**APPROVED PROVIDER JOINT-PROVIDER AGREEMENT**

Approved Providers may jointly provide educational activities with other organizations. The Approved 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-provider organizations participating in the planning of the educational activity **and** contributing financially to the activity should **not** be listed as a “sponsor,” but rather as a joint-provider of the activity.

The joint-provider organization(s) may or may not be commercial interests or sponsors. In the event that two or more organizations are Approved Providers, one will act as the provider of the educational activity and the other(s) will act as the joint-provider(s).

A qualified Nurse Planner from the Approved 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 Approved Provider and the joint-provider organization(s), but final responsibility rests with the Approved Provider when awarding ANCC contact hours.

The Approved Provider, acting as the provider of the educational activity, is responsible for obtaining a written joint-provider agreement signed by an authorized representative of the joint-provider that includes the following:

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| --- | --- | --- |
| ⬝ | Name of Approved Provider acting as the provider | |
| ⬝ | 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 approved provider | |
| ⬝ | 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 Approved Provider.** |

**AGREEMENT FOR JOINTLY-PROVIDING A CONTINUING NURSING EDUCATION ACTIVITY**

This educational activity is being jointly-provided by Click or tap here to enter text.and Click or tap here to enter text.

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| --- | --- | --- | --- |
| **Title of Activity:** | | Click or tap here to enter text. | |
|  | **IF LIVE,** | **Date(s) offered:** |  |
|  | **IF ENDURING,** | **Begin date:** |  |
| **Total Number of Contact Hours:** | | | Click or tap here to enter text. |
| **Approved Provider Nurse Planner’s Name and Credentials:** | | | Click or tap here to enter text. |

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| **RESPONSIBILITIES** | Click or tap here to enter text.  (Approved Provider) | Click or tap here to enter text.  (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): Click or tap here to enter text. |  |  |
| Physical location |  |  |
| Audio-visual supplies |  |  |
| Food |  |  |
| Other: Click or tap here to enter text. |  |  |
| Other: Click or tap here to enter text. |  |  |
| Other: Click or tap here to enter text. |  |  |

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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 Approved Provider organization and the joint-provider organization(s):**Click or tap here to enter text.

**STatement of Understanding**

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| *The individuals signing this document must have the authority to enter into such an agreement on behalf of the organization.* | | |
|  |  |
| **APPROVED PROVIDER:** | Click or tap here to enter text. |
| **Representative Name:** | Click or tap here to enter text. |
| **Representative Title:** | Click or tap here to enter text. |
|  |  |
| **Signature (handwritten or electronic): Typed name is not acceptable.** |  |
| Date: | Click or tap to enter a date. |
| Completed by (name and credentials): | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **JOINT-PROVIDER:** | Click or tap here to enter text. |
| **Representative Name:** | Click or tap here to enter text. |
| **Representative Title:** | Click or tap here to enter text. |
|  |  |
| **Signature (handwritten or electronic): Typed name is not acceptable.** |  |
| Date: | Click or tap to enter a date. |
| Completed by (name and credentials): | Click or tap here to enter text. |