

Application for endorsement – Educational Activity

APNA is committed to supporting primary health care nurses in developing their knowledge and skills. APNA aims to support, facilitate and promote a professional development program to its members. Continuing Professional Development (CPD) activities allow primary health care nurses nationwide to retain and develop their expertise.

What is APNA endorsement?

APNA Endorsement is a process by which professional development activities are peer reviewed by members of the profession and validated against a set of quality standards. Through endorsement APNA recognise best practice adult learning within the context and scope of primary health care nursing practice. Primary health care nurses undertaking APNA Endorsed activities can be confident that they are relevant, professionally delivered and include a formal evaluation.

Why have your educational activity endorsed?

We promote endorsed activities to primary health care nurses to ensure that quality activities which meet the high standards demanded by the profession are recognised. To have an activity approved for APNA endorsement you must be a credible organisation committed to supporting the needs of our primary health care nurses. APNA will work with the applicant to promote the endorsed activity appropriately and allow use of the APNA endorsement logo for marketing of the educational activity.

The aims of APNA endorsement are:

- To guide activity organisers in the standards required by the profession
- To encourage providers to adopt best practice educational principles when developing CPD activities
- To recognise APNA members' commitment to CPD and guide participants in the allocation of appropriate CPD hours for the purpose of meeting their national registration requirements
- To provide the opportunity for education providers to receive feedback from APNA, ensuring endorsed activities accurately reflect the primary health care nursing context and scope of practice.

What educational activity can be endorsed by APNA?

Any continuing Australian professional development activity for Australian primary health care nurses may be submitted for endorsement. A separate form is available for online and e-learning activities. For information on the endorsement of formal educational courses please contact endorsement@apna.asn.au.

How much does it cost?

A \$450 inc. GST administration fee is payable on submission of your application. Only one educational activity can be endorsed per application, and endorsement of that activity will apply for 24 months.

Application process:

The completed application form along with all supporting documents and payment must be submitted to the APNA office. Once the application and payment has been confirmed, applications are forwarded to nominated APNA assessors for adherence to the quality standards. All APNA assessors have advanced knowledge in various specialties. Applications may be submitted at any time; however, applicants should acknowledge the time taken to complete an application process to ensure sufficient time is granted before the proposed date of each activity. Applicants are usually notified of the outcome of their application within 4 – 6 weeks.

Successful endorsement:

Once endorsement is granted, APNA will contact you to outline the conditions of endorsement and to provide an electronic copy of the APNA Endorsed logo for use in promoting your activity. APNA's name and logo is copyright and is not to be used without authorisation from APNA. The APNA Endorsed logo can only be used in conjunction with the relevant APNA Endorsed activity. Any infringement or misuse could result in legal proceedings and the withdrawal of endorsement.

APNA Endorsement is valid for 24 months from the date of endorsement. Activity providers are required to forward a summary of participant feedback against the three mandatory questions at the end of each activity. See Quality Standard 4 (below) for a list of the mandatory questions.

APNA must be notified if considerable changes are made to an endorsed activity's content, delivery, outcomes or objectives during the endorsement period. APNA will then review changes and advise if the endorsement is still valid. It is the responsibility of the applicant organisation to contact APNA should the content be changed considerably.

Endorsement becomes invalid once the 24 month endorsement period ends. Providers may apply for re-endorsement after this period. APNA will assess the activity and evaluate the re-submission. If an endorsed activity fails to adhere to APNA Endorsement standards and guidelines at any point within the 24 month endorsement period then APNA Endorsement may be withdrawn, and evidence requested demonstrating how the activity will meet the required standards. In all cases APNA is committed to working with applicants to ensure a successful APNA Endorsement program.

What if my application is unsuccessful?

If your application is unsuccessful you may resubmit your application at full cost. If resubmitting, applicants will be required to clearly demonstrate how they have addressed any issues or concerns and will meet APNA's expected quality standards. APNA's endorsement is at APNA's discretion.

Presenters:

APNA requests background information on the proposed presenters or speakers for face to face educational activities. We ask that you list the speakers, their qualifications and their understanding of the primary health care setting. If individual speakers have not been identified at the time of application, please outline the criteria that you will use to ensure speakers' relevance and qualifications to deliver the activity.

CPD hours:

APNA will provide guidance to successful applicants on the relevant CPD hours that participants may be entitled to claim. APNA is not responsible for logging participants CPD hours at the completion of an endorsed activity. It is the responsibility of the attendee to keep a log of their CPD hours. APNA does offer a CPD Portal that allows APNA members to securely record, store and retrieve their CPD through a simple and accessible web portal. The CPD portal can be found at www.apna.asn.au.

