**DIRECTIONS**:

Please see the MNA approved provider resources for guidance in completing your application. Feel free to contact the MNA office with any questions you may have. Submit this application electronically along with required attachments. If you are a returning provider, your application must be received at the MNA office 3 months prior to your current provider expiration date in order to assure completion of the review process and avoid a lapse in your provider status.

**Introductory Information**

Date of this application:

Name of organization:       Provider #if renewal:

Street Address:       City:       State:       Zip code:

Primary Nurse Planner:       Credentials:       (Note: Must have minimum of baccalaureate degree in nursing)

Primary Nurse Planner Position Title:

Phone number including area code:

Email Address:

State(s) in which licensed as an RN:       Nursing license number(s):

Does your provider unit have a website that publicly addresses your CE activities?      Yes or       No

If yes, the address is:

Is your provider unit part of an organization that provides more services than nursing continuing professional development education?       Yes or       No

The Eligibility Form was submitted to MNA and we were notified that we are eligible to apply as a provider unit.       Yes or       No

For those provider units transferring from another approver unit, what was the name of previous approver unit:

For provider units who have been approved as a provider through MNA, please check if and when one or more of your nurse planners attended provider update(s):

      Yes       No

If yes, year(s) attended in the past 3 years:

Records for approved provider activities, the provider application, provider evaluation data, other operational records for the provider unit, and all related correspondence with MNA will be kept in the provider unit/organization: (Initials of nurse planner)

**Approved Provider Responsibilities**

Responsibilities of approved providers include:

* Maintaining adherence to all applicable federal, state, and local laws and regulations that affect the provider unit’s ability to meet ANCC accreditation program criteria
* Identifying 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 relevant stakeholders
* Ensuring that a qualified nurse planner is an active participant in the planning, implementation, and evaluation of each educational activity (the nurse planner must be a currently licensed RN with a baccalaureate degree or higher in nursing)
* Ensuring 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 to ensure adherence to criteria, and at least one person with subject matter expertise related to the activity
* Ensuring that the nurse planner is responsible for review of relevant financial relationships for each planning committee member, faculty, presenter, author, content reviewer, and anyone else with control over the content of the learning activity to manage relevant financial relationships and mitigate risk to content integrity
* Notifying MNA in writing, within 7 business days, of the discovery or occurrence of the following:
  + Significant changes or events that impair the ability to meet ANCC accreditation program requirements for nursing continuing professional development or affect eligibility to remain an approved provider, including change in commercial interest status
  + Any event that might result in adverse media coverage related to the delivery of nursing continuing professional development
* Notifying MNA in writing, within 30 days, of any changes within the approved provider organization, including but not limited to:
  + Changes that alter the information provided in the approved provider application, including change of name, address, or business status
  + A decision not to submit a provider application after completing the Eligibility/Intent to Apply Form
  + Change in Primary Nurse Planner or suspension, lapse, revocation, or termination of the Primary Nurse Planner’s registered nurse license
  + Change in nurse planners or suspension, lapse, revocation, or termination of any of the nurse planners’ registered nurse licenses
  + Change in ownership
  + 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 Montana Nurses Association Accredited Approver Unit’s 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. Relevant Financial Relationships – identification and mitigation
6. Activity information provided to the learners prior to the start of the activity
7. Jointly providing educational activities
8. Recordkeeping
9. Planning and providing CE, not approving CE

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 Organizational Overview**

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:

OO1. Demographics

1. Submit an executive statement and/or high level strategic summary of the approved provider unit (e.g. description of how the provider unit functions, the mission of the provider unit as it relates to nursing continuing professional development and continuing nursing education offerings, including the impact the provider unit has on the organization and its learners). 1000-word limit

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OO2. Lines of Authority and Administrative Support

1. Submit a listof the names, credentials, positions, and titles of the Primary Nurse Planner and other Nurse Planner(s) (if any), in the approved provider unit.

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1. Submit **position descriptions** of the Primary Nurse Planner and Nurse Planners (if any) in the approved provider unit. Note: These should be position descriptions that relate specifically to the qualifications and responsibilities of personnel integral to the provider unit, not other roles that the person may hold (for example, a nurse planner who is also a critical care nurse).

