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**WNA APPROVED PROVIDER NARRATIVE SELF-STUDY APPLICATION**

***Instructions:*** *Complete this form electronically, typing narrative in the “boxes” as indicated or type an ‘X’ in the appropriate box to indicate your response. Be concise but complete in responding to the criteria below. Save the completed form to your computer; print the form to include with application packet. Attachments should be provided after this application form.*

|  |  |
| --- | --- |
| **Date of application:** |  |
| **Name of Organization:** |  | | |
| **Name of Provider Unit** (if different)**:** |  | | |
| **Mailing Address:** |  | | |
|  | | | |
| **Primary Nurse Planner for Provider Unit –**  **Name and Credentials:** |  | | |
| **Preferred Phone:** |  | | |
| **Email Address:** |  | | |
|  | | | |
| **Contact Person for CNE Provider Unit –**  ***If different than above*:** |  | | |
| **Preferred Phone:** |  | | |
| **Email Address:** |  | | |

Is your organization currently an Approved Provider of Nursing Continuing Professional Development through an ANCC Accredited Approver?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | NO – *How long has your new ‘provider unit’ been in operation?* | | | | | | |  |
|  | YES – *Current Provider expiration date:* | | |  | | | | |
| *Current approval is through:* |  | WNA | |  | Other: |  | |

**PAYMENT INFORMATION**

Approved Provider applicants will be invoiced for application review fees. Fees can be paid by check or credit card. If it’s less than six months prior to your application submission deadline and you *have not* received an invoice, please contact Megan at the WNA office (800-362-3959 or 608-221-0383, ext. 203). Thank you.

**REQUIRED LISTING OF APPROVED PROVIDER ACTIVITIES FOR THE PAST 12 MONTHS (Required in EDUCATIONAL DESIGN PROCESS 003)**

**New applicants** – Send typed list of WNA approved activities you offered for nursing contact hours during the past 12 months. Include elements from 003 A. (page 5 of this application) if available.

**Current Approved Providers** – Download your activity report(s) from NARS and include it as part of this application. Section 003 below indicates what specific columns to include in your report. Also note the paragraph below:

March applicants’ NARS report will be one report of the previous calendar year. **June and September applicants will run two reports: a current year-to-date report and past calendar year report, for a total of 12 months of most recent activities**.

Create and print an Excel activity report from NARS listing your activity information for the past 12 months. If you have questions or don’t know how to run your report, contact WNA for help.

**SAMPLE ACTIVITIES**

1. **New applicants:**
2. Submit **approval letters for three activities** approved by WNA CEAP or another ANCC Accredited Approver within the last calendar year, and
3. Submit a **template of a certificate** that will be given to participants upon completion of an education program offered by the Provider Unit for contact hours (after Approved Provider status is granted). Use the following Provider approval statement on your certificate template:

*(Name of your organization) is an approved provider of continuing nursing education by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.*

1. **Current Providers:**

Attach **three sample activity files** demonstrating adherence to all accreditation criteria\*.

**NOTE: *When submitting a sample activity, documentation for the activity should be consistent with the criteria in effect and the forms in use at the time the activity was offered.***

**Sample activities should be representative of the types of activities offered by your Approved Provider unit:**

* **If your APU offers both live and enduring material (online, hard copy, etc.), include a sample of both live and enduring educational activities.**
* **If your APU accepts commercial support, include a sample activity where commercial support was received.**
* **If your APU jointly provides activities with other organizations, include a jointly provided activity.**

**Activities should have been planned and implemented within one year of application (or the previous calendar year) for Provider renewal.**

**Be sure your sample activities are on your NARS list!**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Identify the three activities submitted as samples and provide all requested information: | | | | | | | |
| **SAMPLE ACTIVITY #1** | | | | | | | |
| Title: |  | | | | | | |
| Date Offered: |  | | | | | | |
|  | Live |  | Commercial Support |  | Activity Jointly-Provided |  |  |
|  | Enduring |  | No Commercial Support |  | Activity NOT Jointly-Provided |  |  |
| **SAMPLE ACTIVITY #2** | | | | | | | |
| Title: |  | | | | | | |
| Date Offered: |  | | | | | | |
|  | Live |  | Commercial Support |  | Activity Jointly-Provided |  |  |
|  | Enduring |  | No Commercial Support |  | Activity NOT Jointly-Provided |  |  |
| **SAMPLE ACTIVITY #3** | | | | | | | |
| Title: |  | | | | | | |
| Date Offered: |  | | | | | | |
|  | Live |  | Commercial Support |  | Activity Jointly-Provided |  |  |
|  | Enduring |  | No Commercial Support |  | Activity NOT Jointly-Provided |  |  |

