

# WSNA CEARP HIGHLIGHTS

August, 2011

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*The Washington State Nurses Association is an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.*

COME ONE, COME ALL.....

3<sup>RD</sup> Annual Provider Update

November 11, 2011 8:30 am – 4:45 pm  
Cedarbrook Lodge

All WSNA CEARP approved Provider Units and future provider unit applicants are invited to attend. The fee is \$130 for a single attendee and discounted to \$100 each for multiple attendees from the same provider unit. The registration form is attached to this newsletter.

Overall purpose/outcome for this CNE activity is: *Participants will be able to successfully implement the 2011 ANCC and WSNA CEARP CE criteria.* Content will include:

- Implications of national studies on the future of CE for health professionals;
- Highlights of specific ANCC CE changes;
- Review of the inter-relationship of the key elements of the educational design process;
- Review of draft 2012 ANCC and WSNA CEARP guidelines, criteria, documentation forms;
- Role and obligations of the accredited approver unit;
- Transition timelines for implementing 2012 guidelines;
- Expectations of the Provider Unit.

Contact hours will be provided.

## **NEW PROVIDER UNIT ORIENTATION SESSION PLANNED FOR 2012**



WSNA CEARP will be offering a free provider unit orientation sometime in early March. We are aiming for March 2, 2012, however, this cannot be confirmed until the beginning of the year. This four to six hour session will be offered to designated nurse planners and lead nurse planners in new and renewing provider units who would like a refresher on the new

forms and gain some tips on managing the operations of a Provider Unit. More information to come in early 2012.

## **FINAL CHANGES TO THE ANCC COA ACCREDITATION MANUAL EXPECTED IN FALL 2011**

ANCC COA changes in both the internal processes and expectations of accredited/ approved organizations due in FALL 2011.

- Focal points:
  - Focus on accountability of accrediting body, accredited approvers and approved providers.
- New ANCC Manual may be published Fall, 2011 and become effective January, 2013. Three major criteria will be emphasized in evaluating CNE activities:
  - Structural capacity
  - Educational Design
  - Evaluation
- There will be an expectation for more of a narrative response to the required criteria, rather than ‘check the boxes’ format. This will require more ‘thinking, reflection’ on the part of the applicant in completing the application. It also will require more time of the reviewer to determine whether the responses meet criteria.
- More focus of how the CNE activity will enhance the practice of nursing, thinking more about what you do and why you do it.
- Working towards greater alignment with the pharmacy and medicine’s continuing education criteria to support the increasing interdisciplinary CE activities.

Accreditation criteria changes will impact how your provider unit functions—additional templates, tools and resources will be available. More information will be provided to CEARP applicants as it becomes available.

## **“Frequently Asked Questions”**

Another resource for answers regarding the accreditation process is the ANCC website:



<http://www.nursecredentialing.org/accred/FAQs.html>



## **REGULAR MONITORING REQUIRED OF APPROVED APPLICATIONS TO ASSURE CONSISTENT AND ONGOING COMPLIANCE WITH ANCC AND WSNA CEARP CNE CRITERIA**

It is important that the WSNA CEARP Committee members have confidence that the approved provider unit or CNE activity applicant is capable of fully implementing the ANCC COA and WSNA CEARP CNE criteria during its approval period. ANCC requires all accredited approver units to conduct, at least, annual audits of one kind or another, as part of the approval process, to assure ongoing compliance with all criteria.

You probably have been noticing requests from the WSNA CEARP office to submit information about specific aspects of your organization, e.g. the provider unit internal evaluation plan, activity quality improvement reports, objectives grids, evaluation tools and other pertinent forms which reflect your ability to *consistently* implement the required CNE criteria. These kinds of requests are indicators of how well the provider unit is able to meet the required CNE criteria.

Requests for the annual progress report will be set around April/May of each year after the CEARP Committee has identified what particular aspects of the CNE educational design process or internal functions of the organization are to be monitored. This request will tag along with the ANCC Progress Report required each year.

Given the emphasis on the relevance of CE to safety and nursing practice, we will be adding a routine question about outcomes to each annual report.

The kinds of follow-up after the review include:

- If applicant is found in compliance, no further action will be required.
- If not in compliance, more information will be requested based on the findings.
- If further review finds the applicant is not meeting criteria, the reviewer must decide, in consultation with the CEARP Chair and staff, whether to initiate a suspension or revocation.

