Co-Sponsorship Instructions

Iowa Board of Nursing, Provider #22
Dear Co-Sponsors,

Welcome to Des Moines Area Community College (DMACC) Continuing Health Education Co-Sponsorship agreement. DMACC is committed to providing and Co-Sponsoring Continuing Health Education programs that are current, evidence-based and relevant to today’s health professional. In order to ensure that the programs we Co-Sponsor meet the criteria as set forth in the Iowa Administrative Code for the Board of Nursing, we require that standards be met prior to a program being awarded CEUs/Contact Hours. This instructional manual will walk you through our process and help you to become acquainted with the Iowa Administrative Code and Iowa Board of Nursing criteria for appropriate subject matter.

We thank you for partnering with us in providing this education to your employees and the healthcare professional community. DMACC’s objective is to enhance the practitioner’s educational needs and the health needs of the consumer.

If you have questions regarding the process listed in this manual, please contact Melissa Simmons at 515-256-4908 mlsimmons3@dmacc.edu.

DMACC Continuing Education Department
DMACC Center for Career & Professional Development at Southridge
1111 E. Army Post Road, Suite 2004
Des Moines, IA 50315
www.dmacc.edu
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What is Co-Sponsorship?

DMACC is an Iowa Board of Nursing approved provider, #22. We are the responsible party for maintaining records and standards as set forth by the Iowa Board of Nursing. DMACC follows all Providership Rules and Regulations that are listed in the 655 Iowa Administrative Code (IAC), Chapter 5.

According to 655 Iowa Administrative Code (IAC), 5.3(2), paragraph “b”, subparagraph (14) “If desired, cosponsor an offering provided by a non-approved provider. When cosponsoring is done, the approved provider is responsible for assurance that all criteria in subrule 5.3(2) are met.

A co-sponsorship contract or letter of agreement shall delineate responsibilities of all parties, which includes the approved provider awarding the credit and maintaining the program and participant records. Co-sponsorship is not acceptable for learner designed self study.”

What does this mean for you as the co-sponsor? Even though you, as a co-sponsor, are presenting the program, DMACC is ultimately responsible for maintaining the standards and our Providership. Our Providership is renewed every five years through the Iowa Board of Nursing.

Getting Your Program Approved

First, you will need to send in the complete cooperative agreement with all required information in for approval. You must send in the forms 60 days prior to the date of the intended program. This gives us proper time to review and assess if the program and presenter meet the proper criteria. DMACC will work with you and your facility to see if the program will meet appropriate criteria. The required forms and information are available on our website: http://www.dmacc.edu/conteddesc/

In our efforts to be greener and expedite the process, please email the forms and necessary documents to Melissa Simmons at mlsimmons3@dmacc.edu.

Yearly Agreements

If you have an agreement with us and run the same program multiple times, you will not need to send in the Cooperative Agreement each time once the program is approved. Once you have your speaker approved, you will not need to continue to send in the speaker information. You will only need to email the dates the program was offered prior to program. If you have a new speaker presenting the information, the speaker will need to be approved prior to the program.
ONE-TIME CONTRACTS

This category is for those that do not have a yearly agreement. It is imperative for these contracts to get the information in 60 days prior to the program date for approval.

Fees For CEH Approval

Yearly agreements and individual co-sponsor fees are based on approximately how many programs are run during the year, the number of participants, and the number of hours the programs are as well as our administrative fees associated with the workload. DMACC charges a minimum of $150 for coordination and approval fee for every event/agreement. Additional fees will apply if the paperwork is submitted incomplete or DMACC has additional responsibilities other than reviewing and approving the event. Each certificate will cost the co-sponsor $12.50. How the cost is covered is up to each individual co-sponsor.

Rates do vary; please contact Jaime Haub jlhaub@dmacc.edu with any questions regarding costs of co-sponsorship.

Getting Started

APPROPRIATE AUDIENCE

When planning your program, keep in mind who your intended audience is. The appropriate audience would include Nurses (both LPN and RN), Social Workers, and other Healthcare Professionals. Inappropriate audiences would include lay people, caregivers who are not Healthcare Providers and volunteers. It is possible to have a mix of both at a program. If this is the case, it is very important that the material being presented is appropriate content for the Healthcare Professional.