**PRIMARY NURSE PLANNER ATTESTATION**

*As the Primary Nurse Planner (PNP) for this Approved Provider unit, I hereby certify that the information provided on and with this application is true, complete, and correct. I understand that any misstatement of material fact submitted on, with, or in furtherance of this application for Approved Provider status shall be sufficient cause for WNA CEAP to deny, suspend, or terminate Provider approval.*

*I further attest that this Approved Provider Unit will comply with all eligibility requirements and approval criteria throughout the entire Provider approval period, and agrees to notify WNA CEAP promptly if, for any reason while this application is pending or during any approval period, this Approved Provider Unit does not maintain compliance. I understand that failure to abide by standards and criteria of the ANCC COA and WNA CEAP may result in revocation of Provider approval.*

**Electronic Signature:** *An ‘X’ in the box below serves as the electronic signature of the Primary Nurse Planner.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name and Credentials:** |  | **Date:** |  |

**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**

OO1a. Please provide an Executive Statement / High Level Summary to indicate how your Provider Unit functions and how it relates to your overall organization. In your summary, you must address the following elements at a minimum:

1. What is the mission of your Provider Unit as it relates to Nursing Continuing Professional Development (NCPD) offerings?
2. How many facilities (for system-wide APUs) or departments (for one-facility APUs) does your APU serve?
3. How many nurse planners do you have total?
4. Are you centralized with all nurse planners in one location or do you have nurse planners at other locations?
5. In what other organizational role(s) does the primary nurse planner (PNP) serve in addition to being the PNP?
6. In what other organizational roles do nurse planners (NPs) function in addition to being NPs?
7. Do you serve nurses just in your own facility or in the community / at facilities outside of your own organization?
8. Do you offer activities mainly for RNs or do your activities include interprofessional audiences?
9. (How) does your Provider Unit cross-over with other education departments or groups?

(How) does your APU support the strategic initiatives and goals of your organization?

**Executive Summary of Provider Unit:**

OO1b. Please provide an Executive Summary of your Organization. In your summary, you must address the following elements:

1. What population(s) are served by your facility or system?
2. What is the geographic service range of the facility and, if applicable, healthcare system?
3. How many staff (ballpark) does your organization or system employ? If known, how many of these are nurses?
4. What are the strategic initiatives or priorities of your organization?

**Executive Summary of Organization:**

OO2. Lines of Authority and Administrative Support

A. Submit a **list** of the names, credentials, and titles of the Primary Nurse Planner and Nurse Planners (if any) in the Approved Provider Unit.

**LIST:**

B. Submit **position descriptions** of the Primary Nurse Planner and Nurse Planners (if any) in the Approved Provider Unit. This is a description of what they do in their roles as PNP and NPs (if any), not a job description from your organization.

**INDICATE WHERE THE POSITION DESCRIPTIONS CAN BE FOUND IN THE APPLICATION.**

**PRIMARY NURSE PLANNER:**

**NURSE PLANNER(S):**

C. Briefly describe how you ensure that all Nurse Planners in your Provider Unit are registered nurses with a Baccalaureate Degree or higher in Nursing (BSN, BAN) and have a current, unrestricted nursing license.

**EDUCATIONAL DESIGN PROCESS**

OO3. Data Collection and Reporting

**Use NARS to pull a report with the following elements:**

1. Submit a complete list of all Nursing Continuing Professional Development (NCPD) offerings provided in the past 12 months. Your three sample activities must be in your NARS report. Include only the following columns in your NARS report:

* Activity Title
* Activity Type (live, enduring, etc.)
* Activity city, state, country (for live activities)
* Activity Start Date
* Activity End Date
* If activity was jointly provided or not
  + If so, name of joint provider
* Target audience
* If activity received commercial support or not
  + If so, the amount and names of funding organizations (financial and/or in-kind)
* Hours of instruction (Total Hours of Educational Instruction Provided)
* Number of Nursing Credits (Maximum Number of Nursing Credits Provided)
* Number of Nurses who completed the activity

**INDICATE THE LOCATION OF THE LIST OF NCPD OFFERINGS IN THE APPLICATION:**

B. **New applicants:** Submit a list of the NCPD offerings provided within the past 12 months. If available, include all of the items listed above.