All applicants may request a reconsideration of the action taken by submitting a written notice within 14 calendar days of the action, explaining why the action is not warranted.

**THANK YOU ALL FOR YOUR TIMELY RESPONSES TO ALL OUR REQUESTS!!**

Keep in mind: outcomes measurement will provide evidence for value of CNE!

## DOCUMENTATION TIPS FOR YOUR EDUCATIONAL DESIGN

WSNA CEARP Reviewers and staff routinely see the same issues in the documentation of CE activities. Following are some tips and suggestions for improvement.

After an extensive review of the literature, the Institute of Medicine (2010) found that *effective* CE activities had common elements:

- the educational design includes a *needs assessment*;
- activity *content* is specifically designed to address an *identified gap*;
- the educational activity employs an *interactive learning* style and uses *on-going learner feedback* to increase learner engagement;
- the CE activity is provided in multi-modal format with *sufficient time* incorporated for learners to grasp content;
- if possible and appropriate, simulation is incorporated into the educational design.

The ANCC criteria for effective design principles (Criterion 2, Key Element 3) incorporate these components when planning CE. Documentation must demonstrate adherence to this criterion and key element to clearly demonstrate how each component was incorporated into the planning process.

Consider labeling each component of the educational design principles for each CE activity being planned as follows:

1. Purpose or goal of activity
2. Needs assessment/identified gap, the activity is designed to address.

Clearly describe the identified gap in knowledge, skills, practice or other and include evidence to support the gap.

Examples of a 'gap':

- **Knowledge gap:** a survey of critical care nurses in ABC hospital revealed that 40% are not able to correctly identify the three contraindications to inserting a urinary catheter in trauma patients.
- **Skills gap:** a quality improvement audit revealed that 25% of blood specimens received in the lab from the Emergency Department were hemolyzed and had to be re-drawn.
- **Practice gap:** review of the literature reveals that critical care nurses fail to use prevention strategies to reduce ventilator-acquired pneumonia 40% of the time.

3. Objectives need to be congruent with addressing the identified gap
4. Content
5. Teaching/learning strategies.
6. Evaluation of outcomes expected from this CE activity.

### **Assessment Methods for Identifying Learner CE Needs (GAPS)**

*Thanks to HQ AFPC/DPAME, Office of the Surgeon General, USAF, Version 2, 29 Sep 08.*

Below is a list of possible ways to assess needs of learners/target audience:

- Survey of target audience with specific questions;
- Observation;
- Need to provide new informational content, new procedures;
- Activity response data to specific questions;
- Results of peer review studies/journals;
- Self-assessment, self reflections;
- Patient care audit;
- Consensus of experts;
- Content related to certification;
- Documented opinion and observation from subject matter experts;
- Previous evaluation summaries;



- New evidence based information/procedures;
- Requests from target audience/planning groups;
- Data from public health sources/ publications/ industry.

### **OUTCOMES MEASUREMENT**

All recent major reports about CE points to the important need for providers to demonstrate how CE affects quality of practice and patient outcomes/safety. Below, is another way of looking at outcomes measurement.

*Thanks to HQ AFPC/DPAME, Office of the Surgeon General, USAF; Version 2, 29 Sep 08*

Outcomes are changes of learners *during* or *after* attending an educational activity. Outcomes can relate to behavior, skills, knowledge and attitudes and are what learners know, think and how they behave differently following the educational activity. Outcome measurements can also change existing educational activities, expand existing activities and assist in preparing future activities.

### **Why are outcomes important?**

It measures the effectiveness of the CNE activity in meeting the identified educational need in terms of practice application and/or patient safety or health status improvement.



### **How to measure outcomes?**

First of all, writing good learning objectives is the start to measuring activity outcomes. What is it that you want the learner to know/do as a result of this educational activity? Once that is clear, the results of outcome measurement not only provide information on the effectiveness of the activity for learners, but also provide greater knowledge of one's clinical practice *gap*.

Some ways to measure outcomes include:

- Pre/Post tests
- Consider one or more of the following evaluation questions:
  - \* What were the influences that changed your practice?
  - \* What will you do tomorrow?
  - \* How have you translated knowledge into practice?
  - \* How will your learning while participating in the CNE activity improve/enhance your competence, performance or patient outcomes?
  - \* I now feel more competent about being able to: \_\_\_\_\_

## EXAMPLE OF AN OUTCOMES MEASURE FROM A CE ACTIVITY

In 2010, Swedish Hospital in Seattle, provided 59 eight-hour classes, representing 252 hours of instruction time to 1,459 staff on Nonviolent Crisis Prevention, referred to as “De-escalation” which resulted in a decrease in the use of restraints when a Code Gray was called. In the past, whenever a Code Gray was called, restraints were almost always applied. Now, there seems to be a better working team and an increasing number of cases where staff is able to de-escalate a person without applying restraints.