Submitting an application and enquiries:

For any enquiries regarding APNA endorsement please contact us via email or telephone (see below). Submission of applications can be sent via email to endorsement@apna.asn.au or by mail to:

Professional Services
APNA
Level 17, 350 Queen Street,
Melbourne VIC 3000

Tel: 03 9322 9500 Fax: 03 9669 7499
Email: endorsement@apna.asn.au web: www.apna.asn.au

APNA Endorsement Quality Standards

Below are a set of standards for endorsement of educational activities. Please provide adequate information to meet these standards.

Quality Standard 1

The educational activity is highly relevant to the needs of primary health care nurses to provide high quality nursing care in a primary health care setting

Educational activities should be relevant to the needs of primary health care nurses and the context of their nursing practice. APNA encourages that at least one primary health care nurse is consulted in the development of the activity. Experts who understand primary health care nursing should be involved in the development of the educational activity.

Quality Standard 2

The content of the educational activity is evidence based and of high quality

Information contained in educational activities must be evidence based; outcomes should reflect current best practice and materials should be appropriately referenced. The title and learning objectives of the activity should be appropriately matched to the content delivered.

Quality Standard 3

The delivery of the educational activity is professional

The learning environment is safe, accessible and appropriate. There is sufficient time allocated within the activity for questions, discussions and reflection. The activity is delivered in accordance with adult learning principles. Experts who understand primary health care nursing are used to deliver the education.

Quality Standard 4

The educational activity includes a formal evaluation

Endorsed educational activities must include a formal evaluation of primary health care nurse participants. Endorsed activities must include three mandatory questions which demonstrate to what degree the learning objectives and learning needs have been met. Recognition of attendance must be offered and participants directed to a grievance form located on the APNA website.

Mandatory questions are outlined below:

1. Rate to what degree your learning needs have been met: (Not met/Partially met/Entirely met)
2. Rate to what degree this activity is relevant to your practice: (Not relevant/Partially relevant/Entirely relevant)
3. Please rate to what degree the learning objectives of the program have been met:

(List the learning objectives for the educational activity with each objective to be rated as Not met/Partially met/Entirely met).

Quality Standard 5

The educational activity is developed and delivered by a credible organisation

In order to be eligible for APNA Endorsement an organisation must conduct its business within relevant state and Commonwealth legislation and within the Australian Nursing & Midwifery Accreditation Council (ANMAC) Code of Ethics. A copy of the ANMAC Code of Ethics is available from the Nursing and Midwifery Board of Australia website.

Application form

Please complete this form to apply for APNA Endorsement of your educational activity. Copies of this form are available from the APNA website at www.apna.asn.au. If additional room is required for any answers please attach a separate document. This application must be submitted with all relevant supporting documentation and payment before assessment will commence.

Section One: Basic Details

1.1 Title of educational activity:

1.2 Dates proposed:

1.3 Type of activity:

Conference Seminar Workshop Combined Seminar / Workshop Short course Other

1.4 Duration of activity (hours):

1.5 Is this activity to be repeated? Yes No If yes, how often? Weekly Monthly Other

1.6 Cost per participant \$

1.7 How many registrants do you anticipate accessing the educational activity?

Section Two: Education Providers Details

2.1 Contact name:

2.2 Phone number:

2.3 Fax:

2.4 Email:

2.5 Name of organisation:

ABN No:

2.6 Postal address:

2.7 Contact details for APNA website: (if different from above details):

2.8 Organisation purpose:

Section Three: Relevant to the needs of primary health care nurses

(Relates to Quality Standard 1)

3.1 List any primary health care nurses who have been consulted in the development of this activity e.g. needs analysis, reference group, APNA, individual nurses (not a requirement):

3.2 State how the activity content is relevant to primary health care nurses (Please attach a draft or final copy of the program and include the target audience for this learning activity):

Section Four: Evidence based and of high quality

(Relates to Quality Standard 2)

4.1 Provide a brief description of the proposed activity's intended learning outcomes.

4.2 How does this educational activity promote best practice?

4.3 List all learning objectives this activity aims to provide.

4.4 Please provide a copy of the educational activity content (e.g. presentation slides, delegate workbook)..

Section Five: Professional delivery

(Relates to Quality Standard 3)

5.1 Is the learning environment safe, accessible and appropriate? Yes No

5.2 Is there sufficient time allocation within the proposed activity for questions, discussion and reflection? Yes No

5.3 Provide names and qualifications on the experts who are delivering the education and/or outline the criteria that you will use to ensure speakers' relevance and qualifications to deliver the activity.

