

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

APPROVED PROVIDER APPLICATION – GUIDELINES FOR COMPLETING THE APPLICATION

1. Retrieve the following from the WNA CEAP website (Education, Continuing Education Approval Program, Approved Provider page)
 - ▲ *WNA CEAP Approved Provider Intent to Apply – Eligibility Verification and Approved Provider Application Instructions;*
 - ▲ *Completing the WNA Provider Application Narrative Self-Study; and*
 - ▲ *Developing Outcomes for your Approved Provider Unit.*
2. Make note of your application submission deadline and when your *Approved Provider Intent to Apply – Eligibility Verification* is due. Current Providers will receive an email six months prior to their Provider expiration date as a reminder of:
 - ▲ when the organization's Approved Provider status will expire;
 - ▲ when the *'Intent to Apply'* is due; and
 - ▲ the deadline for application submission.The email will also include an invoice for the Approved Provider application review fee due on or before the date of application submission.

Current and new applicants complete and submit the *'Intent to Apply'* at least four months prior to the application submission deadline. The *'Intent'* is reviewed by the WNA CEAP Nurse Peer Review Leader, and if eligible, the organization can begin the Self-Study.
3. Read the entire application to be sure you understand the questions and the process.
 - ▲ For questions on forms, fees, deadlines etc., please contact Megan at the WNA office at megan@wisconsinnurses.org or call 800.362.3959, ext. 203.
 - ▲ For questions related to eligibility and clarification of ANCC/WNA CEAP requirements and criteria, please contact the WNA Nurse Peer Review Leader (NPRL) at WNANPRL@wisconsinnurses.org.
4. Participate in required pre-application call with the WNA Nurse Peer Review Leader. Further instructions regarding writing to the criteria and application requirements are provided on this call.
5. Complete each section of the application. The Primary Nurse Planner (PNP) is accountable for this function, assisted by other Nurse Planners, key personnel in the provider unit, and other stakeholders. **Incomplete applications will not be processed.**
6. Attach all additional materials requested in the narrative Self-Study application.
 - ▲ **For current Providers**, attach three sample activity files demonstrating adherence to all ANCC/WNA CEAP criteria. Submit all information listed on the *WNA CEAP Approved Provider Education Activity Planning Form* in the order specified. The sample activities should be representative of the types of activities offered by the Approved Provider Unit; therefore,
 - if both live and enduring educational activities are offered by the organization, a sample activity of each type of offering should be submitted;
 - if the organization accepts commercial support for learning activities, a sample activity that received commercial support should be submitted; and
 - if the Approved Provider unit jointly provides activities (plans activities with another organization), a sample activity that was jointly provided should be submitted.

The sample activities should have been planned and implemented within one year of application (or the previous calendar year) for Approved Provider renewal.

Do not submit handouts (PowerPoint presentations) or sign-in sheets. Submit only the required components of the Approved Provider Application.

- ▲ **For first time Provider applicants**, submit approval letters for three activities approved by WNA CEAP, and submit a template of a certificate that will be given to participants upon completion of the provider unit's educational programs after Approved Provider status has been granted.
- 6. The entire application packet must be typed and organized in the following order:
 - a. Table of Contents
 - b. Completed Approved Provider Application (Narrative Self-Study)
 - c. Required attachments for the Application
 - d. Three sample activity files (or **new applicants**, see above)
 - e. **Number each page in order**, including the Table of Contents.
- 7. **Three (3) hard copies of the application packet** should be mailed to: *WNA CEAP Committee, Attn: Megan Leadholm, 2820 Walton Commons – Suite 136, Madison, WI 53718.* **Please mail the application in time to be received in the WNA office by the application submission deadline.**
- 8. The policies and procedures of the WNA CEAP Committee ensure confidentiality of all application materials and records. One copy of the application packet is kept on file at the WNA office. All other copies used by WNA CEAP Nurse Peer Reviewers during their review will be destroyed.