

North Carolina Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. You can apply for Approved Provider (AP) status through the accredited approver. This status means that once approved by NCNA, your organization can independently plan, implement, and evaluate nursing professional development (NPD) activities without an application for each activity to NCNA.

To be eligible to apply for Approved Provider status, an organization must:

- Be administratively and operationally responsible for coordinating the entire process of planning, implementing, and delivering CNE.
- Identify one Nurse Planner who will act as the Primary Nurse Planner and serve as the liaison between NCNA and the AP unit.
- Have a Primary Nurse Planner who holds a current, valid license as an RN and a baccalaureate degree or higher in nursing.
- Have a Primary Nurse Planner who has authority within the organization to ensure compliance with NCNA and ANCC accreditation criteria in the provision of NPD.
- Have a Primary Nurse Planner who is responsible for the orientation of all Nurse Planners and key personnel in the organization to NCNA and ANCC accreditation criteria.
- Ensure that all other Nurse Planners in the AP unit hold current, valid licenses as RNs with a baccalaureate degree or higher in nursing.
- Ensure that each NPD activity has a qualified Nurse Planner who is an active participant in the planning, implementation, and evaluation process.
- Be operational for a minimum of 6 months prior to application.
- Not be an ineligible organization as defined by ANCC – see B. Eligibility: For more information.
- Provide activities (>50% of their CNE activities to nurses in their local geographic region) – see C. Eligibility: Explanation of Boundaries for Approved Providers.
- Be in compliance with all applicable federal, state, and local laws and regulations that affect the organization's ability to meet NCNA and ANCC accreditation criteria.
- Disclose previous denials, suspensions, and/or revocations received from other ANCC accredited approver units and/or other accrediting/approving organizations.
- Complete the **Intent to Apply/Approved Provider Eligibility Verification** and have received confirmation from NCNA of eligibility to apply.

A. Eligibility: Ineligible Organizations

An ineligible company/organization are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients, or owned/controlled by an entity that is ineligible (ACCME, 2020)

This definition does allow a provider to have a 'sister company' that is an ineligible organization, as long as the provider has and maintains adequate corporate firewalls to prohibit any influence or control by the 'sister company' over the CNE program of the approved provider and in this case

NCNA and ANCC would expect that this adequate corporate firewall be in place. Exceptions are made for non-profit or government organizations and non-health care related companies.

B. Eligibility: Explanation of Boundaries for Approved Providers

An organization with a majority of CNE activities targeted to nurses

- from states within their region (see map) or
- from within the region where the activity is to be provided

An organization/provider:

- with a majority of CNE activities targeted to an audience of nurses from outside the states of their region (see map) or states contiguous to that region, or
- whose majority of CNE activities include internet activities/enduring materials or other learner-paced activities that target a nationwide audience must apply to ANCC to become an Accredited Provider and cannot apply to NCNA.



(Map: <http://www.hhs.gov/about/regions/>)

C. **Self-Study Process:** Please submit your renewal documentation to NCNA via our online portal at <https://www.surveymonkey.com/r/G3BFPLV>. Your documentation should contain four PDF files (self-study section PDF and then three individual activity PDF files).

Do not submit files other than PDF. Do not submit Word, Excel etc. files. You will be required to resubmit if those are included. Be sure to add your AP# to each pdf file for identification. Do not submit any hard copy documents.

Please note that the timeframe for NCNA's internal approval process is 3 months.

Submit the application fee – See E. Fee Structure. Fees are based on organization type and may be adjusted biennially to cover costs. See organization type definitions to determine type of organization and application fee.

- **Initial Application – Approved Provider (3-year approval period):**

Initial applicants must have completed the process of assessment, planning, implementation, and evaluation for at least 3 separate educational activities provided at separate and distinct events, within the past 12 months:

- With direct involvement of a Nurse Planner
- That adhered to NCNA and ANCC accreditation criteria
- That were a minimum of one hour (60 minutes) in length
- That were not joint provided

- **Renewal Application – Approved Provider (3-year approval period):**

Renewal documentation must be submitted no less than 3 months prior to the date the provider status expires, or it is considered “lapsed”. Lapsed providers will be considered as initial approved provider applicants.

NEW INFORMATION: Renewing, approved providers may request an extension to their documentation submission date. This extension (≤ 2 months) requires a written request accompanied by a non-refundable fee of \$500. The renewal documentation must be received within the identified timeframe, or it is considered “lapsed”.