APPROPRIATE CONTENT

According to Iowa Administrative Code (IAC), 5.3(2) paragraph “a,” subparagraphs (1) to (6): “Appropriate subject matter for continuing education reflects 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 predominantly for professional growth. The following areas are deemed appropriate subject matter for continuing education credit:

1. Nursing practice related to health care of patients/clients/families in any setting.
2. Professional growth and development related to nursing practice roles and designed to enhance the delivery of patient care and health service.
3. 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.
4. Social, economic, ethical and legal aspects of health care.
(5) Management or administration of health care, health care personnel, or health care facilities.
(6) Education of patients or their significant others, students, or personnel in the health care field.”

Self-growth and development are not considered appropriate content unless it is related to how this affects patient care. This should be reflected in the purpose, objectives and content.

According to Iowa Administrative Code (IAC), 5.3(2) paragraph “b,” subparagraph (10): “Structure program content and learning experience to related 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.”

When planning your program(s), you will find it helpful to keep these criteria in mind and think about which actual appropriate criteria you are meeting. If you are unsure your program will meet the above, we will help you to determine if it is appropriate content.

APPROPRIATE PRESENTER(S)

After you have identified your topic, it is important to have a presenter who is qualified to speak on your selected topic.

According to Iowa Administrative Code (IAC), 5.3(2) paragraph “d,” subparagraphs (1) to (7): “Criteria related to faculty of informal offerings. The faculty shall:

(1) Be current, knowledgeable, and skillful in the subject matter of the offering by having evidence of further education in the subject. Such education shall be acquired through course completion or an advanced degree, experience in teaching in the specialized area within the three years preceding the offering, or six months’ work experience in the specialized area within the three years preceding the offering.
(2) If applicable, be skillful in assisting a nurse in designing a learner designed self-study program by having experience or education in course design.
(3) Include a nurse if the subject matter is nursing or if it is learner designed self-study.
(4) Encourage active participation of the nurse learners enrolled in the offerings.
(5) Utilize principles of adult education in teaching strategies.
(6) Utilize teaching methodologies appropriate to the subject, audience and the time allotment.
(7) Utilize current supportive material by drawing from resources that are predominantly less than five years old unless the topic is of an historical nature.”
#2 of the above criteria does not apply as learned self-designed study is not approved for co-sponsored programs.

DMACC will need to determine if your presenter meets the criteria. The presenter’s CV, Resume or short bio is acceptable. This will need to accompany the Cooperative Agreement.

**Purpose Statement**

Your purpose statement should reflect the overall purpose of the program. This can be as simple as a sentence. If you are planning a conference of several presentations, the purpose statement will reflect the overall purpose of the conference. Your objectives will then specifically address what the learner is to accomplish at the end of the conference.

**Writing Objectives**

Objectives should be learner centered and be objective. They should reflect, in measurable terms, what the learner will learn at the completion of the program. Objectives are based on the overall purpose and title of the program. When writing the objectives for your program, keep the following in mind:

- are these objectives specific
- are these objectives observable
- are these objectives achievable in the allotted time
- do these objectives measure learning outcomes

For those familiar with Bloom’s Taxonomy, the action verbs associated with the different levels of learning is appropriate. The table of suitable action verbs related to Bloom’s Taxonomy is available in chart form on the following page. As with any part of this process, we are here to help you if you need assistance.

**Example:** At the completion of this program, the learner will:

- State…
- List…
- Define…
## Action Verbs for Writing Objectives

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<td>Compare &amp; Contrast</td>
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<td>Evaluate</td>
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<td>Support</td>
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**CE Units of Measurement**

The terms ‘CEU’ and ‘Contact Hours’ are examples of time measurement, however, they are not interchangeable. 1 contact hour=50 minutes= .1 CEU. No credit is awarded for programs less than 1 contact hour.

