are involved in planning, developing, and implementing this educational activity. The activity provider listed on the front page of this application, is responsible for maintaining primary responsibility for determination of objectives and content, selection of faculty/presenters, awarding of contact hours, record keeping, and evaluation.

- **Program co-provided?**: Check yes or no.
  - If you check yes, please complete the table including the names and contact information for each co-provider.
  - For each co-provider, a signed **co-provider agreement** must be submitted outlining the role the provider and the co-provider has in planning the program (such as identifying learning needs, providing input on content and speakers, assisting with marketing, etc.)

Commercial Support (No commercial support is provided by ONS. If your Chapter is securing commercial support, then this section must be completed)

Commercial support includes financial or in-kind contributions by a commercial interest with the intent of supporting for program costs.

- An example would be a pharmaceutical or equipment company who manufactures, distributes or markets products used in the treatment of cancer patients.
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- Commercial support does not include:
  - Funding given by providers of direct clinical services to patients, government entities, non-profits or non-healthcare related entities. These are considered non-commercial sponsors.
  - Money paid specifically for display space.
- NOTE: All financial funding must be paid directly to the program provider who will manage all payments for services, honoraria and other expenses. Presenters cannot be paid directly by a commercial or non-commercial supporter.

- Program have commercial support? Check yes or no.
  - If you check yes, please complete the table including the names and contact information for each co-provider.
  - A commercial support agreement must be submitted from each company providing commercial support outlining the terms, conditions and purpose of the commercial support.

- Use of commercial support: Indicate how the monies received from commercial supporters will be used in supporting the program.

- Maintain integrity of the program: It is the responsibility of the program provider to ensure that commercial support does not lead to a bias in the content or other program aspects. Indicate what step(s) will be taken to decrease the risk of bias.

Non-Commercial Sponsor Support (No non-commercial support is provided by ONS. If your Chapter is securing non-commercial support, then this section must be completed)
Includes financial or in-kind contributions by non-commercial organizations or groups, such as meals, materials donated or copied, space used free of charge, and marketing assistance.

- Program have non-commercial sponsor support? Check yes or no.
  - If you check yes, please complete the table including the names and contact information for each co-provider.
  - If you receive financial support from a non-commercial sponsor, you must submit a signed letter of agreement outlining the type, terms and purpose of the sponsor support.

Disclosures for Learners
ANCC requires a variety of disclosures be made to learners at all CNE programs.

- Required disclosures: Criteria for successful completion and absence/presence of conflict of interest
  - Please indicate announce at beginning of session and information provided in handouts.
  - If you are using a different method for providing these disclosures, please describe it in the block under “other ways participants were made aware of successful completion criteria and conflict of interest”:

- Disclosures that may or may not be required: Commercial support, non-commercial sponsor support, non-endorsement of products
  - Indicate how you will provide these disclosures.
  - If you do not have commercial or non-commercial sponsor support or will not be discussing commercial products, you may check ‘N/A’ for these.
  - If you are using a different method for providing these disclosures, please describe it in the block under “other ways participants were made aware of commercial and non-commercial support”:
  - NOTE: For enduring documents (e.g. monographs, CNE articles), a statement must appear on all marketing materials and on the title page stating the final date that contact hour(s) will be awarded for the activity.

- Documentation of disclosures: Indicate the type of documentation you will be submitting after the program.
Advertising Materials

**Type of advertising materials**: Indicate the type(s) of advertising materials/approaches you will be using.

- If you are advertising on a website, please include the website address and/or submit a copy of what is posted on the website.
- For this program, please see Sample Print Marketing resource available in accompanying “Cancer Survivorship and Care Planning Templates for CNE Application” documents.

**NOTE**: If the final materials are not available when the application is submitted, a draft may be submitted. However, a copy of the final product must be submitted BEFORE advertising the program.

The appropriate accreditation statement must be included.

When advertising PRIOR to approval of the CNE application, the following statement must appear on promotional materials.

“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.”

When marketing a program AFTER approval of the application, the following statement must appear on promotional materials.

“This continuing nursing education activity was approved by the ONS, an accredited approver by the American Nurses Credentialing Center’s COA.”

**NOTE**: These accreditation statements must stand alone, beginning and ending on a separate line from other statements.

The ONS logo may not appear on promotional materials unless the program is sponsored by an ONS chapter. ONS Chapters may use the ONS logo along with their chapter logo on advertising materials.

**ADDITIONAL FORMS**

**Content Outline**: Please see content template available in accompanying “Cancer Survivorship and Care Planning Templates for CNE Application” documents. This template must be customized to include your program’s presenter/speaker’s name and the clock times corresponding to your program’s schedule (e.g. 7:00 – 7:10 pm) for each objective.

**Biographical Sketch and Full Disclosure Form**: Form is available via the Approver Unit homepage at [http://www2.ons.org/CNECentral/Approver](http://www2.ons.org/CNECentral/Approver). Each planner and presenter must complete and submit copies of this form. Do not submit a CV or resume as it often does not contain the specific information needed.

- Indicate whether the form is for a presenter or planner.
- Background information
  - Complete all information requested in this section.
- Educational preparation
o Indicate each educational institution attended, including the name, location (city/state or country), degree obtained, year the degree was received and the field of study.
o Include all educational institutions attended after high school, including postdoctoral training.
o If no education was completed after high school, enter N/A into the first block.

Planners
o Please describe qualifications to be on the planning team.
o If you are nurse planner, please describe your experience in planning educational programs.
o If you are the content expert, please describe your experience or education related to the topics being presented.
o For other planners, please describe any pertinent experience related to planning this program.

Presenters/Authors
o Please provide a detailed description/list of qualifications to present/author the specific topic being presented.
o Pertinent information may include training or education, pertinent work experience, recent presentations and publications.

Disclosure/Conflict of Interest
o According to the ONS Positions and ANCC/ACME standards, planners, speaker and authors are required to disclose any relevant financial interests or other relationships that they or an immediate family member have had in any amount in the past 12 months with commercial entities that produce, market, resell or distribute healthcare products or services that are used on or by patients.
o Relevant financial relationships must be disclosed and will be shared with learners.
o For each of the types of relationship, please indicate whether the planner, speaker or author or a member of their immediate family had a financial relationship in any amount with companies that produce, market, resell or distribute healthcare products or services that are used on or by patients (other than direct patient care).
  □ If they indicate that a financial relationship exists, list the name of the entity providing support and the dates of the financial relationship.
  □ If they need to provide additional information about any of the relationships listed, please use the comment area at the bottom of this table.
o NOTE: Having a financial relationship does not automatically cause a conflict of interest, but all financial relationships must be evaluated for conflict of interest. See page 2 – Conflict of Interest section for further details.

Signature and date
o This section applies if you are uploading some or all of the biographical sketches and disclosure forms from outside the system.
o Review the statement at the bottom of the page, then sign and date it.
o If you complete the form electronically, you may type your full name in the Signature block. This will act as an electronic signature.
o If you hand sign the form, type your name in the box indicated at the bottom of the form.
o Enter the date that the form was signed.

Evaluation Tool: Please see evaluation template available in accompanying “Cancer Survivorship and Care Planning Templates for CNE Application” documents. This tool must be customized to include your program's specific information including program date and presenter's name.
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CNE Certificate: Please see CNE certificate template available in accompanying “Cancer Survivorship and Care Planning Templates for CNE Application” documents. This certificate must be customized to include your program’s specific information including chapter name, chapter address, program date, and program location.

If you have any questions regarding this application, please contact: Education Department, Oncology Nursing Society CEApprover@ons.org or 866-257-4ONS (toll free)