

# DDNA

Developmental Disabilities Nurses Association

*"Networking to care, advocate, and educate"*



Dear Applicant:

Thank you for your interest in seeking continuing education approval for your educational offering.

The Developmental Disabilities Nurses Association (DDNA) appreciates your efforts to provide continuing education in the specialty area of developmental disabilities. DDNA's approval of your offering assures the nurse who is certified in developmental disabilities nursing, either as an RN CDDN or LPN/LVN DDC, that your offering has been reviewed and approved by DDNA. DDNA-approved offerings can be used by the certified nurse toward education hours required for recertification.

This application includes all information, guidelines, and instructions needed for obtaining approval for your educational offering. As a reminder, all of the required components of the application must be submitted for the review process to begin. For Chapters, there is no fee. For Networks, this includes a non-refundable fee of \$25 per 8 hours, plus \$5 per additional hour. For all others, this includes a non-refundable fee of \$75 per 8 hours, plus \$10 per additional hour. All hours for which approval is requested must be offered on the same day and/or on consecutive days during the same conference. Approval is valid for one year.

If you have any questions or need help to complete the forms, please do not hesitate to contact me

Sincerely,

Mary Alice Willis, MSN, RN  
Executive Director  
(800) 888-6733  
admin@ddna.org



## Offering CE Approval Application

An offering is a single educational activity that may be presented once or repeated.  
*The approval period for an offering is one year.*

### PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION

1. All information must be printed in ink or typed.
2. Please read the entire application carefully before completing.
3. Complete all sections and submit all requested information. Incomplete applications will significantly delay the approval process.
4. Identify all attachments with the name of the offering.
5. Applications must be received by DDNA a minimum of 45 days before the first day of the offering. Applications received less than 45 days before the first day of the offering will be rejected and returned to the applicant. The granting of retroactive approval is prohibited.
6. All hours for which approval is requested must be offered on the same day and/or on consecutive days during the same conference. Approval is valid for one year, from date of approval.
7. Applications will not be approved if scheduled within 15 days before, during, or after DDNA's annual conference. Check the website for current conference schedule.

### APPLICATION CHECKLIST

- Chapters: Fee waived
- Networks: \$25 for 8 hours of DDNA CE approval, \$5 per additional hour of DDNA CE approval. All hours for which approval is requested must be offered on the same day and/or on consecutive days during the same conference.
- All others: \$75 for 8 hours of DDNA CE approval, \$10 per additional hour of DDNA CE approval. All hours for which approval is requested must be offered on the same day and/or on consecutive days during the same conference.
- Applicant Identification Data (Form A);
- Offering schedule and outline (Form B);
- Copy/sample of certificate of attendance (Form C);
- Copy/sample of the evaluation tool for each presentation (Form C);
- Copy/sample Program brochure/announcement for this offering (Form D);
- Completed Presentation Documentation form for each presentation (Form F);
- Faculty/Instructor Qualifications Form or current Curriculum Vitae of each presenter (Form G);
- Provider Status Agreement (Form H).

### APPLICANT IDENTIFICATION DATA

Name of Sponsoring Agency \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (      ) \_\_\_\_\_ Fax (      ) \_\_\_\_\_



# FORM B

## Offering Schedule and Outline

Title of Offering \_\_\_\_\_

Location of Offering \_\_\_\_\_

Date(s) of Offering \_\_\_\_\_ Registration Fees \$ \_\_\_\_\_

Identify Target Audience \_\_\_\_\_

### CONTACT HOURS

**Contact Hour Determination** – all offerings shall be at least 60 minutes in length (one contact hour.) Increments of 30 minutes will be acceptable when the offering extends beyond one contact hour. Note: breaks, meals, and social time(s) will not receive credit consideration.

Session Titles		Time (i.e., 9:00am to 10:30am)	Number of Minutes*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Add Number of Minutes from lines 1 to 10. These are the <b>Total Educational Minutes</b>			<b>11.</b>
Divide line 11 by line 12. (i.e., if line 11 = 360, then 360/60). Write the answer on line 13.			<b>12.</b> <b>60</b>
<b>Contact Hours</b>			<b>13.</b>

\*must not include breaks, meals, or social hours



## FORM C

### Certificate of Attendance/Evaluation

#### CERTIFICATE OF ATTENDANCE

The provider of an approved offering must furnish each participant with a certificate of attendance. This certificate must contain the following information:

1. The title of the offering;
2. The sponsoring agency;
3. The location, date and (optional) time;
4. The number of contact hours awarded;
5. The name of the participant;
6. The name and signature of the instructor, provider, or provider designate;
7. The EXACT statement – **“As the credentialing entity in developmental disabilities nursing certification, the Developmental Disabilities Nurses Association does hereby approve this offering for \_\_\_\_\_ contact hours of continuing education for developmental disabilities nursing certification.”**

Please attach a sample copy of the certificate that will be awarded to participants. If the actual certificate is not yet available, substitute an illustration or example, including all pertinent information as outlined above.

#### EVALUATION

All offerings require a general course evaluation and an evaluation for each presentation – to be completed by the participants. **The following items must be incorporated into the evaluation tool(s):**

1. The effectiveness of each faculty presenter;
2. The organization and knowledge of each faculty presenter;
3. The attainment of offering objectives;
4. The effectiveness of teaching methods (i.e., lecture, slides);
5. The degree to which the program met each participant’s professional education needs.

