

Approved Provider Responsibilities

The Approved Provider responsibilities include:

1. Maintain adherence to all applicable federal, state, and local laws and regulations that affect the provider unit's ability to meet ANCC criteria.
2. Identify a Primary Nurse Planner who has overall responsibility for the approved provider's adherence to ANCC accreditation criteria, including orientation of other nurse planners and key personnel.
3. Ensure that a qualified nurse planner is an active participant in the planning, implementation, and evaluation of each educational activity.
4. Ensure that each learning activity planning committee has a minimum of a qualified nurse planner and one other person to plan each activity; the nurse planner ensures adherence to criteria and at least one person with subject matter expertise related to the activity.
5. Ensure that the nurse planner is responsible and accountable to review and evaluate actual or potential conflict of interest (COI) for each planning committee member, faculty, presenter, author, content reviewer and anyone else who has influence or control over the content of the learning activity.
6. Notify CNA in writing within 7 business days of the discovery or occurrence of the following:
 - a. Significant changes or events that impair the ability to meet CNA nursing continuing professional development requirements or affect eligibility to remain an approved provider, including change in commercial interest status
 - b. Any event that might result in adverse media coverage related to the delivery of continuing nursing education
7. Notify CNA in writing, within 30 days, of any changes within the approved provider organization, including but not limited to:
 - a. Changes that alter the information provided in the approved provider application, including change of name, address, or business status
 - b. A decision not to submit a provider application after completing the eligibility/intent to apply form
 - c. Change in Primary Nurse Planner or suspension, lapse, revocation, or termination of the Primary Nurse Planner's registered nurse license
 - d. Change in ownership of the organization
 - e. Indication of instability (e.g. labor strike, reduction in force, bankruptcy) that may impact the organization's ability to function as an approved provider

ATTESTATION STATEMENT FOR ALL APPLICANTS

I attest that we will adhere to the following criteria of the ANCC Accreditation program as defined in the Instructions and Process Steps:

1. Awarding of contact hours
2. Use of the Approved Provider Statement
3. Certificate/documentation of completion
4. Commercial support
5. Conflicts of interest – identification and resolution
6. Disclosures to learners
7. Jointly providing educational activities
8. Recordkeeping
9. Planning and providing NCPD, not approving NCPD

I agree that I/this approved provider unit will abide by these responsibilities and requirements throughout the period of provider approval.

Primary Nurse Planner signature:

Date:

Approved Provider Self- Study Template For Reference Only

Approved Provider Organizational Overview (OO)

The Organizational Overview (OO) is an essential component of the application process that provides a context for understanding the Approved Provider Unit/organization. The applicant must submit the following documents and/or narratives:

Structural Capacity

OO1. Demographics

Submit an executive statement and/or high-level strategic summary of the Provider Unit (E.G., Overall description on how the provider unit functions, the mission of the provider unit as it relates to its NCPD offerings, including the impact the provider unit has on the organization and its learners). (1000-word limit).

Statement:

OO2. Lines of Authority and Administrative Support

a. Submit a list including names and credentials, positions, and titles of the Primary Nurse Planner and other Nurse Planners (if any) in the Provider Unit.

List:

b. Submit position descriptions for the Primary Nurse Planner and Nurse Planners (if any) in the Provider Unit.

Position Descriptions:

Primary Nurse Planner:

Nurse Planner(s):

Approved Provider Criterion 1: Structural Capacity (SC)

The capacity of an Approved Provider is demonstrated by commitment, identification of and responsiveness to learner needs, continual engagement in improving outcomes, accountability, leadership, and resources. Applicants will write narrative statements that address each of the criteria under Commitment, Accountability, and Leadership to illustrate how structural capacity is operationalized.

Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

Commitment. The Primary Nurse Planner demonstrates commitment to ensuring RNs' learning needs are met by evaluating Provider Unit processes in response to data that may include but is not limited to aggregate individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

Describe and, using an example, demonstrate the following:

SC1. The Primary Nurse Planner's commitment to learner needs, including how Provider Unit processes are revised based on data.

Process Description:

Specific Example:

Accountability. The Primary Nurse Planner is accountable for ensuring that all Nurse Planners in the Provider Unit adhere to the ANCC accreditation criteria.