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| Primary Nurse Planner:  Nurse Planner(s): |

**Approved Provider Criterion 1: Structural Capacity (SC)**

**Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.** *When answering the following, please be sure to thoroughly describe how you do each component* ***and*** *then give a specific example. These are each two-part answers.*

The capacity of an Approved Provider Unit is demonstrated by commitment to, 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.

**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 a specific example, demonstrate:

**SC 1. COMMITMENT:** The Primary Nurse Planner’s commitment to learner needs, including how Approved Provider Unit processes are revised based on aggregate data, which may include but is not limited to individual educational activity evaluation results, stakeholder feedback, and learner/customer feedback.

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| **Description:** |

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| **Example:** |

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

**SC 2. ACCOUNTABILITY**: How the Primary Nurse Planner ensures that all Nurse Planners in the provider unit are appropriately oriented and trained to implement and adhere to the ANCC Accreditation criteria.

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| **Description:** |

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| **Example:** |

**Leadership**. The Primary Nurse Planner and/or nurse planner demonstrate 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.

**SC3. LEADERSHIP:** 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.

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| **Description:** |

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| **Example:** |

**Approved Provider Criterion 2: Educational Design Process (EDP)**

The Approved Provider Unit has a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating nursing continuing professional development (NCPD). Activities are designed, planned, implemented, and evaluated in accordance with adult learning principles, professional education standards, and ethics. 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 LEARNER NEEDS -** NCPD activities are developed in response to, and with consideration for, the unique educational needs of the target audience.

**EDP 1.**  The process used to identify a problem in practice or opportunity for improvement (professional practice gap).

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| **Description:** |

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| **Example:** |

**EDP 2.** How the Nurse Planner identifies the underlying educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap(s).

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| **Description:** |

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| **Example:** |

**EDP 3.** How the Nurse Planner identifies and measures change in knowledge, skills, and/or practices of the target audience that are expected to occur as a result of participating in the educational activity.

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| **Description:** |

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| **Example:** |

**PLANNING -** Planning for each educational activity must be independent from the influence of ineligible companies.

**EDP 4.** The process for identification, mitigation and disclosure of relevant financial relationships of all individuals who control the content of the continuing education activity.

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| **Description:** |

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| **Example:** |

**DESIGN PRINCIPLES -** The educational design process incorporates best-available evidence and appropriate teaching methods.

**EDP 5.** How content of educational activities 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.

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| **Description:** |

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| **Example:** |

**EDP 6.** How strategies to promote learning and actively engage learners are incorporated into educational activities.

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| **Description:** |

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| **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.

**EDP 7.** How the summative evaluation data for an educational activity are used to analyze the outcomes of that activity and guide future activities.

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| **Description:** |

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| **Example:** |

**Approved Provider Criterion 3: Quality Outcomes (QO)**

The Approved Provider Unit engages in an ongoing evaluation process to analyze its overall effectiveness in fulfilling its goals and operational requirements to provide quality nursing continuing professional development education.

**EVALUATION PROCESS** - The Provider Unit must evaluate the effectiveness of its overall functioning as a Provider Unit.

**QO1.** The process used for evaluating the overall effectiveness of the approved provider unit in carrying out its work as a provider of nursing continuing professional development education.

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| **Description:** |

**QO2a.** 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.

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| **Outcome:** |

**QO2b.** 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.

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| **Example:** |

VALUE/BENEFIT TO NURSING PROFESSIONAL DEVELOPMENT

**QO3a.** 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.

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| **Outcome:** |

**QO3b.** 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.

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| **Example:** |

**FOR CURRENTLY APPROVED PROVIDER UNITS**

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

* Activity Documentation Form with all required attachments (or similar documentation) – Financial Disclosure Forms, Mitigation Worksheet, certificate, evidence of activity information provided to the learners prior to the activity, commercial support agreement if applicable (see next page)
* Summative evaluation
* Note: Consider examples related to live, web-based, enduring, or jointly provided activities as well as those receiving commercial support.