In order to avoid confusion on the conversion from CEU to contact hours, we will be using the term ‘Contact Hours’ on all hours awarded. Your advertising flyers should reflect this verbiage as well.

### CONTINUING EDUCATION-UNITS OF MEASUREMENTS

**IOWA BOARD OF NURSING**

<table>
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<td>9</td>
<td>540</td>
<td>10.8</td>
<td>1.08</td>
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Obtained from Iowa Board of Nursing website:
Cooperative Agreement Form

In order to assure that all of the programs that we co-sponsor are held as advertised, it is required that a Cooperative Agreement Form be filled out and sent in with the necessary paperwork. This agreement assigns responsibility to the presenter or program coordinator for conducting the program according to the dates/times that were awarded by DMACC. A full version of the form is available in the appendix of this booklet or can be downloaded from our website.

The Cooperative Agreement Form is required when submitting requests for CE approval. The following items must be addressed:

- Title
- Audience
- Purpose
- Objectives (overall objectives and if more than one session, objectives for each session)
- Presenter(s) with Credentials (need a CV, Resume or short bio)

  A biography, or simply bio, is a detailed description of a person's life. This should include professional experiences that contribute to the topic being discussed.

- Date/Time
- Detailed agenda (include all breaks)
- Fee/Refund Policy
- City, State
- Co-Sponsor Name
- Bibliography (REQUIRED)

  A bibliography is a list of all of the sources you have used (whether referenced or not) in the process of researching your work. Referenced sources should be within 5 years.

This form is available on our website as a word document. It is preferred that you type in the information and email back as an attachment to Melissa mlsimmons3@dmacc.edu. Incomplete forms will be returned to the co-sponsor for additional information and this could delay approval.

Advertising Materials

When advertising your program, officially or unofficially, it is important to include the following wording in your documents at all times:

- Continuing Education Contact Hours awarded by Des Moines Area Community College, Iowa Board of Nursing Provider #22
- When listing the hours approved, be sure to use the term ‘Contact Hours’
- Cost of program along with refund policy

The DMACC logo may be used for advertising materials that we are co-sponsoring. Requests may be emailed to Melissa mlsimmons3@dmacc.edu.

Please send in any advertisement materials with your documents for approval.
Certificate of Attendance

Currently we are using a full sheet of paper that is electronically created by the continuing education office following the completion of the program. Each certificate will include the following information. Please note as a co-sponsor you are required to collect this information and provide to DMACC for the purpose of recordkeeping and creation of certificates.

- Last, First Name
- Course Title (program name)
- Program Presenter
- Class Date (program date)
- Time frame
- Course Location (city, state)
- License/Certification Number (REQUIRED FOR CREDIT)
- Amount of contact hours you attended of program

In order to keep the files accurate and current, we do require certain identifying information for our database. The information is protected under FERPA.

In addition to the information above we also need the following information collected to create an accurate record of each person’s attendance.

- Date of Birth Or Complete Social Security #
- Home Address
- Phone Number
- Email Address

Program Roster

To ensure proper attendance by the participants, we require that you create and send in a roster of the attendees for each of the programs we co-sponsor. For conferences that include more than 1 day, a sign-in roster is required for each day the conference is scheduled.
Evaluation Forms/Instructions

According to Iowa Administrative Code (IAC), 5.3(2) paragraph “b”, subparagraph (11): “The provider shall not require exchanging an evaluation form for a certificate of completion”.

In other words, you cannot withhold a certificate if the attendee chooses not to fill out an evaluation form.

There are several forms you may use for the evaluation of your program. These are also available on our website for you to download and personalize. Examples are included in the APPENDIX of this manual. If you use your own evaluation form, include the following statement:

<table>
<thead>
<tr>
<th>Evaluations may be submitted to:</th>
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<tbody>
<tr>
<td>Iowa Board of Nursing</td>
</tr>
<tr>
<td>River Point Business Park</td>
</tr>
<tr>
<td>400 SW 8th St, Ste B</td>
</tr>
<tr>
<td>Des Moines, IA 50309-4685</td>
</tr>
</tbody>
</table>

It is required to send in only the Evaluation Summary. Do not send in the individual evaluation forms. They will be returned and the paperwork will be considered incomplete. Awarded hours may be in jeopardy if necessary paperwork is not sent in completed. You can send the summary in a variety of ways. You can download to a spreadsheet, a paragraph summary, or you may use a copy of the evaluation form with the numbers recorded on it. Return a tally of the evaluation forms to Melissa at mlsimmons3@dmacc.edu.