Swedish received the Elaine Carty Performance Improvement Environment of Care Award given by the WA State Healthcare Safety Council. Hats off to the Swedish Provider Unit for demonstrating how CE can contribute to a safer environment for staff, patients and families.

### NEW BIO DATA FORMS WILL BE PLACED ON WSNA WEBSITE SOON

The WSNA CEARP Committee has updated our bio data forms to better conform with ANCC criteria regarding disclosure of conflict of interest. All approved applicants will receive an email indicating the date they will be placed onto the WSNA Website. All Provider Units are required to start using the new forms 30 days from the date of that notice on all new activities. The PU bio data form will also need to be replaced at that time with a new form.

### NEW BIO DATA FORMS MUST REFLECT PRESENCE AND/OR ABSENCE OF CONFLICT OF INTEREST (COI)

The activity Lead Nurse Planner (LNP) is responsible for ensuring that all individuals who have the ability to control or influence the content of an educational activity disclose all “*relevant relationships*” with commercial

interest organizations, including but not limited to members of planning committees, speakers/presenters, authors and content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

*The activity LNP is responsible for evaluating whether any disclosed relationship with a commercial interest organization is considered relevant to the content of the educational activity.* Disclosures may be categorized as:

- A. No relevant relationship with a commercial interest organization exists. No resolution required.
- B. Relevant relationship with a commercial interest organization exists. The relevant relationship is evaluated by the LNP and determined to not be specific to the content of the educational activity. No resolution required.
- C. Relevant relationship with a commercial interest exists. The relevant relationship is evaluated by the LNP and determined to be specifically related to the content of the educational activity. Resolution is required.

### RESOLUTION OF COI

*Following information obtained from the ANCC Accreditation Program July Newsletter*

Actions taken to resolve COI must be taken *prior to* presenting/providing the educational activity to learners. Such actions must be documented and the documentation must demonstrate: (1) the identified conflict and (2) how the conflict was resolved. Actions may include, and are not limited to the following:

- a. Removing the individual with COI from participating in all parts of the CE activity;
- b. Revising the role of the individual with COI so that the relationship is not longer relevant to the CE activity;
- c. Not awarding CE contact hours for a portion or all of the CE activity;

d. Undertaking review of the CE activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity and absence of bias AND monitoring the CE activity to evaluate for commercial bias in the presentation;

e. Undertaking review of the CE activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity and absence of bias AND reviewing participant feedback to evaluate for commercial bias in the activity.

### TIPS FOR CO-PROVIDER

Following info obtained from ANCC April 13, 2011 "April Update".



Co-providing a CE activity is an opportunity for organizations to share both expertise and workload!

Therefore, it is important for the approved Provider Unit to understand the requirements for a co-providership to maintain adherence to the accreditation/approval criteria.

- When two organizations co-provide a CE activity and one is WSNA CEARP approved, the approved organization is responsible for ensuring adherence to the criteria. The approved or accredited organization is termed the provider and the other organizations are termed the co-provider. Documentation and communication including marketing materials must clearly demonstrate the co-provider relationship.
- When two organizations co-provide an activity and both are either an ANCC accredited or approved, one organization is designated at the provider and the other is the co-provider.
- Responsibilities of the provider in a co-provider relationship is responsible for the following:
  - \* Determination of educational objectives and content;
  - \* Selection of content specialist planners and activity presenters;

- \* Awarding of contact hours;
- \* Recordkeeping for six years;
- \* Evaluation methods and categories;
- \* Management of any commercial support of sponsorship.

**NOTE:** The Accreditation Councils for CME (ACCME) and Pharmacy Education (ACPE) use the term "co-sponsorship" to describe two or more organizations providing an educational activity. The term "sponsor" or "sponsorship" has a different meaning for ANCC accredited or approved organizations. When organizations are ANCC accredited and ACCME or ACPC accredited, the terms can be combined to demonstrate that the organization understands the difference between the terms. For example, communication may be written as such: *This educational activity is co-provided/co-sponsored by ABC Hospital and XYZ Association.*



### ANCC GUIDELINES FOR INCORPORATING PREVIOUSLY DEVELOPED CONTENT INTO EDUCATIONAL ACTIVITIES AND AWARDING CE CREDIT

When planning CE activities, Lead Nurse Planners may identify previously developed content that would be appropriate to meet the learning needs of the intended target audience. These guidelines allow Nurse Planners to incorporate previously developed educational content in a CNE activity which relates to the needs assessment and target audience.