Describe and, using an example, demonstrate the following:

SC2. How the Primary Nurse Planner ensures that all Nurse Planners of the Provider Unit are appropriately oriented/trained to implement and adhere to the ANCC accreditation criteria.

Process Description:

Specific Example:

Leadership. The Primary Nurse Planner demonstrates leadership of the Provider Unit through direction and guidance given to individuals involved in the process of assessing, planning, implementing, and evaluating NCPD activities in adherence with ANCC accreditation criteria.

Describe and, using an example, demonstrate the following:

SC3. How the Primary Nurse Planner/Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating NCPD activities in compliance with ANCC accreditation criteria.

Process Description:

Specific Example:

Approved Provider Criterion 2: Educational Design Process (EDP)

The Provider Unit has a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating NCPD. Nursing continuing professional development activities are designed, planned, implemented, and evaluated in accordance with adult learning principles, professional education standards, and ethics.

Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

Examples for the narrative component of the provider application (EDP 1-7) may be chosen from but are not limited to those contained in the three activity files. Evidence must demonstrate how the Provider Unit complies with each criterion.

Assessment of Learning Needs. NCPD activities are developed in response to, and with consideration for, the unique educational needs of the target audience.

Describe and, using an example, demonstrate the following:

EDP1. The process used to identify a problem in practice or an opportunity for improvement (professional practice gap).

Process Description:

Specific Example:

EDP2. How the Nurse Planner identifies the underlying educational needs (knowledge, skills, and/or practice(s)) that contribute to the professional practice gap(s) (PPG).

Process Description:

Specific Example:

Describe and, using an example, demonstrate the following:

EDP3. How the Nurse Planner identifies, and measures change in knowledge, skills, and/or practice of the target audience that are expected to occur as a result of participation in the educational activity.

Process Description:

Specific Example:

Planning. Planning for each educational activity must be independent from the influence of commercial interest organizations.

Describe and, using an example, demonstrate the following:

EDP4. The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content.

Process Description:

Specific Example:

Design Principles. The educational design process incorporates best-available evidence and appropriate teaching methods.

EDP5. How the content of the educational activity is developed based on best available current evidence (e.g., clinical guidelines, peer-reviewed journals, experts in the field) to foster achievement of desired outcomes

Process Description:

Specific Example:

Evaluation. A clearly defined method that includes learner input is used to evaluate the effectiveness of each educational activity. Results from the activity evaluation are used to guide future activities.

Describe and, using an example, demonstrate the following:

EDP6. How strategies to promote learning and actively engage learners are incorporated into educational activities

Process Description:

Specific Example:

EDP7. How the summative evaluation data for an educational activity are used to analyze the outcomes of that activity and guide future activities.

Process Description:

Specific Example:

Approved Provider Criterion 3: Quality Outcomes (QO)

The Provider Unit engages in an ongoing evaluation process to analyze its overall effectiveness in fulfilling its goals and operational requirements to provide quality NCPD.

Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

Provider Unit Evaluation Process. The Provider Unit must evaluate the effectiveness of its overall functioning as a Provider Unit.

Describe and, using an example, demonstrate the following:

QO1. The process used for evaluating the overall effectiveness of the Provider Unit in carrying out its work as a provider of nursing continuing professional development.

Process Description:

QO2. a. Identify at least one quality outcome the provider unit has established and worked to achieve over the past twelve months to improve provider unit operations. Identify the metrics used to measure success in achieving that outcome.

Outcome:

QO2. b. Using one of the quality outcomes identified in QO2a, explain how the most recent evaluation process (QO1) resulted in the development and/or improvement of an identified outcome for provider unit operations, including how that outcome was measured and analyzed.

Specific Example:

Describe and, using an example, demonstrate the following:

QO3. a. Identify at least one quality outcome the provider unit has established and worked to achieve over the past twelve months to improve the professional development of nurses. Identify the metrics used to measure success in achieving that outcome.

Outcome

QO3. b. Using one of the outcomes identified in QO3a, explain how the most recent evaluation process (QO1) resulted in the development and/or improvement of an identified outcome to improve the professional development of nurses, including how that outcome was measured and analyzed.

