

LOGO

optional

Address is optional on the disclosure

1234 Main Street

Every City, Great State

Zip

Phone XXX.XXX.XXXX

website

Disclosure Example

Yellow is ALWAYS required

A. Criteria for contact hour award (This is determined by the applicant)

- a. Attend part or all the activity
- b. Complete an evaluation
- c. Pass a post test (or complete a pre and post test)
- d. Show a demonstration of your ability to perform this skill
- e. Smile

B. Approval Statement

This Nursing Continuing Professional Development activity was approved by Colorado Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation

Required as applicable: green

- A. Clinical Content financial disclosure statement: No one with the ability to control the content has a relevant financial relationship with an ineligible company to declare EXCEPT statement if there is an EXCEPT and that the relationship has been mitigated
- B. Commercial support from the ineligible company/ies
- C. Enduring activity expiration date
- D. Joint Providership organizations and who is responsible for adherence to ANCC criteria