**NURSING ACTIVITY COMPLETION SUMMARY SHEET**

Please assist us in tracking (required by ANCC accreditation) this educational activity by completing this form.

|  |  |
| --- | --- |
| Title of Educational Activity: |  |
| Date of Educational Activity: |  |
| Person Clinically Responsible: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total # of Attendees** | **# of NPs, CNMs or CRNAs** | **# of RNs** | **# of LPNs** | **# of All Others** |
|  |  |  |  |  |

Note: Column 1 should be the total of columns 2 – 5.

**JOINT PROVIDERSHIP**

*Joint Providership Definition:* Planning, developing, and implementing an educational activity by two or more organizations or agencies. When educational activities are joint provided and one of the providing entities is ANCC-accredited, the ANCC-accredited provider unit retains responsibility for particular aspects of the process to assure adherence to all the ANCC criteria. **A written agreement is completed.**

**Did your program have joint providership? Yes No**

**COMMERCIAL SUPPORT/EXHIBIT FEES**

*Commercial Support Definition:* Financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity. Commercial Support must be acknowledged to learners. Providers of commercial support may not be providers or joint providers of an educational activity**. A written agreement (Letter of Agreement for grants / Intention to Exhibit for exhibits) is completed.**

*Commercial Interest Definition:* Any entity either 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. Exceptions are made for nonprofit or government organizations and non-healthcare-related companies.

**Did your program have commercial support? Yes No**

**If yes, please include written agreement(s) and complete the following section:**

**1a. Amount of $ (Total) Received in Commercial Support (Grants)**

**1b. List entities that provided Commercial Support and attach agreements**

**2a. Amount of $ (Total) Received in Exhibit Fees**

**2b. List entities that provided Exhibits and attach agreements**

**SPONSORSHIP**

*Sponsorship Definition:* Financial or in-kind contribution from an organization that does not fit the category of a commercial interest that is used to pay for all or part of the costs of a CNE activity. Sponsorship must be acknowledged to learners. When an educational activity is supported by more than one entity, each entity is a sponsor. Sponsors do NOT participate in planning developing, and implementing the educational activity.

**Did your program have sponsorship? Yes No**

**If yes, please complete the following section:**

**3a. Estimate of Monetary or In-Kind Contribution Received in Sponsorship**

**3b. List of entities who provided Sponsorship**

Please return this form by: Scan/email to Judith.M.Langhans@hitchcock.org or Mail to Judy Langhans, CLPD, DHMC or Fax to 603-653-6660.

If you have any questions, please call 603-653-6605.