

Des Moines Area Community College (DMAACC) Continuing Education for Health Care

**Updated For 2018
Co-Sponsorship or Contracted
Services Agreement Packet**

Approved Provider Iowa Board of Nursing (IBON) #22

**Des Moines Area Community College Continuing Education
1111 East Army Post Road Ste. 2004
Des Moines, Iowa 50315
1-515-256-4906**

Web address: <https://www.dmacc.edu/conteddsc>



Welcome Letter

**General Program
Instructions**

**Program
Guidelines**

**Contact Hour
Requirements**

**Co-Sponsorship
Contract**

Fee Schedule



2018 Co-Sponsorship Contracted Services Agreement Packet

Dear Co-Sponsor,

Welcome to Des Moines Area Community College (DMACC) and Thank You for choosing DMACC Continuing Education as your Nursing Education Sponsor. As an Iowa Board of Nursing (IBON) Approved Provider of Continuing Education we are expected to uphold and follow the specific guidelines set up before us from the Iowa Administrative Rules 655-5.1-5.3. This packet is designed to assist you and guide you through the approval process. The IBON has implemented new rules for 2018 so this packet will also be reflective of those changes.

Included in this Co-Sponsorship Instruction Guide you will find:

- General Program Instructions
- Nursing/Professional Program Guidelines and Expectations
- Contact Hour Requirements
- A Co-Sponsorship Agreement Contract Form
- Fee Schedule

We are excited to work with you in partnership for your next nursing event. If you have questions, comments or need anything further, please do not hesitate to reach out to us for further guidance and support!

Have a Healthy and Awesome Day!

Sincerely,

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Coordinator for Health Care, Continuing Education
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Continuing Education
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GENERAL PROGRAM INSTRUCTIONS:

You as the requesting agency will enter a co-sponsorship agreement with DMACC for your continuing education program. To start the process for approval you will need to complete the Cooperative Agreement in this packet. Please fill the agreement out completely. These forms may be sent using the email address: tjsteinwandt@dmacc.edu

PROGRAM GUIDELINES:

For your nursing continuing education program to be approved the subject matter must be appropriate for continuing education by reflecting both the educational needs of the nurse learner and the health needs of the consumer. Subject matter is limited to offerings that are scientifically founded and predominately for professional growth.

A. The following areas are deemed appropriate by the IBON:

- Nursing Practice related to health care of patients/clients/families in any setting
- Professional growth and development related to nursing roles with a health care focus
- Sciences upon which nursing practice, nursing education, or nursing research is based, e.g., nursing theories and biological, physical, behavioral, computer, social or basic sciences
- Social, economic, ethical and legal aspects of health care
- Management of or administration of health care, health care personnel, or health care facilities
- Education of patients or patients' significant others, students or personnel in the health care field

B. The following areas of continuing education cannot be awarded by IBON:

- Self-help or self-care that is not scientifically supported
- CPR and BLS classes
- Orientation in-service activities

C. Appropriate Audience:

- As you plan your program, please keep in mind the intended audience. This would include nurses (RN, LPN), or other professions such as Social Workers or other health care professionals. Please remember if your audience includes lay people, volunteers or caregivers that are not healthcare professionals that the material you are presenting may not be appropriate for that particular audience. It is possible to have a mix of all at your conference/event but it is imperative that the material being presented is appropriate for the Health Care Professional Audience.

D. Appropriate Presenters, Materials and Purpose:

- Structure the program content and learning experience to relate to the stated purpose and objectives. Program content shall cover one topic or a group of closely related topics. Current, relevant, scientifically based supportive materials shall be used.

E. Brochure/Flier/Advertising Materials must include the following:

- Purpose Statement
- Educational Objectives
- Date, Time, and Location
- Intended Audience
- Credentials of Instructors
- The Amount of Continuing Education Credit to be Awarded, Stated in Contact Hours
- Fee's, Refund Policy, Items Covered by Fees (meals, materials, etc) and Registration Information
- The IBON Approved Provider Number, I.E., "DMACC IBON Provider #22"
- Contact Person for Event

- Statement Regarding Contact Hour Award: I.E., “Full Attendance required to earn contact hours. No partial attendance credit will be awarded”
- Statement Regarding Contact Hours for licensee: I.E., “It is the licensee’s responsibility to determine if the continuing education programs they attend meet the requirements of their professional licensure board”

CONTACT HOURS:

Beginning January 1, 2018 The IBON will award continuing education credit in the form of “Contact Hours”. The terminology Continuing Education Unit (CEU) will no longer be used in advertising or on awarded certificates. ALL materials will refer and reflect awarded hours as “Contact Hours”.