Specific Example:

ACTIVITY FILES

Submit documentation for three activities planned, implemented and evaluated within the last 12 months. Each activity must be at least one hour in length. Include:

- Colorado Nurses Association Approved Provider Activity Documentation Form (include all activity file requirements)
- Summative evaluation for each activity
- Note: If you have done any of the following types of activities in the past 12 months, please include them among your three activity files: an activity with commercial support, an activity that was jointly provided, and/or an enduring activity.

NOTE FOR FIRST TIME APPLICANTS ONLY: If you are a first-time applicant for provider status, submit:

One sample certificate showing the language that you will use when you issue certificates to learners once you become an approved provider. ((XYZ Hospital is an approved provider of nursing continuing professional development by the Colorado Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation).

2020 Criteria Approved Provider Activity File Requirements

This is the list of items that Approved Provider Units are required to submit for each activity file included in the AP Application/Self-Study. The Approved Provider is responsible for maintaining activity files in a retrievable file (electronic or hard copy) accessible to authorized personnel for 6 years. This list follows the sequence of planning outline on the CNA activity documentation form

- Title and location of activity
- Type of activity format: Live or Enduring
- Date live activity presented, or for ongoing enduring activities, date first offered and subsequent review dates
- Description of professional practice gap
- Evidence that validates professional practice gap
- Educational need that underlies the professional practice gap
- Description of target audience
- Desired learning outcomes
- Description of evidence-based content with supporting reference or resources
- Learner engagement strategies used
- Criteria for awarding of contact hour
- Description of evaluation method (Evidence that change in knowledge, skills, &/or

- practices of target audiences was assessed)
- Names and credentials of all individuals in a position to control content (planner's presenters, faculty, authors, &/or content reviewers) must identify who fills the roles of Nurse Planner and content experts
- Demonstration of conflict of interest process for all individuals in a position to control content (planners, presenters, faculty, authors, &/or content reviewers)
 - Name of individual
 - Past 12 months
 - Spouse/significant other
 - Individual providing the information is provided a definition of a commercial interest organization
- Evidence of a resolution of process, if applicable
- Number of contact hours awarded for activity & method of calculation (Note: Provider must keep a record of the number of contact hours earned by each participant. If the activity is longer than 3 hours, agenda was provided for the entire activity.)
- Documentation of completion &/or certificate must include:
 - Title and date of the educational activity
 - Name and address of provider of the educational activity (web address acceptable)
 - Number of contact hours awarded
 - Approved Provider statement
 - Participant name
- Commercial Support Agreement with signature and date (if applicable)
 - Name of the Commercial Interest Organization (CIO)
 - Name of the Provider
 - Complete description of all the CS provided, including both financial and in-kind support
 - Statement that the CIO will not participate in planning, developing, implementing or evaluating the educational activity
 - Statement that the CIO will not recruit learners from the education activity for any purpose
 - Description of how the CS must be used by the Provider (unrestricted use &/or restricted use)
 - Signature of a duly authorized representative of **the** CIO with the authority to enter the binding contracts on behalf of the CIO
 - Signature of a duly authorized representative of the Provider with the authority to enter the binding contracts on behalf of the Provider
 - Date on which the written agreement was signed
- Evidence of required information provided to the learners:
 - Approved Provider statement of provider awarding contact hours
 - Criteria for awarding contact hours
 - Presence or of conflicts of interest for all individuals in a position to control content (planning committee, presenters, faculty, authors, &/or content reviewers)
 - Commercial support (if applicable)

- Expiration date (enduring material only)
 - Joint Providership (if applicable)
 - o Materials associated with this activity (marketing materials, advertising agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to the ANCC criteria
- Summative evaluation

Thank you for completing this provider application. CNA reviewers will evaluate your evidence in relation to ANCC accreditation criteria. You will be contacted if reviewers have questions or need additional information to complete the review process. A virtual visit will be scheduled to give you an opportunity to meet with the peer reviewers to clarify, verify, and amplify information in your written materials. You will receive an approval decision from the CNA Nurse Peer Review Leader when the review process has been completed.