Record Keeping

In order to keep our records current and up to date, we require specific identifying information. This identifying information is protected by FERPA and only a limited number of people have access to this information in our office. We electronically file all information and our electronic records are maintained indefinitely. The Iowa Board of Nursing asks that all attendees keep their certificate for a period of 4 years. Duplicate copies of certificates are available per request for a fee of $12.00.
After the Program

After the program is complete, please send in the following within 2 weeks of the program date:

- Sign In Sheet(s)
- Evaluation Tally/Summary
- Electronic Roster of those needed CEH’s with the following information
  - Date of Birth Or Complete Social Security #
  - Home Address
  - Phone Number
  - Professional License #

Resources

Reference related to 655 Iowa Administrative Code (IAC), 5.3(2) was retrieved from:
https://www.legis.iowa.gov/docs/iac/agency/655.pdf

APPENDIX

Cooperative Agreement

Evaluation Form

655 Iowa Administrative Code (IAC), 5.3(152)
Cooperative Agreement for presenting a continuing education offering(s) for Nurses-LPN’s and RN’s

Agreement between Des Moines Area Community College (DMACC) (IBN Provider Number -22) and (Non-Approved Provider)

I. Purpose of Agreement

This is a mutual agreement between Des Moines Area Community College, (Iowa Board of Nursing approved provider Number 22), and a Non-Approved Provider. The purpose of this agreement is to establish cooperative programming and to outline the responsibilities of the two cooperating parties as they contribute to the learning of students in a nursing continuing education program.

II. Preamble

The parties shall work in concert to meet all Iowa Board of Nursing requirements for providing continuing education for nurses. Des Moines Area Community College shall be responsible for Iowa Board of Nursing criteria assurance.

III. Des Moines Area Community College will:

A. Cooperate with the Non-approved Provider to establish all program details. DMACC will not approve an event without receiving ALL the required information. All events will be submitted to the Iowa Board of Nursing prior to offering.

B. Assign the number of Contact Hours for the program. DMACC maintains final say on approval of events and speakers.

C. Register participants according to school policy.

D. Provide each participant with a Des Moines Area Community College Certificate designating the number of Contact Hours earned. (The participant must meet the school’s attendance and performance requirements.)

E. Have final approval on all program costs, content, design, evaluations related to nursing continuing education approval.

F. Maintain program and student records.
G. Provide assistance as needed, to the Non-Approved Provider in meeting the requirements as outlined in the "Non-Approved Provider Guidelines."

IV. The Non-Approved Provider will:

A. Keep the Des Moines Area Community College Health Coordinator informed about all program planning sessions and maintain written minutes of these sessions. The Non-Approved Provider will provide DMACC with ALL required information prior to approval or marketing of an event as approved.

B. Meet all requirements as outlined on attached form "DMACC/IBN #22 and submit the completed form and supporting materials to the Des Moines Area Community College Health Coordinator.

V. Des Moines Area Community College and the Non-Approved Provider agree:

A. 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.

B. 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 attachment, for conducting the cooperative program:

Name of Program ___________________________ Date ______________

Health Coordinator ___________________________ Representative ______________
Des Moines Area Community College ___________________________
Non-Approved Provider ___________________________

Date ______________ Date ______________
Non-approved providers shall complete and submit this form with supporting materials to a Des Moines Area Community College Health Coordinator before completing the Cooperative Agreement (see attached). The Des Moines Area Community College Health Coordinator will be involved in all program planning sessions and will provide assistance to the non-approved provider in meeting the following requirements.