- The Unit of Measurement for a Contact Hour will be measured the following way:
One Contact Hour = 60 minutes of instruction. It can also be referred to as a 60 minute contact hour.

YOU, AS THE AGENCY RESPONSIBILITIES:

- Submit fully completed Cooperative Agreement 60-days prior to your program. (some exceptions and circumstances can be accommodated for shorter notice)
- Submit brochure/flier for event/conference at the same time as the Cooperative Agreement
- Select Options from the Fee schedule page included for your event needs
- Submit a copy of post program evaluation results in a compiled format on the Excel Spreadsheet supplied to you prior to your event
- Submit a copy of the post-program registration of all attendees wanting continuing education certificates for earned contact hours. This will be supplied to you prior to your event

DMACC RESPONSIBILITIES:

- Work in cooperation with your agency/group as the Approved Provider Co-Sponsor for your event
- Provide guidance and assistance and be your resource in the development of marketing materials, advertisements, etc. to properly promote your program as IBON approved
- Submit your final brochure/flier/marketing materials for IBON for final approval
- Keep and maintain participant records for a minimum of 4 years as outlined by the IBON
- Create, furnish and maintain a copy of the completion certificate earned by the participant. This certificate will have the participants name, license number, approved provider number, contact hours earned, program title, and date awarded.
- Help you ensure the presenters at your event are current, knowledgeable, and skillful in the subject matter being taught.
- Help with the creation of an end of program evaluation tool or approve an evaluation tool you may want to use or have in place already.
- Ensure the fee options you have selected are completed in full by DMACC, I.E., responsible for catering, registration, evaluations and certificates awarded live, at the end of the conference, and etc.

This Agreement is entered between Des Moines Area Community College (DMACC) as the Approved Iowa Board of Nursing (IBON) Provider Number #22 and

Your Agency Name Here As The Non-Approved Provider)

Purpose of Agreement:

This is a mutual agreement between DMACC, (IBON Approved Provider # 22), and your agency as a Non-Approved Provider. The purpose of this agreement is to establish cooperative programming and to outline the responsibilities of the cooperating parties as they contribute to the learning of students in a nursing continuing education program. All parties will work together to meet all IBON requirements for providing continuing education for nurses. DMACC as the Approved IBON provider is responsible for upholding the IBON Contact Hour and Program Standards.

Approved Provider: Des Moines Area Community College will:

- Work in cooperation with your agency/group as the Approved Provider Co-Sponsor for your event
- Provide guidance and assistance and be your resource in the development of marketing materials, advertisements, etc. to properly promote your program as IBON approved
- Submit your final brochure/flier/marketing materials for IBON for final approval
- Keep and maintain participant records for a minimum of 4 years as outlined by the IBON
- Create, furnish and maintain a copy of the completion certificate earned by the participant. This certificate will have the participants name, license number, approved provider number, hours earned program title, and date awarded.
- Help you ensure the presenters at your event are current, knowledgeable, and skillful in the subject matter being taught.
- Help with the creation of an end of program evaluation tool or approve an evaluation tool you may want to use or have in place already.
- Ensure the fee options you have selected are completed in full by DMACC, I.E., responsible for catering, registration, evaluations and certificates awarded live, at the end of the conference, and etc.

