CEARP is the Continuing Education Approval and Recognition Program of the Oregon Nurses Association. This is a voluntary system based on a peer review process in which members of the nursing profession, using designated standards and criteria, review and approve educational programs.

Explanatory materials about CEARP which accompany the application should be kept for continued reference. A program evaluation and handling fee is required per offering and must accompany the application; the fee is non-refundable (see Fee Schedule below). This fee is for the administrative costs of the program. Make checks payable to ONA/CEARP. Offerings will be approved for a two-year period, if unchanged. Changes in an approved offering must be submitted for re-approval. After two years, reapplication for approval is necessary.

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<th>Evaluation &amp; Handling Fee Category (non-refundable)</th>
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<td>$150</td>
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{THIS PROGRAM IS NOT A PART OF THE ANA ACCREDITATION SYSTEM}
CONTINUING EDUCATION APPROVAL AND RECOGNITION PROGRAM

PROCEDURE FOR PROVIDERS OF CONTINUING EDUCATION
TO SUBMIT OFFERINGS FOR CEARP REVIEW AND APPROVAL

1. Obtain a "Request for CEARP Approval of Education Offering" form from ONA Headquarters.

2. Complete the enclosed form. Any supplemental information, sample brochures or other materials that will assist in meeting the requirements should be attached to each copy submitted.

3. Mail an original and one (1) copy of the application form (including attached additional materials) and a check for the evaluation and handling fee (see FEE Schedule below) payable to ONA/CEARP. Requests for approval must be received 60 days prior to presentation of the offering (no exceptions). If the provider wishes to print publicity material indicating the number of CEARP points approved, the request should be submitted 60 days prior to the date the materials will be sent to the printer. The CEARP Committee will review requests at any time prior to the 60-day deadline.

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INSUFFICIENT LEAD TIME MAY PREVENT THE OFFERING FROM BEING REVIEWED BY THE CEARP COMMITTEE PRIOR TO THE PROGRAM PRESENTATION

4. Following review by the CEARP Committee, a notice indicating the committee's decision will be sent to the provider.

A. If an offering is NOT approved:

1. Application may be incomplete. The provider will receive notification indicating the area or areas which additional materials are needed to complete the review. The requested information may be sent separately (1 copy). It is not necessary to submit a new "Request for Approval" form. Please refer to the offering by its CEARP Identification Number and title on all correspondence.

2. Offering may be disapproved. If the CEARP Committee review has been completed and the offering was not approved the provider will receive notification of this, including rationale for the decision.

B. When an offering IS approved the provider will receive a memo indicating approval, the number of CEARP Recognition Points awarded, the CEARP Identification Number and the date of expiration of approval.
STANDARDS FOR CONTINUING EDUCATION PROGRAMS

Standard 1. The program is consistent with the Oregon Nurses Association’s standards for continuing education in nursing.

a. The program is directly concerned with one aspect of nursing.

b. The provider is one of the following:
   1. Health care delivery organization.
   2. Educational institution.
   3. Professional association of nurses and/or related health discipline.
   4. Associations or consortiums of any of the above.
   5. A corporation/business established with a purpose of providing continuing education.

c. The provider may include other disciplines in sponsoring, planning, and presentation of the program.

d. The planning committee includes a Registered Nurse.

e. A Registered Nurse is an instructor/presenter of the program.

Standard 2. All persons involved in program planning and presentation are qualified to achieve the goals of the continuing education program.

a. The registered nurse involved in the planning and/or presentation has a Masters degree.

b. The Registered Nurse planner/presenter(s) have additional qualifications:
   1. Undertake professional development through educational and experiential endeavors.
   2. Incorporate concepts of continuing education and adult learning
principles in teaching.

3. Collaborate with other professional nurses and members of other health care disciplines to meet the identified learning needs of the target audience.

4. Possess expertise in the content of the teaching assignment.

5. Possess competence in teaching the assigned content.

(Exceptions to Standards 1 and 2 may be made by the ONA CEARP Committee upon presentation of sufficient documented evidence.)

Standard 3. The program is relevant to the educational needs of the learners and to the health needs of the consumer of health care.

a. The learner participates in an assessment process to identify learning needs.

b. The learner participates in planning continuing education activities.

c. The learner participates in evaluating the continuing education activities.

