

Emergency Nurses Association of Ontario (ENAO) Continuous Education Contact Hours (CECH) Guidelines

Purpose of Continuous Education Contact Hours

The Emergency Nurses Association of Ontario recognizes the dynamic and evolving roles of Emergency Nurses in providing quality care to patients on emergency care settings. To assist the nurse in meeting these changing roles, this Association will promote quality nursing care through continuing education activities.

Goals

- To promote learning, knowledge, skills and attitudes necessary to maintain competency in Emergency Nursing through continuing education activities.
- To support activities which enhance the professional growth of Emergency Nursing

Process for assigning Continuing Education Contact Hours

Organizers of conferences may apply to the Chairperson of the ENAO education Committee or any ENAO board member to have CECH's granted for the education program planned.

Guidelines

1. Applicants will provide evidence of current license to practice for all program speakers i.e., College of Nurses of Ontario, College of Physicians and Surgeons of Ontario.
2. A tentative schedule of the program will be submitted with the application.
3. Only hours of educational content shall apply to the number of actual CECH's approved i.e. time for refreshment breaks and lunch shall not apply.
4. Program content must be related to Emergency Nursing i.e. education, practice or professionalism
5. Application should be submitted prior to the printing of the conference brochure. Please allow two to three weeks for processing.
6. **Prior to approval, promotional material may state "Continuing Education Contact Hours Pending".** Once approved, promotional material may state "Education activity has been approved by the ENAO for ___X___ Continuing Education Contact Hours".
7. A completed typed application must be submitted for each continuing education activity for which CECH's are requested. CECH's will not be rewarded retroactively.

Required Documents

1. A completed Biographical Data Form is required for the program coordinator, each planning committee member and each faculty member.
2. Completed objective/content outlines for each presentation within the program.
3. A sample program brochure.
4. A sample program certificate.
5. A sample evaluation tool.

ENAO CECH REQUEST

Continuing Education Activity/Program:

Title: _____

Date: _____

Location: _____

Number of CECH hours requested: _____

Has this activity been previously submitted to ENAO for CECH review in the past 2 years? Yes ____ No ____

If yes, date of the last presentation _____

Please identify target audience: _____ Emergency Nurse
_____ Physician
_____ Pre-hospital Care Worker
_____ Other - _____

Estimated Number of Participants: _____

Comments: _____

Statement of Activity/Program Purpose:

To educate health care professional in regard to: _____

Sponsoring Organization:

Name: _____

Address: _____

Phone: () _____ Fax: () _____

Continuing Education Activity Coordinator:

Name: _____

Address: _____

Phone: () _____ Fax: () _____

Planning Committee:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

ENAO BIOGRAPHICAL DATA FORM

Required for all faculty and committee members including activity/program coordinator.

Position for this activity/program: _____

Name: _____

Credentials: _____

Position: _____

Education : Degree/Major	Institution	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Speaker (only): List qualifications specific to presentation i.e. previous presentation, published articles related to topic, clinical expertise related to topic etc.

This person's participation in this program includes: Check any/all that apply

- Development of:
- _____ Objectives
 - _____ Content
 - _____ Evaluation Tools
 - _____ Other (please describe) _____

- Selection of:
- _____ Teaching Methods
 - _____ Handouts and bibliography
 - _____ Other (please describe) _____

USE THIS FORM, DO NOT SENT CV OR RESUME – THANK YOU