**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 **()**.

|  |
| --- |
| 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: Faculty honoraria and reimbursements |  | ✓ |
| * 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. All costs associated with registration, venue, food, audio-visual supplies, printing and marketing
2. All costs of faculty honoraria and travel reimbursements

**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