1. Title of class, seminar, workshop, conference or other:

2. Purpose of educational offering:

3. Target audience (RN/LPN):

4. Behavioral objectives: (Must be measurable)
   Please provide overall objectives and objectives for each session if there is more than one session/speaker. If you need assistance with this please contact DMACC’s continuing education coordinator.

   The participant will
   1. 
   2. 
   3. 
   4. 

5. Type of instruction - lecture, small or large group discussion, demonstration or other:
6. Course outline and agenda (include time periods if appropriate):

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

8. Bibliography (REQUIRED for all Sessions)

9. Media and supportive materials required:

10. Minimum and maximum enrollment:

11. Days, Date(s), and Time:

12. Total number of educational hours:

13. Facilities required:

14. Registration process (include the cancellation policy)
15. Evaluation: (Des Moines Area Community College "end-of-course" evaluation will be used; however, additional evaluations can be utilized). Please clear all

16. Publicity: brochures, announcements or bulletins must be approved by the College Health Coordinator - attach suggested copy. Brochures will contain the following: title, place, time, and date; stated purpose; behavioral objectives; schedule of activities; credentials or faculty; audience to be served and maximum number; cost and items covered by fee(s); refund policy and the areas of subject matter to be covered as described in sub rule 5.3 (2), a. The board approved provider number shall appear on the cover. The Des Moines Area Community College is Provider #22.

The areas of subject in 5.3 (2) "a", are as follows:
5.3 (2) a (1) Nursing practice related to health care of patients/clients/families in any setting.
(2) Professional growth and development related to nursing practice roles.
(3) 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.
(4) Social, economic, ethical and legal aspects of health care.
(5) Management or administration of health care, health care personnel, or health care facilities.
(6) Education of patients or their significant others, students, or personnel in the health care field.
DMACC Continuing Education

Please assist us in providing quality training by evaluating the course you have just completed. Your ratings and comments are confidential and will be considered in conducting future classes.

Name of Program: ___________________________ Date: ___________________________

Presenter: ___________________________ Program Location: ___________________________

RATING SCALE
5 – Superior  4 – Good  3 – Acceptable  2 – Unacceptable  NA – Not Applicable

PLEASE RATE THE COURSE

Content
Was the information presented consistent with the description and objectives?
5 4 3 2 1

Value
Was the information presented practical, useful and applicable?
5 4 3 2 1

Organization
Was the material presented in a clear and understandable manner?
5 4 3 2 1

Materials/Visual Aids
Did the handouts, videos, PowerPoint slides, etc. contribute to your learning?
5 4 3 2 1

PLEASE RATE THE INSTRUCTORS/PRESENTERS

Knowledge of the Instructor
Was the instructor prepared and did he/she demonstrate subject knowledge?
5 4 3 2 1

Ability to Present and Explain the Material
Did the instructor display enthusiasm, use a professional voice and explain the material in a manner that was easy to understand?
5 4 3 2 1

Responsiveness to Participants’ Questions/Concerns
Did the instructor answer/respond to participants’ questions throughout the class?
5 4 3 2 1

PLEASE RATE THE ARRANGEMENTS

Location (Campus, Facility, Room)
5 4 3 2 1

Comfort (Light, Seating, Sound)
5 4 3 2 1

Registration Procedure
5 4 3 2 1

How did you first learn of this course offering?  ☐Continuing Ed Schedule  ☐Business Record  ☐City View  ☐TV  ☐Radio  ☐DMACC Website  ☐Billboard  ☐Newspaper  ☐Email  ☐Friend  ☐Work  ☐State Fair  ☐Other: ___________________________

How best can we provide you with information on future offerings?

OVER
DMACC Continuing Education

What suggestions would you have for making this course more effective?

What other courses can we provide to help you meet your personal and professional goals?

Comments: (If you have a quote we can use in our marketing please share your name as you would like it cited.)
655—5.3(152) Continuing education — providers.

5.3(1) Board authority. The board derives its authority under Iowa Code chapter 272C to create requirements for becoming an approved provider and maintaining that status. The board also has the authority to develop an audit, a mechanism to verify compliance with criteria for approved providers.