Section Six: Evaluation

(Relates to Quality Standard 4)

6.1 Detail the process that will be used to evaluate this activity. Attach a copy of the evaluation form you will distribute to participants upon completion of the activity. Ensure the evaluation form includes the 3 mandatory questions (see Quality Standard 4).

6.2 Please provide a copy of any certificates that will be given to the participant on completion of the activity. Alternatively, please outline how participant attendance will be recognised.

Section Seven: Developed and delivered by a credible organisation

(Relates to Quality Standard 5)

7.1 Does the organisation have public liability insurance and/or professional indemnity insurance?

If yes, please provide a copy. Yes No

7.2 Does this activity or the organisation have endorsement from any other relevant professional body? (i.e. RACGP).

If yes, please list below and provide evidence with your application. Yes No

Section Eight: Declaration

I hereby consent that the information and details given in this application are true, complete and up-to-date. If this activity is endorsed by APNA, I agree to the Terms and Conditions provided by APNA for endorsement of educational activities.

Terms and Conditions of APNA Endorsement of an Educational Activity

1. Endorsement will only be granted by APNA if the supplied information is correct.
2. APNA has the right to remove endorsement for an educational activity if the content is changed considerably. Please note the activity is endorsed, not the organisation.
3. The APNA endorsed logo may only be used with authorisation from APNA.
4. Endorsement becomes invalid after 24 months from the date of endorsement.
5. APNA reserves the right to withdraw endorsement in the event the educational activity was not delivered according to the information presented in the application for endorsement approved by APNA.
6. If your application is unsuccessful you will be given the opportunity to resubmit at full cost. If resubmitting, applicants will be required to clearly demonstrate how they have addressed any issues or concerns and will meet APNA's expected quality standards. APNA's endorsement is at APNA's discretion.
7. One application form for each activity needs to be submitted with the appropriate fee.
8. The APNA Endorsed logo must be included on the completion certificate issued for this activity (logo will be provided upon successful endorsement. The APNA Endorsed logo must be displayed in a size no less than 12mm x 12mm).
9. Organisations agree to include the three mandatory questions outlined in this application form in all evaluations of APNA Endorsed activities, and to provide a summary of this evaluation to APNA at the conclusion of each activity.

Signed:

Date:

Printed name:

Organisation:

Important check list for applicants:

Include brief notes or copies of supporting documentation or brochures (publication drafts are acceptable) for each point listed (if applicable). Please tick the boxes.

1. Title, date, duration, cost, proposed registrant numbers for activity
2. Education provider name, contact details and organisation purpose
3. Relevance of activity to primary health care nurses
4. Brief description of the activity
5. How the activity promotes best practice
6. Learning objectives for the activity
7. Copy of educational activity content
8. Details of safe, accessible and appropriate learning environment
9. Sufficient time allocation for questions, discussion and reflection included
10. Name of experts delivering activity and/or criteria to ensure speakers relevance to deliver activity
11. Details on activity evaluation, including the three mandatory questions
12. Certificate of attendance or completion
13. Evidence of public liability and/or professional indemnity insurance (valued though not required)
14. Evidence of any activity or organisation endorsements from other relevant professional bodies (valued though not required)

Endorsement of Educational Activity



Payment Details

Fill in the section below and send to:

Professional Services, APNA, Level 17, 350 Queen Street, Melbourne VIC 3000

Tel: 03 9322 9500 Fax: 03 9669 7499 Email: endorsement@apna.asn.au

Organisation:

Contact person:

Contact persons email:

Address:

Telephone:

Signature:

Date:

I have enclosed a cheque/money order payable to 'Australian Primary Health Care Nurses Association Inc'

OR Please charge my: MasterCard Visa

Amount (Incl GST): \$450

Card number

Expiry date /

Cardholder's name

Signature

OFFICE USE ONLY	
Date received _____	Renewal Date _____
Application ID _____	Duration _____
Assessor(s): _____	
Comments _____	
Payment received _____	Cheque No _____ Receipt No _____
Approved (Y/N) _____	Re-Submit (Y/N) _____ Refund (Credit No) _____
Acknowledgement Correspondence _____	Date _____
Signature _____	