**Ohio Nurses Association**

**Application for Provider Unit Approval (2015 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 rubber bands, staples or clips.

**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:      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/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 any Provider Updates.

     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**

A. Submit a description of the features of the Approved Provider Unit, including but not limited to size, geographical range, target audience(s), content areas, and the types of educational activities offered.

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| Place Answer Here: |

B. If the Approved Provider Unit is part of a multi-focused organization, describe the relationship of these dimensions to the total organization.

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

Place Answer Here:

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

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| Place Answer Here: |

B. Submit **position descriptions** for the Primary Nurse Planner and Nurse Planners (if any) in the Provider Unit.

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| Place Answer Here: |

C. Submit a **chart** depicting the structure of the Provider Unit, including the Primary Nurse Planner and other Nurse Planner(s) (if any). **See page:**

D. If part of a larger organization, submit an organizational chart, flowchart, or similar image that depicts the organizational structure and the 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; activity type; joint provider status; and any commercial support, including monetary or in-kind contributions; **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**

A. Submit a list of the quality outcome measures the Provider Unit has collected, monitored, and evaluated over the past 12 months specific to the Provider Unit. Refer to the Provider Manual for examples. These measures need to be written in measurable terms

*Please Note: You will be asked for the results of these measures later in the application under QO2.*

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| Place Answer Here: |

B. Submit a list of the quality outcome measures the Provider collected, monitored, and evaluated over the past 12 months specific to Nursing Professional Development. Refer to the Provider Manual for examples. These measures need to be written in measurable terms.

*Please Note: You will be asked for the results of these measures later in the application under QO3.*

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| Place Answer Here: |

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

The purpose of the SC section is to demonstrate the Primary Nurse Planner’s (PNP) commitment, accountability and leadership in guiding and managing the provider unit.

**Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.**

Describe and, using an example, demonstrate:

**SC 1. Commitment:** The Primary Nurse Planner’s commitment to learner needs, including how Provider Unit processes are revised based on aggregate data which may include but is not limited to individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

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| Description: |

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| Example: |

**SC2. Accountability:** How the Primary Nurse Planner ensures that all Nurse Planner(s) of the Provider Unit are appropriately oriented/trained to implement and adhere to the ANCC accreditation criteria.

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| Description: |

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| Example: |

**SC 3. Leadership:** How the Primary Nurse Planner provides direction and guidance to individuals involved in planning, implementing and evaluating CNE activities in compliance with ANCC accreditation criteria.

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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.

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

**EDP 1. Assessment:** The process used to identify a problem in practice or opportunity for improvement (professional practice gap).

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| Description: |

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| Example: |

**EDP 2.** How the Nurse Planner identifies the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap.

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| Description: |

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| Example: |

**EDP 3. Planning:** The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content.

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| Description: |

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| Example: |

**EDP 4. Design Principles:** How content of the educational activity is developed based on best-available current evidence to foster achievement of desired outcomes (e.g., clinical guidelines, peer-reviewed journals, experts in the field)

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| Description: |

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| Example: |

**EDP 5.** How strategies to promote learning and actively engage learners are incorporated into educational activities.

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| Description: |

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| Example: |

**EDP 6. Evaluation:** How summative evaluation data for an educational activity are used to guide future activities.

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| Description: |

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| Example: |

**EDP 7.** How the Nurse Planner measures change in knowledge, skills and/or practices of the target audience that are expected to occur as a result of participating in the educational activity.

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| Description: |

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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.

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

**Approved Provider Unit Evaluation Process:** Note: This section is not about evaluating the effectiveness of your individual activities. It is about evaluation of the provider unit.

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

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| Description: |

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| Example: |

**QO2.** How the evaluation process for the Provider Unit resulted in the development or improvement of an identified quality outcome measure for the Provider Unit. (Refer to identified quality outcomes list in OO4a.)

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| Description: |

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| Example: |

**Value/Benefit to Nursing Professional Development**

**QO3.** How, over the past 12 months, the Provider Unit has enhanced nursing professional development. (Refer to identified quality outcomes list in OO4b.)

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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.

1. Adhering to laws/rules/ethical business practices
2. Educational requirements and responsibilities of the Primary Nurse Planner and Nurse Planners
3. Timely communication about core changes and responses to requests for information from ONA
4. Process to ensure meeting of all criteria and rules
5. Planning and providing CE, not approving CE

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 Provider Unit application submission date. Each activity must be at least one hour in length. Include:

* Provider Application.
* Documentation form with all required attachments – COI forms, marketing sample, certificate, evidence of disclosures, joint-provider agreement if applicable, commercial support agreement if applicable
* Summative evaluation and Nurse Planner’s post-activity decision making about event
* If the activity is an Ohio Category A activity, include the slide presentation, handout and/or module given to learners

NOTE:

* If you accept commercial support, then one of the three activities must be an activity that has received commercial support even if it is more than 12 months ago (but less than two years).
* If you have presented any independent studies in the past 12 months, please include one as one of the three examples.

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

**See pages:**

* Provider application.
* A copy of the FINAL certificate that was given to learners for three, different individual activities approved through ONA.