Non-Approved Provider: YOU, AS THE AGENCY RESPONSIBILITIES:

- Submit fully completed Cooperative Agreement 60-days prior to your program. (some exceptions and circumstances can be accommodated for shorter notice)
- Submit brochure/flier for event/conference at the same time as the Cooperative Agreement
- Select Options from the Fee schedule page included for your event needs
- Submit a copy of post program evaluation results in a compiled format on the Excel Spreadsheet supplied to you prior to your event
- Submit a copy of the post-program registration of all attendees wanting continuing education certificates for earned contact hours. This will be supplied to you prior to your event

Des Moines Area Community College and the Non-Approved Provider agree: That if either party wishes to modify the program after this agreement is signed and dated, the changes shall be agreed to and documented in writing by both parties. That the agreement outlining any changes shall be signed by both parties and attached to this agreement as an addendum.

We mutually agree to the duties and responsibilities, as outlined on the agreement and program attachment, for conducting the cooperative program:

Name of Program

Date of Program

Health Coordinator, DMACC

Agency Representative Name

Date

Date



**Des Moines Area Community College
Non-Approved Provider Guides
For Nursing Continuing Education**



Please complete and submit this form with ALL supporting program material/flier/brochure to the DMACC Health Care Coordinator in addition to the Co-Sponsorship Contract/Cooperative Services Agreement.

1. **Title of program:**

2. **Statement Purpose of your program:**

3. **List Your Measurable and Observable Learning Objectives:** These outcomes shall address the educational needs and shall result in narrowing or closing identifies practice gap(s). (What practice gap have you identified in order to offer this topic) Must be written in a measurable format, learner centered and reflect the overall purpose of your program). Objectives should be provided overall and for each speaker/session.

The participant will

- 1.

- 2.

- 3.

- 4.

4. **Please identify the target audience (RN/LPN):**

5. **Type of instruction being used (lecture, small or large group discussion, demonstration, etc.)**

6. **Course outline and agenda (include time periods/breakout sessions if appropriate): This information may be cut and pasted from your program flier/brochure**

7. **Instructor(s) qualifications and/or vita(s):**

8. **Bibliography (REQUIRED for all Sessions) I.E., What current resources are being used to teach the subject matter from. (I.E. books, journal articles, studies, online resources, etc.)**

9. **What media and supportive materials are required:**

10. **Minimum and maximum enrollment:**

11. **Days, Date(s), and Time of program: (May cut and paste from flier/brochure)**

12. **Contact Hours Awarded:**

13. **Facilities required: DMACC or Non-DMACC Location (May cut and paste location from flier/brochure)**

14. **Registration process including the cancellation policy. (May cut and paste from flier/brochure)**

15. **Evaluation: (DMACC "end-of-course" evaluation can be used; however, additional evaluations can be utilized). Please specify and attach if different from DMACC Evaluation**

16. **Publicity: Please attach brochures, announcements or bulletins. DMACC will submit a final clean copy of flier/brochure to IBON for Final Approval.**

2018 FEE SCHEDULE

Directions:

Please check "Yes" by any of the service areas below, that your agency would like DMACC to provide for you. This form creates an ala carte menu of service for your agency needs. Any or all services below can be discussed further at any time. The Co-Sponsorship Fee of \$150 is a flat base fee paid by all Co-Sponsorship Agreements. Return this form with the contract and program flier/brochure.

Service Offered	Fee/Cost	Yes	No	Total Cost
Co-Sponsorship Fee (co-ordination and approval fee) All Co-sponsored programs are charged this fee	\$150	X		\$150
Continuing Education Certificate of Attendance/Contact Hour Award	\$15 per certificate			\$15.00 x _____ (# of certs) \$ _____ Total
Onsite Registration, (DMACC representative will be onsite at your venue to register participants)	\$50			
End of Program: (DMACC representative will return to close registration at the end of the event and distribute certificates earned to attendees, otherwise certs will be mailed to attendees home address)	\$50			
Online Registration (DMACC will register participants for you, using the Continuing Education Website)	\$7.00 per attendee registered			\$7.00 x _____ (Number of attendees registered) \$ _____ Total
Catering: (DMACC representative will work with you and an approved list of DMACC Catering Businesses to order and coordinate food for your event, Cost varies on menu selection.	Typical per person costs: Breakfast \$10 Lunch \$12 Snack \$6 Please note these costs are approximate and will vary by vender			
Post Program Evaluation Compilation (DMACC representative will collect and compile end of program evaluations and send a copy to your agency)	\$75			
Total DMACC Charges:				