- Define acronyms and abbreviations upon first use in the written document.
- The individual activities submitted with the self-study documents must have been planned, implemented and evaluated with the 12-month period prior to your renewal submission date. Activities selected for review must be representative of the types of CE education provided by your APU, i.e., if you provide both live and enduring materials then submit at least one of each type, if your APU has accepted commercial support in the previous 12 months, then please submit an activity that reflects receipts of commercial support to submit.
- Self-study documents must be organized and submitted as per instructions. A table of contents with page numbers must be included and each page of the documentation, including the attachments and the education activity pages, must be numbered sequentially by page, beginning with page 1 on the Name and Contact Information page. *[NCNA realizes there may be additional pages that are not part of the original self-study documents; therefore, use any method of numbering the pages that works (delete the original page number footer on the self-study template, revise it to include all pages, or ignore it and re-number clearly by hand, etc.).]*

- The self-study fee must be submitted with your documents. The fee is non-refundable once the self-study and activity files have been sent to the nurse peer reviewers.
- Make checks payable to the 'North Carolina Nurses Association'. Money Orders, MasterCard and Visa credit cards are accepted. Please include credit card information with signature on a separate sheet of paper (for shredding).
- Documents must be submitted electronically. Please submit to NCNA via our online portal at <https://www.surveymonkey.com/r/G3BFPLV>

D. Fee Structure

- **Organization Type Definitions:**
 - **College/University:** An institution of higher education with authority to award baccalaureate or higher degrees in nursing, and a provider unit.
 - **Governmental Entity:** A governmental entity that provides nursing services.
 - **Health Care Facility:** An organization that provides health care services (i.e., hospitals, hospice, outpatient facilities, medical offices, clinics) OR agencies with a provider unit that supplies health care workers to organizations, including homes.
 - **Health Related Organization:** Organizations that support health care delivery or services but does not provide direct patient/clinical care.
 - **Multidisciplinary Education Group:** A continuing education provider for nursing and other disciplines.
 - **Professional Nursing Education Group:** A continuing education provider for nurses only.
 - **Specialty Nursing Organization:** A nursing body with a majority (>50%) of voting members who are registered nurses practicing in a specialized nursing area as defined in the organization's governing documents.
 - **Other:** If organization type is not listed above, please email CE@ncnurses.org

- **Approved Provider Fee Schedule:**

Type of Organization	Fee	
College/University	\$1750	
Specialty Nursing Association	\$1750	
Health Related Organization	\$2000	
Multidisciplinary Education Group	\$2000	
Professional Nursing Education Group	\$2000	
Health Care Facility/Governmental Entity	RN FTEs	Fee
	1.5 – 299	\$1750
	300 – 699	\$2250
	≥ 700	\$3000
Health Care System (> 1 Facility/Entity/Organization)	\$3500	

E. Other Fees:

- **Personal Session with CE Consultant (\$250.00 per session):** A personal consultation session may be requested by the applicant to discuss the deficiencies in the application. ANCC criteria and standards will be reviewed with the applicant.
- **Telephone Session with CE Consultant (\$100.00 per session):** A telephone session may be requested by the applicant. This session will typically last one hour. A telephone session is defined as interactions that require extensive review of the application problems or process and is not meant to deter shorter calls from applicants who need answers to specific questions.

F. Sample Forms and Additional Information

Sample forms and additional information are available on the NCNA website. To access these, go to www.ncnurses.org > Education > Provide.

G. Possible Final Actions:

NCNA's ANCC Accredited Approver Unit can take any one of these four types of possible actions on a self-study for Approved Provider status:

1. **Approval with Distinction:** indicates exemplary performance; three-year approval period
2. **Approval for Three Years:** occurs when your written documentation materials indicate that the criteria are met
3. **Provisional Approval:** occurs when your written documentation materials indicate limitations in meeting criteria; must be resolved with demonstration of ability to meet criteria within twelve months or less; Approved Provider will be required to submit a written progress report and any other requested items; after review of the progress report and/or requested items, approval can be granted for the remainder of the three-year approval period or approval can be denied
4. **Denial of Approval:** occurs when written documentation materials indicate that your provider unit:
 - Is not in adherence with the criteria of the ANCC Accreditation Program, and/or requirements of the NCNA approval process and will not be able to resolve and/or adhere to within an identified period of time; or
 - Has not demonstrated adherence to, or improvement in relation to documented areas of concern on the provisional approval progress report.