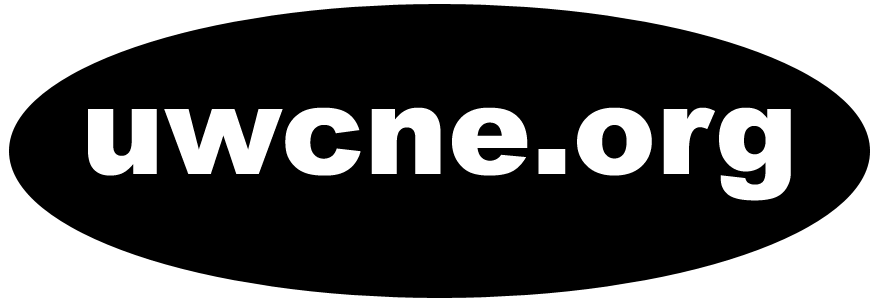
*UNIVERSity OF WASHINGTON SCHOOL OF NURSING*

*CONTINUING NURSING EDUCATION (UWCNE)*

****

**Joint Providership Agreement • Part 1, Course Information**

**Submit this agreement at least 60 days prior to the activity.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity Information** |  | | | | | | | | | | | |
| **Course Title** |  | | | | | | | | | | | |
| *For live activity* |  | | | | | | | | | | | |
| **Date(s)**  **with Day(s) of Week** |  | | | | | | | | | | | |
| **Location**  Facility Name and Address (City, State) |  | | | | | | | | | | | |
| *For enduring activity* |  | | | | | | | | | | | |
| **Date Activity Begins** |  | | | | **Date Activity**  **Ends:** | | |  | | | | |
| *For all activities* |  | | | | | | | | | | | |
| **Total Contact Hours** | *One contact hour equals 60 minutes. UWCNE will calculate based on the number of minutes required for learning activities in this offering, excluding breaks, lunch, etc.*  Number of minutes =       divided by 60 =      contact hours  Number of minutes in pharmacology (if applicable) =  Comments: | | | | | | | | | | | |
| **Registration Fee** |  | | | | | | | | | | | |
| **Primary  Joint Provider** | *UW unit responsible for organizing and presenting the activity and for collaborating with UWCNE to ensure adherence to ANCC accreditation criteria.* | | | | | | | | | | | |
| **Other Joint Provider(s)** | *Names of additional organizations involved in planning the activity, i.e., with a representative on the planning committee. Attach a signed Delegation of Responsibilities (Part 2 of this form) for each joint provider.* | | | | | | | | | | | |
| **Professional Practice Gap/ Assessment of Need** | *Describe the problem or gap in practice this activity will address, evidence of the gap, and needs of learners underlying the gap (what do learners need to know or do to be able to address the gap?)* | | | | | | | | | | | |
| **Target Audience** |  | | | | | | | | | | | |
| **Description of Activity** | *Briefly describe goals and purpose of the activity (what knowledge, skill and/or practice deficits is the activity designed to change and how?).* | | | | | | | | | | | |
| **Learning Activities/**  **Program Schedule** | *Attach a detailed program schedule for a live activity or list of learning modules for an enduring activity with the amount of time required to complete each content area.* | | | | | | | | | | | |
| **Objectives for Learning Outcomes** | *Upon completion of this activity, participants will be able to: (Use verbs that are measurable, e.g., apply, discuss, describe, identify, perform, etc. See JP Form #8 for suggestions.)  Use the Enter key after each objective to automatically number the list below.* | | | | | | | | | | | |
| **Teaching Methods** | *Check all that apply.*  Lecture Discussion Workshop Practicum Audiorecordings  Videorecordings Manual Readings/Monograph Computer  Other | | | | | | | | | | | |
| **Method(s) of Evaluating Learning Outcomes** | Evaluation Form Active Participation Post-test Return Demonstration  Case Study Analysis Role Play Observation of Performance  Other: | | | | | | | | | | | |
| **Disclosure Method(s)** | 1. How will participants be informed of disclosures by faculty and planning committee regarding their relationship(s) with commercial interest organizations, if any?   Summary provided as handout  Summary provided online  Other:   1. How will participants be informed in advance of the requirements for successful completion?  In promotional materials Other: 2. What are the requirements for successful completion? i.e., *To earn the designated contact hours, participants must:*   Required by UWCNE: Complete all learning activities Complete the program evaluation  Optional (at planning committee’s discretion):  Demonstrate specific competencies  Pre-test  Post-test  Other: | | | | | | | | | | | |
| **Course Faculty** | *List names below and attach a Biographical Data Form and CNE Disclosure Form for each speaker or author.* | | | | | | | | | | | |
| **Planning Committee** | *List names below. Attach a Biographical Data Form and CNE Disclosure Form for each committee member. Disclose the planning committee in promotional materials so that potential registrants know who is responsible for content selection.*   1. Marites Almachar, maritesb@uw.edu or Kristen Trivelli, kristriv@uw.edu. | | | | | | | | | | | |
