



The Emergency Nurses Association of Ontario

ENAO's Vision: To represent the Emergency Nursing Specialty in Ontario

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

Purpose of Continuing Education Contact Hours

The Emergency Nurses Association of Ontario recognizes the dynamic and evolving roles of Emergency Nurses in the provision of high-quality patient care, throughout varied emergency settings across Ontario.

To assist Emergency Nurses in their changing roles, ENAO will facilitate and promote continuing education opportunities.

Educational Goals

1. To promote current learning, knowledge and skills necessary to maintain competency in Emergency Nursing through continuing education activities.
2. To support activities that enhance the professional growth and development of Emergency Nurses in Ontario.

Process to Request Continuing Education Contact Hours

Organizers of future conferences, webinars, podcasts, etc. are encouraged to apply to any ENAO Board of Directors' member, requesting that CECH's be granted for a specific education program or event as planned.

Guidelines for Application

1. Applicants must 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 must be submitted with the application.
3. The hours of educational content only shall be considered towards the number of actual CECH's approved. (i.e. lunch and refreshment breaks do not qualify.)
4. All program content must be applicable to Emergency Nursing. (i.e. education, clinical practice, research or professionalism.)
5. The application for CECH's must be submitted to ENAO prior to the printing of any final brochure. Applications must be received by ENAO, greater than 6 weeks prior to said conference. After submission, allow 3 weeks for review and response by ENAO.
6. Prior to approval, any promotional material may state "Continuing Education Contact Hours Requested". Following approval, the promotional material may state "This 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 SEND CV OR RESUME – THANK YOU