**NOTE FOR FIRST TIME APPLICANTS ONLY**: If you are a first-time applicant for approved 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 approved as a provider of nursing continuing professional development by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center’s Commission on Accreditation.).
* Activity information provided to the learners prior to the start of the activity- (See Attachment 4).

**Activity File Requirements**

The following evidence needs to be retained in your activity files for 6 years. When you submit your three sample activities with your provider application, please put your documents in the following sequence:

Activity Documentation Form or equivalent (Note: This list follows the sequence of planning outlined on the MNA Activity Documentation Form.)

* Title, date, and location (if face-to-face) of activity
* Number of contact hours to be awarded, with rationale
* Type of activity format: Live, Blended, or Enduring
* Date live activity presented or, for ongoing enduring activities, date first offered and expiration date
* Names/credentials/roles of members of planning committee, faculty, others involved with the activity (must include names of nurse planner and content expert required to be on the planning committee)
* Attestation that nurse planner has validated absence of relevant financial relationships because the activity meets one or more of the following statements:
  + Content is nonclinical only OR
  + Activity is for a learner group that is in control of the content entirely OR
  + Activity is a self-directed educational activity
* 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 outcome(s), including how outcome is to be measured
* Description of evidence-based content with supporting reference or resources
* Learner engagement strategies used
* Criteria for successful completion for learners to earn contact hours
* Description of evaluation method (Description of how change in knowledge, skills, &/or practices of target audiences will be assessed – e.g., was the desired outcome achieved?)
* Presence or absence of commercial support
* Presence or absence of joint providership

Attachments (Note: This follows the sequence of the attachments as noted on the MNA Activity Documentation Form.)

Attachment 1-Financial relationship documentation, if applicable

* From all individuals in a position to control content (planners, presenters, faculty, authors, & content reviewers as applicable) – UNLESS the nurse planner has validated that there are no relevant financial relationships the content is nonclinical only; OR the activity is for a learner group that is in control of the content entirely; OR the activity is a self-directed educational activity where the learner will control their educational goals and report on changes that resulted.

Attachment 2-Mitigation determination and strategies, if applicable

* Includes determination of relevancy of financial relationships including action taken by the nurse planner to mitigate any relevant financial relationships. Someone else with knowledge of relevant financial relationship analysis must evaluate the nurse planner’s data.

Attachment 3-Agenda for the activity if it lasts longer than 3 hours

Attachment 4-Evidence of required information provided to learners prior to the start of the educational activity:

* Required for all activities:
* Approved provider statement
* Criteria for successful completion to earn contact hours
* To be included if applicable:
* Presence or absence of relevant financial relationships for all individuals in a position to control content (planning committee, presenters, faculty, authors, &/or content reviewers)
  + Do not include if content is nonclinical only; OR the activity is for a learner group that is in control of the content entirely; OR the activity is a self-directed educational activity where the learner will control their educational goals and report on changes that resulted
* Commercial support – list name of ineligible company providing commercial support
* Expiration date for enduring material only
* Joint Providership – list name(s) of joint provider(s), making sure **your name as the activity provider is prominent**

Attachment 5-Certificate or Documentation of completion must include:

* Name of learner
* 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 ((XYZ Hospital is approved as a provider of nursing continuing professional development by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center’s Commission on Accreditation.)
* Note: Not an ANCC Accreditation program requirement, but the Alaska Board of Nursing requires a signature (nurse planner or presenter) on the certificate

Attachment 6-Commercial Support Agreement with signatures and date (if applicable)

* + Name of the ineligible company providing commercial support
  + Name of the Provider
  + Complete description of all the commercial support provided, including both financial and in-kind support
  + Statement that the ineligible company will not participate in planning, developing, implementing, or evaluating the educational activity
  + Statement that the ineligible company will not recruit learners from the education activity for any purpose
  + Description of how the commercial support is to be used by the Provider (unrestricted use &/or restricted use)
  + Signature of a duly authorized representative of the ineligible company
  + Signature of a duly authorized representative of the Approved Provider Unit
  + Date on which the written agreement was signed

Attachment 7-Summative evaluation – Nurse planner’s analysis of the activity, including whether the stated outcome was met and implications for future activities.

Thank you for completing this provider application. MNA 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 Director of Professional Development when the review process has been completed.