**Ohio Nurses Association**

For Providers Located in Ohio

**Application for Provider Unit Approval (2012-2013 Criteria)**

**DIRECTIONS**: Please review Chapter 2 of the Provider Manual for additional information to complete the provider application.

Submit three complete typed, collated copies of the provider unit application packet and the application fee. Each copy of the application must include a table of contents and have pages clearly numbered consistent with the table of contents. Bind your application securely. Comb binding is recommended. Please do not use 3-ring binders, rubber bands, staples or clips.

For office use only – date received

Amount received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card (check if yes): \_\_\_\_

Invoice (check if yes: \_\_\_\_

PNP licensed: \_\_\_\_\_

Letter of Intent: \_\_\_\_\_ Denial: \_\_\_\_\_\_\_

**Introductory Information**

Date of this application:

Name of organization      Provider #: OH-

Address:

Identify the person with whom ONA should correspond.

Contact person:

Title or position

Role in provider unit:      Administrator      Primary Nurse Planner      Other (Specify)

Phone Number including area code:

Email Address:

Identify the Primary Nurse Planner (name, credentials):

Title of position:

Phone number including area code:

Email Address:

State(s) in which licensed as an RN:      Nursing license number(s):

Does your provider unit have a website that publicly addresses your CE activities?      Yes      No

If yes, the address is:

The Intent to Apply or Re-apply form was submitted to ONA and we were notified that we are eligible to apply as a provider unit.

     Yes

     No

For those provider units transferring from another approver unit, what was the name of previous approver unit:

For provider units who have been approved as a provider through ONA, please check if and when one or more of your nurse planners or reviewers attended the following:

Provider Updates (held in April each year)

     Yes

     No

If yes, year(s) attended since last provider approval:

Records will be kept at (location):

**Approved Provider Organizational Overview**

**Structural Capacity**

**OO1.**  **Demographics**

* Submit a description of the features of the Approved Provider Unit, including but not limited to scope of services, size, geographical range, target audience(s), content areas, and the types of educational activities offered. If the Approved Provider Unit is part of a multi-focused organization, describe the relationship of these scope dimensions to the total organization.

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| Place Answer Here: |

**OO2. Lines of Authority and Administrative Support**

* Submit a **list** of the names, credentials, positions, and titles of the Primary Nurse Planner, other Nurse Planner(s) (if any), and all key personnel in the Approved Provider Unit.

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| Place Answer Here: |

* Submit **position descriptions** of the Primary Nurse Planner, Nurse Planners (if any), and key personnel in the Approved Provider Unit.

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| Place Answer Here: |

* Submit a **chart** depicting the structure of the Approved Provider Unit, including the Primary Nurse Planner, other Nurse Planner(s) (if any), and all key personnel. **See page:**
* If part of a larger organization, submit an organizational chart, flow sheet, or similar kind of image that depicts the organizational structure and the Approved Provider Unit’s location within the organization. **See page:**

**Educational Design Process**

**OO3. Data Collection and Reporting**

Approved Provider organizations report data, at a minimum, annually to ONA.

* Submit a complete list of all CNE offerings provided in the past 12 months, including activity dates; titles; target audience; total number of participants; number of contact hours offered for each activity; co-provider status; and any sponsorship or commercial support, including monetary or in-kind amount; **See page:**
* *New applicants: Submit a list of the CNE offerings approved and provided within the past 12 months. If available, include the items listed above*. Include the assigned ONA number for those activities approved by ONA. **See page:**

**Quality Outcomes**

**OO4. Evidence**

* List Approved Provider Unit’s strategic goals with respect to CNE for the past 12 months.

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| Place Answer Here: |

* Submit a list of the quality outcome measures the Approved Provider collects, monitors, and evaluates specific to the Approved Provider Unit. Refer to the Provider Manual for examples.

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| Place Answer Here: |

* Submit a list of the quality outcome measures the Approved Provider collects, monitors, and evaluates specific to Nursing Professional Development. Refer to the Provider Manual for examples.