The Lead Nurse Planner and Planning Committee of the CNE activity are responsible for:

- Conducting an independent needs assessment of the target audience;
- Identifying previously developed educational content that meets the learning needs of the target audience;
- Developing learning objectives for the CNE activity independent of the learning

objectives previously developed for the content or have evidence why previously developed learning objectives did not require modification;

- Providing evidence that the previously developed content is current, evidence-based, meets current standards of practice guidelines or otherwise should be incorporated into the activity;
- Providing evidence of revisions/deletions/additions required for the previously developed content OR evidence stating why previously developed content did not require any revisions/deletions/additions;
- Ensuring that the previously developed content is objective and unbiased, and excludes any promotional influence ;
- Verifying that the previously developed content meets the definitions of “CE” as described by the ANCC Accreditation Program.

The Lead Nurse Planner and Planning Committee may not “approve” a previously developed educational activity and award CNE credit without complying with these guidelines. *Failure to adhere to these guidelines may result in loss of accreditation/approval status.*

This information can be found on the ANCC website with the following link:  
<http://www.nursecredentialing.org/FunctionalCategory/FAQ/AccreditationFAQs.aspx>

### IMPORTANT REMINDERS FOR ALL APPLICANTS



The review process is greatly facilitated by documents that are well-organized, clean and succinct. Narrative sections should be clearly labeled with headers for each criterion and key element by name and number in sequence. Narrative responses should address each evidence requirement. Activity files should be organized, clearly labeled and include all recordkeeping

components as applicable for provider units or activities. A table of contents should be included and all pages of the document must be numbered.

Please *read* application guidelines and instructions *before* completing the forms. *Please note that the guidelines/criteria correlate with each of the application questions.*

**EFFECTIVE June 1, 2011: NO ANCC** contact hours may be awarded to nurses attending advanced skilled courses such as ACLS, PALS in order to renew their certification in the subject area unless *new material* is added to the course. *Contact hours may only be awarded for the new content.*

Contact hours *may not* be awarded for BLS and other **basic** courses (either initial or renewal), as they do not meet the definition of CNE.

Contact hours can be awarded for Instructor courses including BLS, ACLS, PALS, or similar.

Keep in mind that the needs assessment and other requirements that demonstrate the need for this educational activity would need to be met.

#### **ATTENTION ALL PROVIDER UNITS:**

The requirement for a Nurse Reviewer role has been removed effective August 31, 2011. There is concern that this responsibility can too easily slip into an approver role which is not permitted by ANCC criteria. It is important that the Designated NP or Lead NP continue to assume responsibility for meeting all ANCC and WSNA CEARP criteria for the Educational Design Process (APIE) and other components of planning an educational activity.

#### **REMINDERS FOR PROVIDER UNITS (PUs)**

- **PU Faculty Directed & Independent Study Documentation Forms**, located on the CEARP website, are required to be completed by a PUs Lead Nurse Planner in the planning of each CNE activity.

- **Independent Study Addendum:** For PUs interested in converting a faculty directed activity into an independent study activity is located in the PU Documentation Guidelines for Independent Study. *Only approved PUs may convert a faculty directed activity they have completed into an independent study activity.*
- **When multiple organizations are planning an educational activity that is targeted to an inter-professional audience:** documentation must clearly demonstrate how the Lead Nurse Planner has been an integral part of planning, implementing and evaluating the activity. Evidence may be strengthened by reviewing current documentation to demonstrate that the LNP involvement is evident.
- **Provider Unit Evaluation Plan** provides an ongoing process for *internal assessment* of the PUs achievement of internal goals for meeting ANCC/WSNA CEARP criteria (e.g.: sufficient staff, operating policies for the APIE, technology, resources, other).

**Describe:**

- How goals for improvement have been addressed with set timelines;
- What changes and progress have been made toward meeting these goals;
- What new goals for improvement have been identified?

A sample chart for documenting this plan is located in Appendix F of the CEARP Guidelines.

