



Colorado Nurses Association

Application for Provider Unit Approval – effective 2/28/18



DIRECTIONS:

Please see the document “Colorado Nurses Association Approved Providers Process Manual 2018” for guidance in completing your application. Feel free to contact the CNA 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 CNA 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 a multi-focused organization (an organization that provides more services than continuing nursing education)? _____ Yes or _____ No

The Eligibility form was submitted to CNA 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 previous provider, please check if and when one or more of your nurse planners attended provider update(s) and where:

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 CNA will be kept in the provider unit/organization: (Initials of nurse planner)

Approved Provider Responsibilities

Responsibilities of approved providers include:

- ï Maintaining adherence to all applicable federal, state, and local laws and regulations that affect the provider unit's ability to meet CNA criteria
- ï 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 key personnel
- ï 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)
- ï Ensuring that each learning activity planning committee have 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
- ï Ensuring 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.
- ï Notifying CNA in writing, within 7 business days, of the discovery or occurrence of the following:
 - ✦ Significant changes or events that impair the ability to meet CNA continuing education requirements or affect eligibility to remain an approved provider, including change in commercial interest status
 - ✦ Loss of status as a C/SNA of ANA
 - ✦ Any event that might result in adverse media coverage related to the delivery of continuing nursing education
- ï Notifying CNA 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 Instructions and Process Steps:

1. Awarding of contact hours
2. Use of the Approved Provider Statement
3. Certificate/documentation of completion

Colorado Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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- 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 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

Structural Capacity

OO1. Demographics

- a. Submit a description of the features of the Approved Provider Unit, including but not limited to scope of services, size, geographical range, target audience(s), content areas, and the types of educational activities offered.

- b. If the Approved Provider Unit is part of a multi-focused organization, describe the relationship of these dimensions to the total organization.

OO2. Lines of Authority and Administrative Support

- a. Submit a **list** of the names, credentials, positions, and titles of the Primary Nurse Planner and other Nurse Planner(s) (if any), in the Approved Provider Unit.

- b. 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).

Place Answer Here or indicate page(s) where found:

- c. Submit a **chart** depicting the structure of the Approved Provider Unit, including the Primary Nurse Planner and other Nurse Planner(s) (if any). **See page:** _____
- d. If part of a larger organization, submit an organizational chart, flow chart, or similar kind of image that depicts the organizational structure and the Approved Provider Unit's location within the organization. **See page:** _____

Educational Design Process

OO3. Data Collection and Reporting

- a. Assure that all activities are up-to-date in the NARS documentation system. Peer reviews will access your activity data from this location.
- b. *New applicants: Submit a list of the CNE offerings approved by CNA or another accredited approver and provided within the past 12 months. Include title, date, activity type, target audience, location if life event, commercial support received if applicable, joint providers if applicable, number of contact hours, number of participations.*
- c. **See page:** _____

Quality Outcomes

Quality outcomes reflect the area(s) of focus for the provider unit in its operational processes and contributions to nursing professional development. Each provider unit chooses the quality outcomes it wishes to measure, based on its goals and its contribution to the mission and strategic goals for the organization. Outcomes should be measurable and reflect the emphasis of the provider unit in the past 12 months. Note: Responses in the Quality Outcomes section of the application (QO 2 and QO 3) will relate directly to how the provider unit has evaluated the success of these outcome measures.

SEE the Quality Outcomes section to document your quality outcome measures.

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; and leadership.

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.

Description:

Example:

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

Description:

Example:

SC3. LEADERSHIP: How the Primary Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating CNE activities in compliance with ANCC Accreditation criteria.

Description:

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 continuing nursing education (CNE). Activities are designed, planned, implemented, and evaluated in accordance with adult learning principles, professional education standards, and ethics.

ASSESSMENT OF LEARNER NEEDS

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

Description:

Example:

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

Description:

Example:

PLANNING

EDP 3. The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content.

Description:

Example:

DESIGN PRINCIPLES

EDP 4. How content of educational activities is developed based on best available current evidence to foster achievement of desired outcomes (e.g. clinical guidelines, peer-reviewed journals, experts in the field).

Description:

Example:

EDP 5. How strategies to promote learning and actively engage learners are incorporated into educational activities.

Description:

Example:

EVALUATION

EDP 6. How summative evaluation data for an educational activity are used to guide future activities.

Description:

Example:

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EDP 7. How the Nurse Planner 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.

<p>Description:</p>
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<p>Example:</p>
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Approved Provider Criterion 3: Quality Outcomes (QO)

The Approved Provider Unit engages in an ongoing evaluation process to analyze its overall effectiveness in provider unit operations and in improving the practice of nursing/professional development of nurses.

EVALUATION PROCESS

QO1. The process utilized for evaluating effectiveness of the Approved Provider Unit in delivering quality CNE.

<p>Description:</p>
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<p>Example:</p>
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OO4a. What are the outcome measures you have monitored and measured over the past 12 months in relation to the overall effectiveness of your provider unit in delivery of quality continuing nursing education?

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QO2. How the evaluation process for the Approved Provider Unit resulted in the development or improvement of an identified quality outcome measure for the Provider Unit. (Refer to identified quality outcomes list in OO4a.)

<p>Description:</p>
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<p>Example:</p>

VALUE/BENEFIT TO NURSING PROFESSIONAL DEVELOPMENT

OO4b. What are the outcome measures you have monitored and measured over the past 12 months in relation to improvement in nursing practice and/or professional development for registered nurses?

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QO3. How, over the past 12 months, the Approved Provider Unit has enhanced nursing professional development. (Refer to identified quality outcomes list in OO4b.)

Description:

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 continuing nursing education by the Colorado Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.)).

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 CNA activity documentation form.)

- Title, date and location (if face-to-face) of activity
- Number of contact hours to be awarded
- Type of activity format: Live, Blended, or Enduring
- Date live activity presented or, for ongoing enduring activities, date first offered and expiration dates.
- Rationale for number of contact hours to be awarded
- 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 conflict of interest because the activity is not related to any products/services of a commercial entity, if applicable.
- 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 hours
- Description of evaluation method (Evidence that change in knowledge, skills, &/or practices of target audiences was assessed)
- Presence or absence of commercial support
- Presence or absence of joint providership

- ï Statement that the CIO will not recruit learners from the education activity for any purpose
 - ï Description of how the commercial support is to be used by the Provider (unrestricted use &/or restricted use)
 - ï Signature of a duly authorized representative of the CIO
 - ï Signature of a duly authorized representative of the Approved Provider Unit
 - ï Date on which the written agreement was signed
- 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.