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| Place Answer Here: |

**Approved Provider Criterion 1: Structural Capacity (SC)**

**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 Approved Provider Unit goals 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:

**SC 1.**  The Primary Nurse Planner’s commitment to learner needs, including how Approved Provider Unit processes are revised based on data.

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| Description: |

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| Example: |

*Complete SC2 only if Provider Unit is part of a larger organization.*

**SC 2.**  How the organization’s leadership is committed to supporting the goals of the Approved Provider Unit.

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| Description: |

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| Example: |

**Accountability.** The Primary Nurse Planner is accountable for ensuring that all Nurse Planners and key personnel in the Approved Provider Unit adhere to the ANCC accreditation criteria.

Describe and, using an example, demonstrate:

**SC3.** How the Primary Nurse Planner ensures that all Nurse Planner(s) and key personnel of the Approved Provider Unit maintain adherence to the ANCC accreditation criteria.

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| Description: |

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| Example: |

**SC 4.**  How the Primary Nurse Planner is accountable for resolving issues related to providing CNE.

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| Description: |

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| Example: |

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

Describe and, using an example, demonstrate:

**SC 5.**  How the Primary Nurse Planner ensures that every Nurse Planner maintains accreditation standards and guides the Planning Committee or team for an individual educational activity.

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| Description: |

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| Example: |

**SC 6.** How the Nurse Peer Review Leader of the Ohio Nurses Association’s Accredited Approver Unit (Director, Continuing Education) is used as a resource for the Primary Nurse Planner and/or other Nurse Planner(s) in the Approved Provider Unit.

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| Description: |

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| Example: |

**Resources.** The Primary Nurse Planner advocates for and utilizes available human, material, and financial resources to ensure that the Approved Provider Unit achieves its goal of meeting identified quality outcome measures.

Describe and, using an example, demonstrate:

**SC 7.** How the Primary Nurse Planner advocates for resources to ensure that the Approved Provider Unit achieves its goals related to quality outcome measures.

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| Description: |

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| Example: |

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

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

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

Describe and, using an example, demonstrate each of the following:

**EDP 1.**  The Nurse Planner’s methods of assessing the current learning needs of the target audience.

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| Description: |

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| Example: |

**EDP 2.** How the Nurse Planner uses data collected to develop an educational activity that addresses the identified gap in knowledge, skills, and/or practices.

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| Description: |

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| Example: |

**Planning.** Planning for each educational activity must include one Nurse Planner and one other planner. One of the planners must have appropriate subject matter expertise for the educational activity.

Describe and, using an example, demonstrate each of the following:

**EDP 3.** The process used to select a planning team/committee for an educational activity, including why an individual member was chosen.

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| Description: |

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| Example: |

**EDP 4.** The process used to identify all actual and potential conflicts of interest for all members of the Planning Committee, presenters, authors, and content reviewers.

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| Description: |

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| Example: |

**EDP 5.** The process for resolution of an actual or potential conflict of interest and the outcome achieved.

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| Description: |

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| Example: |

**EDP 6.** The process utilized during the *planning phase* of the educational activity to determine how participants will successfully complete the learning activity.

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| Description: |

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| Example: |

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

Describe and, using an example, demonstrate each of the following:

**EDP 7.** How measurable educational objectives are developed that address the change in nursing practice or nursing professional development.

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| Description: |

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| Example: |

**EDP 8.** How the content of the educational activity is selected based on best-available current evidence (e.g., clinical guidelines, peer-reviewed journals, experts in the field, etc.)

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| Description: |

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| Example: |

**EDP 9.** How content integrity is maintained for CNE activities, including what precautions are taken to prevent bias and how those precautions are implemented.

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| Description: |

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| Example: |

**EDP 10.** In the presence of commercial support/sponsorship, how additional precautions are taken to maintain content integrity for CNE activities, including what precautions are taken to prevent bias and how those precautions are implemented.

**Note:** If the applicant or Approved Provider **never** accepts commercial support/sponsorship, state that you do not accept commercial support/sponsorship here and then go to EDP 11

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| Description: |

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| Example: |

**EDP 11.** How teaching methods were chosen that are appropriate to achieve the purpose and objectives of the CNE activity.