5.3(2) Criteria for approved providers. The approved providers shall show evidence of capability to adhere to criteria indicative of quality continuing education activities for nurses.

a. Criteria related to appropriate subject matter. Appropriate subject matter for continuing education credits reflects 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 predominantly for professional growth. The following areas are deemed appropriate subject matter for continuing education credit:

(1) Nursing practice related to health care of patients/clients/families in any setting.
(2) Professional growth and development related to nursing practice roles and designed to enhance the delivery of patient care and health service.
(3) 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.
(4) Social, economic, ethical and legal aspects of health care.
(5) Management or administration of health care, health care personnel, or health care facilities.
(6) Education of patients or their significant others, students, or personnel in the health care field.

b. Criteria related to operation of an approved continuing education providership. The provider shall:

(1) Have a consistent, identifiable authority who has overall responsibility for the operation of the providership and execution of the informal offerings who is knowledgeable in administration and has the capability to organize, execute, and evaluate the overall operations of the providership.
(2) Have an organizational chart to delineate lines of authority and communication within the providership as well as within the parent organization, if applicable, and other cooperative or advisory committees.
(3) Develop and implement a philosophy, goals and objectives consistent with the controlling institution, if applicable, which reflect the provider beliefs about nursing, education, and continuing education. These shall indicate the overall direction of the providership for a five-year period.
(4) Maintain financial integrity so that participants receive the continuing education for which they have paid.
(5) Maintain participant and program records as specified in paragraph “c” of this subrule.
(6) Demonstrate active nursing participation in the planning and administration of informal offerings. Nursing participation shall be documented in a written statement of policy, denotation on the organizational chart, and planning minutes.
(7) Select appropriate subject matter designed to fulfill the educational needs of nurses in order to meet the health care needs of consumers. Have a subject matter plan which indicates the mechanism of assessing the learning needs of the population to be served and describes how the provider shall meet the appropriate subject matter criteria as specified in subrule 5.3(2), paragraph “a,” subparagraphs (1) to (6).
(8) Demonstrate planning for each offering that includes a statement of purpose and measurable, educational objectives.
(9) Provide notification to licensees of the availability of informal offerings. A brochure or written advertisement shall be developed for all informal offerings other than learner designed self-study and a copy shall be sent to the board prior to each offering. The brochure or advertising shall accurately describe the activities by including the date, time, location, statement of purpose, educational objectives, intended audience, credentials of instructors, amount of continuing education credit to be awarded, and, if applicable, costs and items covered by the fee and refund policy. The board-approved provider number shall appear on the brochure or written advertisement.
(10) Structure 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.
(11) Develop policies and procedures for verification of satisfactory completion of the activity by each participant including a system for verification of satisfactory completion, the control methods to ensure completion and a method to inform participants that completion of the offering is required prior to the award of credit. The provider shall not require exchanging an evaluation form for a certificate of completion. The provider may award credit to other members of the providership who attend but do not serve as organizers during the actual offering. The provider may make an exception and award partial credit in extreme emergency conditions. The provider may make an exception and award credit for the portion of time the speaker attended the offering excluding the presentation time; however, full credit may be awarded to a speaker who presents the offering for the first time. The provider may base the verification of satisfactory completion of an extended course on the participant’s meeting the course objectives rather than on the number of sessions attended.

(12) Develop policies and procedures for management of continuing education programs including registration procedures, tuition refund, and enrollee grievances.

(13) Assign credit according to a uniform measure of credit as defined in subrule 5.2(2), paragraph “d.” No credit shall be awarded for less than one contact hour or .1 CEU.

(14) If desired, cosponsor an offering provided by a nonapproved provider. When cosponsoring is done, the approved provider is responsible for assurance that all criteria in subrule 5.3(2) are met. A cosponsorship contract or letter of agreement shall delineate responsibilities of all parties, which includes the approved provider awarding the credit and maintaining the program and participant records. Cosponsoring is not acceptable for learner designed self-study.

