**WNA Approved Provider Self- Study Template**

***Submission Instructions: Read the information on the WNA webpage,*** [***https://www.wisconsinnurses.org/approved-provider-self-study-application/***](https://www.wisconsinnurses.org/approved-provider-self-study-application/) ***and follow instructions. Contact WNA with any questions. You will submit your Provider application to the WNA office via email to*** [***megan@wisconsinnurses.org***](mailto:megan@wisconsinnurses.org)***.***

***Content Instructions: Follow the content instructions in the ANCC “Writing to the ANCC NCPD Accreditation Criteria, For Approved Providers, Self-learning Guide,****”* ***found on the same webpage.***

***Current Approved Providers: Your self-study application should include four documents: 1) A PDF copy of this Self-study Application with your Position Descriptions attached at the end of the document. 2) Three Sample Activities (completed Education Planning & Documentation Form [“EP&D Form”] with all attachments required for the EP&D Form, in PDF format for each activity.***

***New applicants: See page 2-3 for documentation requirements in addition to this Self-study Application.***

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| **Date of application:** |  |
| **Name of Organization:** |  | | |
| **Name of Provider Unit** (if different)**:** |  | | |
| **Mailing Address:** |  | | |
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| **Primary Nurse Planner (PNP) for Provider Unit - Name and all Credentials:** |  | | |
| **PNP Nursing License Number(s) and State(s):** |  | | |
| **PNP - Institution where highest nursing degree (i.e., BSN, MSN, DNP) was earned and year:** |  | | |
| **PNP – Highest Nursing Degree Held:** | ☐ BSN ☐ MSN ☐ DNP ☐ Other: | | |
| **PNP Preferred Phone:** |  | | |
| **PNP Email Address:** |  | | |
| **Contact Person for 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?

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

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| **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.

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| **REQUIRED INFORMATION** |

**Current Approved Providers:**

1. Be sure that all sample activities you submit with your application can be found in your NARS entries for the previous 12 months. WNA will review your NARS entries to verify that the appropriate sample activity files were submitted.
2. **Submit Three Sample Activity Files** demonstrating adherence to all accreditation criteria and standards – this includes the Education Planning & Documentation Form and all attachments called for in this form.

**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 in the 15 months prior to your application due date.**
* **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. Contact WNA if you have concerns. Be sure your sample activities are on your NARS list!**

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| 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 |  |  |

**New Applicants:**

1. Submit **approval letters for all activities** approved by WNA CEAP or another ANCC Accredited Approver within the last calendar year **(a minimum of three, with none jointly provided.**
2. 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). An example with required information is found on the WNA website Resources page.
3. Submit a **template of a disclosure-to-learners** that will be made prior to educational activities. **Include all possible required disclosures.** An example with required information is found on the WNA website Resources page.
4. Provide a **list of all activities** you offered for nursing contact hours during the past 12 months that were approved by WNA. Include activity title, start date, and maximum number of contact hours each participant could earn.

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| **PRIMARY NURSE PLANNER ATTESTATION** |

*As the Primary Nurse Planner (PNP) for this 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 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 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.*

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

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| **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**

OO1. Demographics

Submit an executive statement and/or high-level strategic summary of the Provider Unit (E.G., Overall description on how the provider unit functions, the mission of the provider unit as it relates to its NCPD offerings, including the impact the provider unit has on the organization and its learners). (1000-word limit).

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| Statement: |

OO2. Lines of Authority and Administrative Support

1. Submit a list including names and credentials, positions, and titles of the Primary Nurse Planner and other Nurse Planners (if any) in the Provider Unit.

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| List: |

1. Submit position descriptions for the Primary Nurse Planner and Nurse Planners (if any) in the Provider Unit.
   * This is a description of qualifications for the positions and what they do in their roles as PNP and NPs (if any), not a job description from your organization.
   * If the PU does not have NPs employed, the criterion does not require an organization to submit a position description for an NP. However, we do encourage the PU to create an NP position description in the event that the PU does hire an NP(s) in the future.
   * Insert in the box below or attach at the end of this document. Include page number if inserting as attachments.

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| Position Descriptions:  Primary Nurse Planner:  Nurse Planner: |

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| **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.

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

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

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

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| Process 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.

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

SC2. How the Primary Nurse Planner ensures that all Nurse Planners of the Provider Unit are appropriately oriented and trained to implement and adhere to the ANCC accreditation criteria. *Be sure to address NP orientation, how you keep NPs updated on criteria, and how you monitor NPs for adherence to using the criteria in planning processes.*

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| Process Description: |

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| Example: |

**Leadership**. The Primary Nurse Planner demonstrates leadership of the Provider Unit through direction and guidance given to individuals involved in the process of assessing, planning, implementing, and evaluating continuing nursing education (CNE) activities in adherence with ANCC accreditation criteria.

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

SC3. How the Primary Nurse Planner/Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating CNE activities in compliance with ANCC accreditation criteria. *Note: this criterion is NOT about how the PNP provides direction to the NPs. It is about how the PNP or NPs provide guidance to others involved in planning.*

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| Process Description: |

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| Example: |

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

The Provider Unit has a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating NCPD. NCPD activities are designed, planned, implemented, and evaluated in accordance with adult learning principles, professional education standards, and ethics.

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| **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 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 Approved Provider Unit complies with each criterion.

**Assessment of Learning Needs.** NCPD activities are developed in response to, and with consideration for, the unique educational needs of the target audience.

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

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

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| Process Description: |

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| Example: |

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

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).

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| Process Description: |

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| Example: |

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

EDP3. How the Nurse Planner identifies, and measures change in knowledge, skills, and/or practice of the target audience that are expected to occur as a result of participation in the educational activity.

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| Process Description: |

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| Example: |

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

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

EDP4. The process used to identify, mitigate, and disclose all relevant financial relationships for all individuals in a position to control educational content.

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| Process Description: |

*If you have never had a relevant financial relationship identified for an activity, include in the example how the nurse planner went through the assessment process to determine that there were no relevant financial relationships for a specific activity:*

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| Example: |

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

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

EDP5. 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.

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| Process Description: |

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| Example: |

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

EDP6. How strategies to promote learning and actively engage learners are incorporated into educational activities.

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| Process 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.

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

EDP7. 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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| Process Description: |

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| Example: |

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

The Provider Unit engages in an ongoing evaluation process to analyze its overall effectiveness in fulfilling its goals and operational requirements to provide quality NCPD.

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

**Provider Unit Evaluation Process.** The Provider Unit must evaluate the effectiveness of its overall functioning as a Provider Unit.

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

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 (NCPD).

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| Process Description: |

QO2. a. 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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| Operations Outcome: |

QO2. b. 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: |

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

QO3. a. 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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| Operations Outcome: |

QO3. b. 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: |