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| Example: |

**Achievement of Objectives**. 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 each of the following:

**EDP 12.** How summative evaluation data for an educational activity were used to guide future activities.

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| Description: |

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| Example: |

**EDP 13.** How evaluation data were collected to measure change in nursing practice or nursing professional development.

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| Example: |

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

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

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

Describe and, using an example, demonstrate each of the following:

**QO1.** The process utilized for evaluating effectiveness of the Approved Provider Unit in delivering quality CNE.

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| Description: |

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| Example: |

**QO2.** How the evaluation process for the Approved Provider Unit resulted in the development or improvement of an identified quality outcome measure. (Refer to identified quality outcomes list in OO4.)

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| Description: |

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| Example: |

**Approved Provider Unit Evaluation Participants.** The Approved Provider Unit shall include a variety of stakeholders, comprising those with a vested interest in Approved Provider Unit outcomes, in the evaluation process.

Describe and, using an example, demonstrate:

**QO3.** Why the Approved Provider Unit selects specific stakeholders to participate in the evaluation process.

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| Description: |

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| Example: |

**Approved Provider Unit Quality Outcome Measures.** The Approved Provider Unit must demonstrate quality improvement efforts including identifying strategies for working on targeted goals, evaluating progress toward goals, and revising or establishing new goals.

Describe and, using an example, demonstrate:

**QO4.** How input from stakeholders resulted in development of or an improvement in quality outcome measures for the Approved Provider Unit. (Refer to identified quality outcomes list in OO4.)

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| Description: |

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| Example: |

**Value/Benefit to Nursing Professional Development.** The Approved Provider Unit shall evaluate data to determine how the Approved Provider Unit, through the learning activities it has provided, has influenced the professional development of its nurse learners.

Describe and, using an example, demonstrate:

**QO5.** How, over the past 12 months, the Approved Provider Unit has enhanced nursing professional development. (Refer to identified quality outcomes list in OO4.)

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| Description: |

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| Example: |

**ATTESTATION STATEMENT**

I attest that we will adhere to the following criteria of ANCC and the rules of the Ohio Board of Nursing as defined in the ONA Provider Manual (Providers Located in Ohio).

1. Awarding of contact hours
2. Use of the Approved Provider Statement
3. Certificate/documentation of completion
4. Disclosures
5. Recordkeeping
6. Co-providing
7. Adhering to laws/rules/ethical business practices
8. Educational requirements and responsibilities of the primary nurse planner and nurse planners
9. Timely communication about core changes and responses to requests for information from ONA
10. Process to ensure meeting of all criteria and rules
11. Planning and providing CE, not approving CE
12. Processes related to meeting CE requirements as designated by the Ohio Board of Nursing (4723-14- OAC)

Signature of Primary Nurse Planner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR CURRENTLY APPROVED PROVIDER UNITS**

**See pages:**

*Submit* documentation for **three** sample activities that have been planned within 12 months of the Approved Provider Unit application submission date. Each activity must be at least one hour in length. Include:

* Documentation form with all required attachments – bio forms, marketing sample, certificate, evidence of disclosures, co-provider agreement if applicable, commercial support/sponsorship agreement if applicable
* Summative evaluation
* Nurse Planner QI form
* Sample sign in sheet that shows learner’s names and unique identifiers.
* If the activity is an Ohio Category A activity, include the slide presentation, handout and/or module given to learners

**NOTE FOR FIRST TIME APPLICANTS ONLY**: If you are a first time applicant for provider status, submit:

**See pages:**

* Acknowledgement and approval letters from ONA for the 3 activities ONA has approved
* A copy of the FINAL certificate that was given to learners for each of these 3 activities
* A summative evaluation for each of these 3 activities
* Documentation for an activity that has been planned and will be presented after provider status has been achieved. Include all required attachments – bio forms, marketing sample, certificate, evidence of disclosures to be made, commercial support/sponsorship agreement if applicable. The marketing material and certificate should contain the provider statement that will be used by your organization once provider status has been achieved.
* The sample certificate that you will use once you become an approved provider unit. The provider statement must be included on the certificate.

(Provider name) (OH-###, expiration date) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.