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**JOINT-PROVIDER AGREEMENT**

Individual Educational Activity (IEA) applicants and Approved Providers (‘Activity Providers’) may plan a learning activity in conjunction with another organization. This is called “joint-providership.” The Activity Provider is referred to as the *provider* of the educational activity; the other organization(s) is/are referred to as the *joint provider(s)* of the educational activity. Joint-providership involves collaborative planning; however, the organization identified as the *provider* has final accountability for the activity. A qualified Nurse Planner from the Activity Provider organization must be on the planning committee and is responsible for ensuring adherence to the ANCC WNA CEAP criteria.

In the event that two or more Activity Provider organizations are WNA CEAP Approved Providers, one will act as the *provider* of the educational activity and the other(s) will act as (a) *joint-provider(s)*. A commercial interest organization **cannot** be a joint-provider; more specifically, a commercial interest organization can never participate in the planning, development, implementation, or evaluation of an educational activity.

A qualified Nurse Planner from the *provider* organization must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria. Specifically, this Nurse Planner must be involved in planning, implementing and evaluating the educational activity to include: developing outcomes and content, selecting planners, presenters, faculty, authors and/or content reviewers, awarding contact hours, recordkeeping procedures, developing evaluation methods, and managing commercial support. Decision-making responsibility may be shared collaboratively between the *provider* organization and the joint-provider organization(s), but final responsibility rests with the Activity Provider when awarding ANCC contact hours.

The Activity Provider organization, acting as the *provider* of the educational activity, may choose to obtain a written joint-provider agreement signed by an authorized representative of the joint-provider that includes the following:

|  |  |  |
| --- | --- | --- |
| ⬝ | Name of provider organization | |
| ⬝ | The name(s) of the organization(s) acting as the joint-provider(s) | |
| ⬝ | Statement of responsibility of the provider, including the provider’s responsibility for: | |
|  | ⬝ | Determining educational outcomes and content |
|  | ⬝ | Selecting planners, presenters, faculty, authors and/or content reviewers |
|  | ⬝ | Awarding of contact hours |
|  | ⬝ | Recordkeeping procedures |
|  | ⬝ | Evaluation methods |
|  | ⬝ | Management of commercial support |
| ⬝ | Name and signature of the individual legally authorized to enter into contracts on behalf of the | |
|  | provider organization | |
| ⬝ | Name and signature of the individual legally authorized to enter into contracts on behalf of the joint- | |
|  | provider(s) | |
| ⬝ | Date the agreement was signed | |

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| **Each Joint Provider Organization must complete the following agreement of responsibilities with the provider organization.** |

**AGREEMENT FOR JOINTLY-PROVDING A NURSING CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITY**

This educational activity is being jointly-provided by **[NAME OF PROVIDER]** and **[NAME OF JOINT-PROVIDER]**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Activity:** | |  | |
|  | **IF LIVE,** | **Date(s) offered:** |  |
|  | **IF ENDURING,** | **Begin date:** |  |
| **Total Number of Contact Hours:** | | |  |
| **Activity Provider Nurse Planner’s Name and Credentials:** | | |  |

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| Each item must be checked to reflect the appropriate responsibility. **Those items indicated as “Required” are the responsibility of the provider organization.** |

|  |  |  |
| --- | --- | --- |
| **RESPONSIBILITIES** | **[NAME OF PROVIDER]** | **[NAME OF JOINT-PROVIDER]** |
| Determining educational outcomes and content | **REQUIRED** |  |
| Selecting planners, presenters, faculty, authors and/or content reviewers | **REQUIRED** |  |
| Determining appropriate number of and awarding ANCC contact hours | **REQUIRED** |  |
| Recordkeeping procedures | **REQUIRED** |  |
| Evaluation method | **REQUIRED** |  |
| Management of commercial support | **REQUIRED** |  |
| OTHER ITEMS (SUGGESTIONS ONLY): |  |  |
| Marketing |  |  |
| Printing |  |  |
| Registration |  |  |
| Supplies (list): |  |  |
| Physical location |  |  |
| Audio-visual supplies |  |  |
| Food |  |  |
| Other: |  |  |
| Other: |  |  |

*(Add more rows as needed by placing cursor outside of last row and clicking ‘Enter’ key.)*

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| **Financial considerations are often not part of the joint-provider agreement. However, there may be decisions related to costs or revenue and those can be included below. If exchange of money is included as part of the agreement, it is recommended that the financial arrangements be stipulated in the joint-provider agreement. Jointly-providing an educational activity is a collaborative venture that requires the direct involvement of the Nurse Planner.** |

**FINANCIAL AGREEMENT**

**The following is a description of financial responsibilities of the provider organization and the joint-provider organization(s):**

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3 |  |
| 4. |  |
| 5. |  |

*(Add more rows as needed by placing cursor outside of last row and clicking ‘Enter’ key.)*

**STatement of Understanding**

|  |  |  |
| --- | --- | --- |
| *The individuals signing this document must have the authority to enter into such an agreement on behalf of the organization.* | | |
|  |  |
| **Provider Organization:** |  |
| **Representative Name:** |  |
| **Representative Title:** |  |
|  |  |
| **Signature (hand-written or electronic):** |  |
| Date: |  |
| Completed by (name and credentials): |  |

|  |  |
| --- | --- |
| **JOINT-PROVIDER:** |  |
| **Representative Name:** |  |
| **Representative Title:** |  |
|  |  |
| **Signature (hand-written or electronic):** |  |
| Date: |  |
| Completed by (name and credentials): |  |