**NOTE: Provider Units can only provide activities, not approve. Operational requirements further state that Provider Units can only provide activities in which at least one of the Unit’s lead nurse planners assumes an active role in the entire process from planning through evaluation.**



**DIFFERENCE**

**BETWEEN THE DNP & LNP**

**I. Designated Nurse Planner (DNP)**

Every Provider Unit (PU) must have the services of at least one DNP who has overall responsibility to assure the PU adheres to all ANCC Accreditation Program and WSNA CEARP criteria in the provision of CNE. The DNP must be an RN with either a baccalaureate or graduate degree in nursing. The DNP is required to have education or experience in the field of education or adult learning.

**The Essence of the DNP is:**

1) to ensure that a qualified nurse *lead nurse planner* is involved in the entire process of delivery—from needs assessment through planning, implementation, evaluation and follow up—for every CNE activity offered by the PU; and,

2) to guarantee that ANCC Accreditation and WSNA CEARP criteria guide the development and implementation of every CNE activity offered by the PU. (Sample position description in Appendix G of the Guidelines).

**II. Lead Nurse Planner (LNP)**

Every activity, whether offered by an approved PU or applicant for approval of a faculty directed or independent study application must have an LNP. The LNP has the same minimum educational requirements as the DNP and the necessity to maintain expertise in educational design and adult learning theories, receive orientation to, and maintain responsibility for implementing ANCC Accreditation Program and WSNA CEARP criteria in their performance of a Lead Nurse Planner role. For every CNE activity, there *must be a LNP* involved in the entire CNE delivery process—from needs assessment through planning, implementation, evaluation and follow up.

The LNP *for each activity* is responsible for evaluating the presence or absence of conflict of interest and resolving any identified actual or potential COI during the planning and implementation phases of a CNE activity. If the LNP has an actual or potential COI, s/he should

recue her/himself from the role as LNP for the educational activity.

**Note:** A DNP of a Provider Unit may function as the LNP in planning CNE activities.

Larger PUs often need multiple LNPs, each of whom may be functioning under a unique arrangement within the PU. The DNP is responsible for ensuring that all LNPs are performing in a manner consistent with the policies, procedures, position descriptions and expectations of the approved PU and with the ANCC and WSNA CEARP criteria.



**Note: WSNA CEARP must maintain an up-to-date list of all DNPs with accurate contact information for all approved PUs. Updates need to be forwarded to WSNA CEARP within a month of any changes.**

**REMEMBER TO CITE YOUR APPLICATION NUMBER AND NAME WHEN CONTACTING WSNA CEARP**

**When communicating with CEARP re your application, please cite your application number so that we can easily respond to you in a timely fashion. We get many inquiries, and approve many applications, so do not always remember what application you are discussing.**

**If you are having any difficulty in completing the application form, (e.g.: checking on the gray boxes next to each of the questions, contact Kathryn Macleod @ [kmacleod@wsna.org](mailto:kmacleod@wsna.org) for assistance.**



## USE OF COMMERCIAL SUPPORT

“Commercial support” is defined as financial or in-kind contribution from a non-governmental organization that produces, markets, re-se-sells or distributes healthcare goods or services consumed by or used on patients. Examples include contributions from drug companies or manufacturers of hospital equipment, wound supplies, etc. This includes financial or in-kind contributions given by a commercial interest with full knowledge and approval of the CNE provider. The CNE provider is responsible for how these funds are to be allocated.

**Note:** There are very specific *Standards for Disclosure & Commercial Support* regarding this issue described in [Appendix J](#) of the Guidelines.

Appropriate use of commercial or other sources of support requires a written agreement documenting the terms of the support with signatures of all involved parties including the CNE provider, educational partner or co-provider (if applicable) as well as the commercial support entity.

Sample written agreement can be found in [Appendix J-1a](#) of the Guidelines.

The CNE provider must have written policies for direct payment of honoraria or reimbursement expenses; documentation detailing receipt and expenditure of commercial support; management of commercial promotion; control of content and format without commercial bias.



**Note:** The CNE activity may receive commercial support as long as it is *unrestricted*. This means that the financial support *must be transmitted directly to the CNE activity without any stipulation on how the support is to be allocated*. There must be a signed agreement indicating there has been no commercial involvement in the planning and content of the CNE activity.

**Note:** A written agreement is not required of exhibitors who have had no role in the planning or presentation of the educational activity, and are located in a separate room.

