**Pennsylvania State Nurses Association**

**Intent to Apply as a Provider Unit – Initial Application**

Please use this form to indicate your intent to apply as a Provider Unit for continuing nursing education through the Pennsylvania State Nurses Association. This will enable us to verify your eligibility.

In order to be eligible, your provider unit must:

1. Have a clearly defined unit or department administratively and operationally responsible for continuing nursing education.
2. Have nurse planner(s) who meet(s) qualifications of a minimum of a BSN and knowledge of criteria and adult education.
3. Target Audience\*:
4. If your provider unit is based in Pennsylvania, you must target more than 50% of your learning activities to nurses within the states of Delaware, District of Columbia, Maryland, Pennsylvania, Virginia and West Virginia and any state that is contiguous with those states.

**OR**

1. If your provider unit is based outside of Pennsylvania, you must target more than 50% of your learning activities to nurses within the geographic range of your provider unit. Check [www.hhs.gov/about/regionmap.html](http://www.hhs.gov/about/regionmap.html) for the identification of your region plus the states contiguous to your region.
2. Be separate from any commercial entity that produces, markets, re-sells or distributes a product used on, or used by patients.
3. Be operational for a minimum of six (6) months prior to application.

\*Note: If your target audience is broader than those areas identified above, you are not eligible to apply to be an approved provider unit through PSNA. You are, however, eligible to contact the ANCC Accreditation Program to apply for accreditation as a provider unit.

Complete and submit this form to the Director of Professional Development. Once you receive confirmation that you are eligible to apply as a provider unit, you may submit your provider application.

**Section 1: Demographics**

Date form completed:

Organization name:

If you were approved as a provider by PSNA at some time in the past, list old provider number:

Contact person (the person with whom PSNA will communicate):

Title of contact person:

Address:

City:       State:       Zip:

Day phone number:       Email address:

My organization is a:

[ ]  Hospital

[ ]  Long term care facility

[ ]  School/college of nursing

[ ]  Government Agency

[ ]  Professional association

[ ]  Continuing education company

[ ]  Home health agency

[ ]  Health care office or practice

[ ]  Business providing services to the healthcare industry

[ ]  Business providing products used on or by patients

[ ]  Other (describe)

Have you ever been denied approval by or had approval revoked for an individual activity or a provider application by PSNA?

[ ]  Yes [ ]  No

If yes, please explain what happened

Have you ever been denied approval by or had approval revoked for an individual activity or a provider application by another approver (state or national)?

[ ]  Yes [ ]  No

If yes, please explain what happened

**Section 2: Provider Unit**

My provider unit is:

1. [ ]  A free standing continuing education organization
2. [ ]  Part of an organization that does other things besides continuing nursing education
3. If your organization does other things besides continuing nursing education, is there a separate, clearly defined provider unit which is administratively and operationally responsible for planning, implementing, and evaluating continuing nursing education?

[ ]  Yes

[ ]  No (if no, stop and contact the Director of Professional Development at PSNA)

**Section 3: Nurse Planners:** Nurse Planners are (1) currently licensed (unencumbered); (2) actively involved in planning all activities from start to finish; (3) knowledgeable about the nursing CE process; and (4) meet the qualifications to hold this position.

1. How many nurse planners are in your provider unit?
2. If applicant organization has multiple nurse planners, a primary nurse planner is utilized as the contact for the ANCC Accredited Approver Unit and ensures compliance with the ANCC accreditation criteria.

[ ]  Yes [ ]  No

**If yes,** provide Primary Nurse Planner's Name and Credentials:

1. Are all of your nurse planners RNs and have at least a baccalaureate degree in nursing?

[ ]  Yes

[ ]  No (if no, stop, and contact the Director of Professional Development at PSNA)

1. Do all of your nurse planners have an understanding of the PSNA manual and forms reflecting ANCC COA criteria for continuing nursing education?

[ ]  Yes

[ ]  No (if no, stop and contact the Director of Professional Development at PSNA)

1. List names and credentials of all current nurse planners here:

|  |  |
| --- | --- |
| **Nurse Planner** | **Credentials** |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 4: Regional Target Market**

1. Think about where the people who participate in your learning activities live. During the past year, did you market more than half of your learning activities to nurses *within* the state of Pennsylvania?

[ ]  Yes (go to section 5) [ ]  No (answer next question in this section)

1. During the past year, did you market more than half of your learning activities to nurses within the states of Delaware, District of Columbia, Maryland, Pennsylvania, Virginia and West Virginia and any state that is contiguous with those states?

 [ ]  Yes (go to section 5) [ ]  No answer next question in this section)

1. If you answered no to the above question, is it correct that, during the past year, you marketed more than half of your learning activities to nurses in more states than listed above or internationally?

[ ]  Yes

[ ]  No (if no, stop and contact the Director of Professional Development at PSNA)

**Section 5: The applicant organization must answer the following questions and providing any additional required information.**

1. The applicant has been operational for 6 months using the ANCC Accreditation Criteria.

 [ ]  Yes **If yes**, list the date the applicant organization became operational:

 [ ]  No **If no**, the applicant organization is **not** eligible for Approved Provider status.

1. The applicant has assessed, planned, implemented, and evaluated at least two separate educational activities, within the past 12 months, provided at separate and distinct events:
	* with the direct involvement of the Nurse Planner;
	* that adhere to the ANCC Accredited Approver Criteria;
	* each learning activity must be at least 1 hour (60 minutes) in length. Contact hours may or may not have been offered;
	* and were **not** co-provided (new applicants only).

[ ]  Yes [ ]  No

1. Applicant organization is in compliance with all applicable Federal, State, and Local laws and regulations that apply to the delivery of CNE.

[ ]  Yes [ ]  No

**Section 6: Commercial Entities**

1. Is your provider unit part of a company that produces, markets, re-sells or distributes a product that is used on or by patients?

[ ]  Yes [ ]  No

1. Is your provider unit’s organization owned or controlled by a company that produces, markets, re-sells or distributes a product that is used on or by patients?

[ ]  Yes [ ]  No

If you answered “no” to *both* of these two questions, you have completed this form. Please return it to the Director of Professional Development at PSNA. You will be contacted to confirm your eligibility.

If you answered “yes” to *either* of the above questions, please continue with the items below.

Your organization is part of a company or system that produces, markets, re-sells or distributes a product that is used on or by patients. It is important that your provider unit is separate from any commercial interest to avoid the perception of bias in your continuing nursing education activities. Your answer to items 1 and 2 below will help PSNA assess the degree of separation.

1. Please describe the safeguards (sometimes called firewalls) in place to ensure that your provider unit is separate from commercial activities of the company.
2. Please provide to PSNA an organizational chart showing how the provider unit fits within the total organization and how separation is maintained between the provider unit and the commercial entity. **(attach copy)**

Thank you for completing this form. Please return to the Director of Professional Development at PSNA. You will be contacted to confirm your eligibility.