Please attach a copy of the general course evaluation and the evaluation for each presentation.



**RECORD KEEPING/ADMINISTRATION**

A record keeping system must be established for this offering. You are required to maintain the following essential material for a period of three years:

1. A copy of all application materials;
2. A master copy of the certificate of attendance awarded to participants;
3. Names and addresses of participants;
4. The letter from DDNA approving the offering and stipulating the number of contact hours awarded.

Provide below the name and title of the person who is responsible for record management of the continuing education program.

Name/Title \_\_\_\_\_

Address of Record Location \_\_\_\_\_

**PROMOTION/ADVERTISING**

Information distributed by the provider concerning this offering shall be true and not misleading, and shall include the following:

1. The EXACT statement **“As the credentialing entity in developmental disabilities nursing certification, the Developmental Disabilities Nurses Association does hereby approve this offering for \_\_\_\_\_ contact hours of continuing education for developmental disabilities nursing certification.”**
2. Applicant’s policy on refunds in cases of non-attendance by the registrant.
3. A clear, concise description of the course content and/or objectives.

Please attach a program brochure and/or announcement. If this is not available, forward preliminary advertising, and then expedite the brochure as soon as available.



# FORM E

## Offering Requirements

### CONTINUING EDUCATION CONTENT

The content of all presentations must be relevant to the practice of developmental disabilities nursing. Content must be related to the scientific knowledge and/or technical skills required for the practice of nursing, or be related to direct and/or indirect consumer care. Learning experiences are expected to enhance the knowledge of the nurse at a level above that required for licensure.

#### Examples of acceptable course work:

- Content related to the physical, social, medical, and behavioral aspects of developmental disabilities.
- Content related to the nursing diagnosis and care of persons with developmental disabilities.

#### Examples of unacceptable course work:

- Courses that focus on personal growth, changes in attitude, self-therapy, self-awareness, weight loss, and yoga.
- Economic courses on financial gain.
- Parenting or other programs that are designed for lay persons.
- Orientation programs designed to familiarize employees with the policies and procedures of an institution.
- Routine staffing or staff meetings.

**Please complete the enclosed Presentation Documentation Form (Form F) for each presentation to be considered for credit. If there is more than one presentation, copy the Presentation Documentation form as needed.**



# FORM F

## Presentation Documentation

Presentation Title: \_\_\_\_\_

Presenter's Name: \_\_\_\_\_

1. Brief presentation outline/summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Measurable Behavioral Learner Outcome Objectives (minimum of three): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Teaching methods used (i.e., lecture, discussion, A/V aids, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. References for content (minimum of one): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Faculty/Instructor Qualifications**

1. The Registered Nurse instructor shall hold a current license to practice as a registered nurse. This instructor should be knowledgeable, current, and skillful in the subject matter of the course as evidenced through a baccalaureate or higher degree from an accredited college or university and validated in subject matter, or have at least one year's experience within the past two years in the specialized area in which s/he is teaching.
2. The non-nurse instructor should be currently licensed or certified in his/her area of expertise, if appropriate, and show evidence of specialized training, such as a certificate of training or an advanced degree in a given subject area and have at least one year's experience in the past two years in the practice of teaching in the specialized area in which s/he teaches.

**Complete this qualifications form for each faculty member, or attach their current curriculum vitae.**

**Name:** \_\_\_\_\_

**Current Employment**

Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Initial Employment: \_\_\_\_\_

**Educational Background**

Undergraduate Degree: \_\_\_\_\_ Major: \_\_\_\_\_

University: \_\_\_\_\_ Year: \_\_\_\_\_

Graduate Degree: \_\_\_\_\_ Major: \_\_\_\_\_

University: \_\_\_\_\_ Year: \_\_\_\_\_

**Special Training Relevant to Topic Area(s) Presented:** \_\_\_\_\_

\_\_\_\_\_

**Licenses and Certifications Held:** \_\_\_\_\_

**Other Pertinent Information Relating to Presenter's Background as it Relates to Provision of Continuing**

**Education Activities:** \_\_\_\_\_

\_\_\_\_\_



**Offering Completion/Provider Status Agreement**

**PROVIDER STATUS NOTIFICATION**

The applicant can expect to receive notification of approval or denial within 30 days of receipt of the application at DDNA national headquarters. If a provider is not approved, notification will include an itemized deficiency list. Applicants may submit a revised application no more than twice.

**PROVIDER STATUS AGREEMENT**

I have read this offering approval application, including sections on applicant identification data, offering data, verification of attendance, record keeping/administration, evaluation, promotion/advertising, offering requirements, faculty/instructor(s), offering completion, and provider status notification/agreement. I agree to comply with all responsibilities as outlined.

_____	_____
(Signature)	(Please Print Name)
_____	_____
(Job Title)	(Date)

**DO NOT FAX THIS APPLICATION OR ANY PAPERS ASSOCIATED WITH THIS APPLICATION.  
YOU MAY SEND BY MAIL OR SEND – AS A PDF – BY EMAIL.**

**MAIL APPLICATION TO: DDNA  
P.O. Box 536489  
Orlando, FL 32853-6489**

**EMAIL APPLICATION TO: admin@ddna.org**