**Note:** When there are multiple approvers (for other disciplines) listed on the promotional materials and on the certificate, *it is required that the ANCC required language remains on a separate line(s) from all other approvers. It is to stand alone with a blank space above and below the statement.*

**Note:** The Certificate of Completion must have the physical address of the approved CNE provider on it.

### YOU MUST NOTIFY WSNA WHEN...

As a condition of your approval, all applicants are required to notify WSNA by written correspondence or email when the following changes occur:

- 1) PU has a new Designated Nurse Planner or Nurse Planner. All new Nurse Planners in approved PUs must submit a completed PU Staff Bio Data Form and signed Attestation Form agreeing to meet all required criteria.

These should be sent with the notice (by email is ok) to WSNA.



- 2) Your organizational structure changes. (Your approval is for the organization listed as the applicant on your application and is **not transferable**).
- 3) Changes to an approved faculty directed or independent study activity. As these activities are approved for two years, it is *critical* to report any changes in the elements of the activity such as the names of presenters, objectives/content outline or length of the activity. If these changes are

significant, a new application will be required.

- 4) A decision to discontinue the Provider Unit, Faculty Directed or Independent Study activity is made.
- 5) Whenever there is a telephone, e-mail, name or address change.

## ADVERTISING YOUR EDUCATIONAL ACTIVITIES WITH WSNA

If you would like more than a listing of your workshop on the WSNA CNE calendar or website, or you did not submit your application to WSNA for approval, you can request the rates for paid advertising in *The Washington Nurse* by contacting Duncan Taylor at WSNA, (206) 575-7979, ext. 3003 or [www.wsna.org/pubrel/washington.nurse.asp](http://www.wsna.org/pubrel/washington.nurse.asp)



Provider Units - Be sure to notify WSNA of your planned courses and conferences. WSNA has no way of knowing anticipated activities unless you include WSNA on your mailing list. Be sure to put the WSNA CEARP staff on your mailing list or send periodic e-mail announcements to [hfaber@wsna.org](mailto:hfaber@wsna.org) and [kmacleod@wsna.org](mailto:kmacleod@wsna.org). We need to know the title of your course, the date, the city, contact hours awarded, fee for RNs, a contact person and phone number or web site address. This information will also be placed on the WSNA website at no extra charge.

**See WSNA's Website for a list of Approved Providers [www.wsna.org](http://www.wsna.org)**

**CEARP REVIEWERS NEEDED!**



The CEARP Committee is always recruiting for interested RNs to be considered for appointment to the CEARP Committee.

Functions of this Committee are to review and approve continuing nursing education activities covering a range of topics from a variety of applicants including hospitals, community colleges, universities and commercial entities.

**Criteria for appointment include:** previous experience in successfully planning continuing nursing education offerings (i.e., writing behavioral objectives, developing evaluations, designing content) for adult learners; member of WSNA; time to review about two applications a month; able to attend three Continuing Education Approval & Recognition Program Committee (CEARP) meetings, and participate in two 1.5-hour teleconferences each year. WSNA membership is required and a master's degree in nursing preferred.

Volunteer yourself and a friend. This experience provides a valuable needed service to nurses in Washington State. Your careful evaluation of applications will help assure that educational activities meet the standards set by ANCC for continuing nursing education.

**P.S. Approved CEARP applicants are especially welcome to apply, given your experience in completing our applications and meeting the required criteria.**

**P.S.S. Serving on the CEARP Committee will qualify for CNE credit in meeting the CE requirements for relicensure.**

**Contact Hilke Faber  
206-575-7979, ext. 3005 to learn more or  
email [hfaber@wsna.org](mailto:hfaber@wsna.org).**

***CEARP WANTS TO HEAR FROM YOU!***

**We continue to hear through the grapevine that people are frustrated about our application forms, however, we never hear specifics. It would be more helpful to hear directly about these concerns with constructive suggestions on how we can make this process more user friendly.**

**Please take time to complete the “customer satisfaction survey” or ‘survey monkey’ indicated with the official approval notice inviting approved applicants to complete and return to WSNA CEARP in the enclosed self addressed envelope. WE REALLY WANT TO HEAR FROM YOU!!**

**Any suggestions on how to streamline the application process is always welcome. Our goal is to develop forms and instructions that are easy to understand. We need you to help us find all the omissions and redundancies to make the forms consistent with each other and with the instructions. *Thank You!***

**(206) 575-7979, ext. 3005 or [hfaber@wsna.org](mailto:hfaber@wsna.org)**