Accredited Provider
Co-Provider Agreement

ANCC Accredited Providers may co-provide educational activities with other organizations. The co-providing organization may or may not be an ANCC accredited or approved organization. The co-providing organization may **not** be a commercial interest or sponsor. The ANCC Accredited Provider's Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria.

The ANCC Accredited Provider is referred to as the ***provider*** of the educational activity. The other organization(s) are referred to as the ***co-provider(s)*** of the educational activity. In the event that two or more organizations are ANCC accredited or approved, one will act as the provider of the educational activity and the other(s) will act as the co-provider(s).

A qualified Nurse Planner from the ANCC Accredited Provider organization must be involved in planning, implementing and evaluating the educational activity to include: developing objectives and content, selecting planners, presenters, faculty, authors and/or content reviewers, awarding contact hours, recordkeeping procedures, developing evaluation methods and managing commercial support and/or sponsorship. Decision-making responsibility may be shared collaboratively between the ANCC Accredited Provider and the co-providing organization(s), however final responsibility rests with the ANCC Accredited Provider when awarding ANCC contact hours.

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

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

AGREEMENT FOR COPROVIDING A CONTINUING EDUCATION ACTIVITY

This educational activity is being co-provided by **(the Association of Nurses in AIDS Care)** and **(Name of Co-Provider)**.

Title of Activity:
Date(s) if live presentation:
Date to begin if enduring material:
Total number of Contact Hours:
ANAC's Nurse Planner's Name:

Each item must be checked to reflect the appropriate responsibility. **Those items indicated as "Required" are the responsibility of the ANCC Accredited Provider.**

Responsibilities	Association of Nurses in AIDS Care	Co-Provider Name
• Determining educational objectives 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 or sponsorship	Required	
Other items (suggestions only):		
• Marketing		
• Printing		
• Registration		
• Supplies: List:		
• Physical location		
• Audio-visual supplies		
• Food		
• Other:		
• Other:		
• Other:		
• Other:		

Financial considerations are often not part of the co-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 co-provider agreement. Co-providing an educational activity is a collaborative venture that requires the direct involvement of the Nurse Planner. Contact Hours may **not** be purchased.

FINANCIAL AGREEMENT

The following is a description of financial responsibilities of the ANCC Accredited Provider and the co-provider(s):

1.
2.
3.
4.
5.

Accredited Provider Representative, Name and official title:

_____

Signature of Accredited Provider Representative**:** _____

Name of Accredited organization: The Association of Nurses in AIDS Care

Co-Provider Representative Name and official title:_____

Signature of Co-Provider Representative: _____

Co-Provider Name/Agency:_____

Address:_____

Phone:_____ Email address_____