**QUALITY OUTCOMES**

**IMPORTANT: Use the document from the WNA web site entitled, “Developing Outcomes for Your Provider Unit” to develop or check the outcome statements requested below to ensure they are stated appropriately and in measurable terms, with specific targets for achievement.**

**APPROVED PROVIDER CRITERION 3: QUALITY OUTCOMES (QO)**

The Approved Provider Unit engages in an ongoing evaluation process to analyze the overall effectiveness of the Provider Unit in carrying out its work as a provider of nursing continuing professional development.

**Approved Provider Unit Evaluation Process**

The Approved Provider unit must evaluate the effectiveness of its overall functioning as an Approved Provider Unit, in the areas of structure/processes and nursing professional development.

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

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:**

QO2a - Identify the quality outcomes 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 the outcomes (i.e., what was your target and what did you measure?)

**Q02a:**

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.

**Q02b:**

**Value/Benefit to Nursing Professional Development**

The Approved Provider Unit shall evaluate data to determine how the Approved Provider unit, through the learning activities provided, has influenced the professional development of nurse learners.

QO3a - Identify the quality outcomes 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 the outcomes.

**Q03a:**

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 (i.e., what was your target and what did you measure?)

**Q03b:**

**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 Approved 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.

SC1. The Primary Nurse Planner’s (PNP) commitment to learner needs, including how Approved Provider Unit processes are revised based on data, which may or may not include but are not limited to individual activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

**Describe and, using an example, demonstrate the following:**

**PROCESS DESCRIPTION:**

**SPECIFIC EXAMPLE:**

**Accountability**

The Primary Nurse Planner is accountable for ensuring all Nurse Planners in the Approved Provider Unit adhere to the ANCC/WNA CEAP criteria.

SC2. How the Primary Nurse Planner ensures all Nurse Planners in the Approved Provider Unit are appropriately oriented/trained to implement and adhere to the ANCC/WNA CEAP criteria.

**Describe and, using an example, demonstrate:**

**PROCESS DESCRIPTION:**

**SPECIFIC EXAMPLE:**

**Leadership**

The Primary Nurse Planner demonstrates leadership of the Approved Provider Unit through direction and guidance given to individuals involved in the process of assessing, planning, implementing, and evaluating CNPD activities in adherence with ANCC/WNA CEAP criteria.

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

**Describe and, using an example, demonstrate:**

**PROCESS DESCRIPTION:**

**SPECIFIC 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 Professional Development (CNPD). CNPD 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 Approved Provider application (EDP 1-6) may be chosen from, but are not limited to, those contained in the three example activity files. Evidence must demonstrate how the Approved Provider Unit complies with each criterion.*

**Assessment of Learning Needs**

CNPD activities are developed in response to, and with consideration for, the unique educational needs of the target audience.

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

**Describe and, using an example, demonstrate:**

**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).

**Describe and, using an example, demonstrate:**

**PROCESS DESCRIPTION:**

**SPECIFIC EXAMPLE:**

EDP3n. 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 participation in the educational activity. (Formerly EDP7)

**Describe and, using an example, demonstrate:**

**PROCESS DESCRIPTION:**

**SPECIFIC EXAMPLE:**

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

EDP4n. The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content. (Formerly EDP3)

**Describe and, using an example, demonstrate:**

**PROCESS DESCRIPTION:**

**SPECIFIC EXAMPLE:**

**Design Principles**

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

EDP5n. 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. (Formerly EDP4)

**Describe and, using an example, demonstrate:**

**PROCESS DESCRIPTION:**

**SPECIFIC EXAMPLE:**

EDP6n. How strategies to promote learning and actively engage learners are incorporated into educational activities. (Formerly EDP5)

**Describe and, using an example, demonstrate:**

**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.

EDP7n. How the summative evaluation data for an educational activity are used to analyze the outcomes of that activity and guide future activities. (Formerly EDP6)

**Describe and, using an example, demonstrate:**

**PROCESS DESCRIPTION:**

**SPECIFIC EXAMPLE:**