Standard 4. The continuing education program consists of planned, organized, and evaluated learning experiences based on the principles of adult learning.

a. Learning needs of the target audience are assessed.

b. Activities are planned which reflect identified needs of the target population.

c. Behavioral objectives are stated for the participant.

d. Content is developed in relation to objectives.

e. Content is specific to nursing knowledge or nursing practice.

f. Teaching methods relate to program objectives, content, and principles of adult learning.

g. Adequate resources are available to implement the program.

h. Evaluation strategies are developed in relation to objectives and to principles of adult learning.
Standard 5. *Material resources and facilities are adequate to implement the continuing education program.*

a. Physical facilities accommodate various teaching methods, provide environmental comfort, and allow accessibility to the target audience.

b. The budget reflects adequate funds for planning, implementing, and evaluating the program.

Standard 6. *Continuing education record keeping and reporting system is established by the provider and available upon request to the individual, other accrediting bodies and Oregon Nurses Association.*

a. A record of students completing the offering will be maintained by the provider for a minimum of 2 years.

b. Verification of completion will be issued to each participant by the provider.

Standard 7. *Evaluation is an integral, ongoing, and systematic quality assurance process of the program. Evaluation includes measuring the impact on the learner, and where possible, on the organization and on health care.*

a. Evaluation tools are provided as examples of participant achievement of objectives; evaluation of learner.

b. Evaluation tools are provided for participants to evaluate faculty (teacher), objectives, content, teaching methods, facilities, influence of learning on knowledge, attitudes, and practice.

c. Evaluation data is available to plan future programs.
CONTINUING EDUCATION APPROVAL AND RECOGNITION PROGRAM

FOR OFFICE USE ONLY

CEARP ID# □□□□ □□□□ □□□□ □□□□ EXPIRATION DATE: □□□□ □□□□

DISPOSITION: Approved □ Disapproved □ Date: □□□□ □□□□

SUBMIT ONE ORIGINAL & ONE COPY OF THE APPLICATION WITH YOUR PAYMENT

MAKE CHECK PAYABLE TO ONA/CEARP

REQUEST FOR CEARP APPROVAL OF EDUCATIONAL OFFERING

Title of Offering

Contact Hours Date(s) of Offering

Location(s)

Target Audience

Registration Open To

Registration Fee Maximum Enrollment

Provider(s)

Address

Street/PO Box City State Zip

Contact Person/Department

Daytime Telephone

Please note that ONA/CEARP approval denotes that only the content of the program meets ONA/CEARP standards. No representation, expressed or implied, is made as to when (if ever) such program will be offered.
1. Course description (brief)

2. Briefly describe how input from potential participants was used to identify the need for this educational offering.

3. Complete the attached short vitae for: a) nurse planner(s), and b) all presenters.

4. Is the facility appropriate? □ Yes □ No (Give a brief description)

5. Briefly describe the records keeping system and how records are retrieved.
   
a. Is there a fee for retrieval? □ Yes □ No

   b. Name of the contact person for record retrieval____________________

6. Will verification of completion be issued to each nurse who is participating in the CEARP? □ Yes □ No (This is the responsibility of the provider.)

   Signature_________________________________________ Position ______________________________

   Date____________________________________________
OREGON NURSES ASSOCIATION
CONTINUING EDUCATION APPROVAL AND RECOGNITION PROGRAM

SHORT RESUME FOR

_____ REGISTERED NURSE PLANNER OR _____ PRESENTER
(Please specify)

NAME: ____________________________________________

CURRENT POSITION: __________________________________

EMPLOYER: _________________________________________

ADDRESS: __________________________________________

Educational Preparation (begin with most recent education)

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<tr>
<th>Institution</th>
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Professional Organizations, Memberships

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Teaching Experience/Special Training Relevant to Topic

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Publications Relevant to Topic

_____________________________________________________________________
_____________________________________________________________________

(May attach additional paper if needed)
OREGON NURSES ASSOCIATION
CONTINUING EDUCATION APPROVAL AND RECOGNITION PROGRAM

SHORT RESUME FOR

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(Please specify)

NAME: 

CURRENT POSITION: 

EMPLOYER: 

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Teaching Experience/Special Training Relevant to Topic


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(May attach additional paper if needed)
OREGON NURSES ASSOCIATION
CONTINUING EDUCATION APPROVAL & RECOGNITION PROGRAM

Program Documentation

Title of Offering

Objectives: (See Standard 4)

Content (topics): List each topic area to be covered and provide a description or outline of the content to be presented. (See Standard 4) Attach an additional sheet if necessary.
Learning activity (methods & time): (See Standard 4)

Evaluation: Attach sample of evaluation instruments. (See Standard 7 a & b)

Comments and approval (FOR USE BY REVIEWERS)