(15) An approved provider shall notify the board within 30 days of changes in the administrative authority or address of the providership or the inability to meet the criteria.

c. Criteria related to record system and maintenance of continuing education programs. The provider shall:

(1) Maintain participant records for a minimum of four years from the date of program completion. The participant records shall include the name of licensee, license number, contact hours or CEUs awarded, offering titles, and dates of offerings. The record system shall provide for secure storage and retrieval of the participant records of continuing education. Secure storage shall include limiting employee access and describing security measures. Individual attendance and information regarding each offering shall be available within two weeks upon request from individual nurses or the board. If individual nurses are assessed a fee for this retrieval service, the fee shall be specified.

(2) Maintain program records for a minimum of four years from the date of program completion.

Program records for all informal offerings, other than learner designed self-study, shall include a brochure or advertising, roster of participants to whom credit was awarded, and a summary of the program including participant and provider evaluations. The provider shall maintain records for one informal offering which includes all required materials for renewal for approved providers as specified in subrule 5.3(4), paragraph “a.” subparagraph (6).

Program records for learner designed self-study shall include the written agreement between the learner and provider, date of completion, and learner and provider evaluations.

(3) Furnish a certificate to each participant documenting the date the credit was earned. The front of the certificate shall display: participant’s name, provider number, contact hours or continuing education units awarded, dates of the offering, subject matter taken, and a reminder to the participant to retain the certificate for four years. A certificate issued by electronic means must be a print-only file.

d. Criteria related to faculty of informal offerings. The faculty shall:

(1) Be current, knowledgeable, and skillful in the subject matter of the offering by having evidence of further education in the subject. Such education shall be acquired through course completion or an advance degree, experience in teaching in the specialized area within the three years preceding the offering, or six months’ work experience in the specialized area within the three years preceding the offering.

(2) If applicable, be skillful in assisting a nurse in designing a learner designed self-study program by having experience or education in course design.

(3) Include a nurse if the subject matter is nursing or if it is learner designed self-study.
(4) Encourage active participation of the nurse learners enrolled in the offerings.
(5) Utilize principles of adult education in teaching strategies.
(6) Utilize teaching methodologies appropriate to the subject, audience, and time allotment.
(7) Utilize current supportive materials by drawing from resources that are predominantly less than five years old unless the topic is of an historical nature.
(8) Not receive credit when teaching participants; however, an exception may be made as specified in subrule 5.3(2), paragraph “b,” subparagraph (11).
(9) Not receive credit for learner designed self-study from a provider which employs them in the regular administration of the providership.

e. Criteria related to evaluation of continuing education programs. The provider shall include:
   (1) A design for participants to assess achievement of program objectives, faculty effectiveness, and teaching-learning methodologies, resources and facilities for each offering.
   (2) Evaluation techniques to assess the effectiveness of each offering and plan for future offerings.
   (3) A method of notifying the participants that the evaluation may be submitted directly to the board.

   Additional criteria related to management of learner designed self-study for providers who wish to guide this type of education. The provider shall:
   (1) Provide a written application process through which the learner describes the following:
       Individual’s assessed need for the learning activity which meets the criteria related to appropriate subject matter found in this subrule, paragraph “a.”
       Purpose for pursuing the learning activity.
       Objectives clarifying the purpose and providing a description of expected learning outcomes in measurable, behavioral terms.
       Learning experiences or activities detailed in a plan for achieving the behavioral objectives.
       Learning resources identifying people, materials, and facilities to be utilized to achieve the purpose and objectives.
       Timetable for completion of learning activities.
       Method of evaluation to be used which ensures completion of the learning activities, the objectives, and the number of hours required.
   (2) Provide a written agreement with the learner. The written agreement shall include:
       The approved written application.
       Cost and refund policy.
       Number of contact hours to be awarded.
       The board-approved provider number.
       Signatures of the nurse learner and the faculty managing this learner designed self-study.
       Date of the agreement.
   (3) Provide an evaluation which indicates successful completion of the terms of the written agreement and the award of a certificate of completion.