| **Required**  **ANCC Accreditation Statement** | **Contact Hours:**       contact hours will be awarded.  *The following statement should be included on all announcements. Use the exact wording and do not run it together with other statements. (See JP Form #9 for an example.)*  Continuing Nursing Education at the University of Washington School of Nursing (UWCNE) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. | | | | | | | | | | | |
| **Optional Statements** | *Select from these statements as appropriate to the target audience.*  **California Participants:** Provider is approved by the California Board of Registered Nursing, Provider #7218, for       contact hours.  **School Personnel:** UWCNE is approved as a Washington state clock hour provider by the Washington State Board of Education.  **Psychologists:** UWCNE qualifies as a CE program sponsor under WAC 246-924-240.  **Respiratory Therapists:** UWCNE qualifies as a CE program sponsor under WAC 246-928-442.  **Social Workers and Counselors:** UWCNE qualifies as a Washington State CE program sponsor under WAC 246-809-610.  **All Other Disciplines:** A contact hour certificate will be awarded for use in documenting successful completion of this continuing education activity. | | | | | | | | | | | |
| **Activity Website** | *If a website is available for this activity, provide the URL.* | | | | | | | | | | | |
| **Signatures** | I concur with information provided in this agreement. *(Typed signature acceptable.)* | | | | | | | | | | | |
|  | Planning Committee Chair | | |  | | | | | | | Date: |  |
|  | Chair, Sponsoring UW Unit | | |  | | | | | | | Date: |  |
|  | UWCNE Nurse Planner | | |  | | | | | | | Date: |  |
|  | UWCNE Reviewer(s) | | |  | | | | | | | Date: |  |
|  | | | | | | | | | | | | | |
| **Primary Joint Provider Contact Person** | | | | | | | | | | | | | |
| *Who should participants contact for questions regarding the activity? This person’s name, email address and phone number will be included on the website where participants claim credit. This person will also have access to the Administrator Portal for this activity on the UWCNE website.* | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | |
| **Telephone** | |  | | | | | **FAX:** | |  | | | | |
| **Email Address** | |  | | | | | | | | | | | |
| **Department/Program Name** | |  | | | | | | | | | | | |
| **UW Box Number /**  **Work Address** | |  | | | | | | | | | | | |
| *If anyone else should have access to the Administrator Portal for this course, please add below.* | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | |
| **Telephone** | |  | | | | | | | | | | | |
| **Email Address** | |  | | | | | | | | | | | |
| **Department/Program Name** | |  | | | | | | | | | | | |
| **UW Box Number /**  **Work Address** | |  | | | | | | | | | | | |
| **Budget Information for Set-Up Fee and Awarding of Certificates** | | | | | | | | | | | | | |
| **Budget Number** | | |  | | | **Budget Name** | | | |  | | | |
| **Set-up fee**  *Agreed upon with CNE in advance* | | | $ | | | | | | | | | | |
| **Fee per registrant**  *Agreed upon with CNE in advance* | | | $ | | | | | | | | | | |
| **Who will pay the CNE certificate charge per registrant?** | | | Primary joint provider with UW budget number  Individual registrant (check, VISA or MasterCard) | | | | | | | | | | |
| **Do you want this offering added to CNE’s website as a marketing opportunity? (See fee schedule.)**  *You will have the opportunity to review and approve the listing when ready.* | | | Yes, please list the offering on CNE’s website.  CTI the budget above for $100.  Link people to the activity website above.  Other:  No, we do not want the offering to be listed on CNE’s website. | | | | | | | | | | |
| **Additional Services** | | | Evaluation form development/management -- $  Pre and/or Post Test management -- $  Rush fee -- $200 (for agreements received less than 30 days before activity begins)  Other custom service -- $ | | | | | | | | | | |
| **Total Set-Up Fees to CTI**  UWCNE will process the cost transfer invoice (CTI) after the agreement is finalized. | | | $ | | | | | | | | | | |
| **Commercial Support (if applicable)** | | | | | | | | | | | | | |
| **For this activity, are you receiving any financial support (educational grants or in-kind contributions) from any commercial interest organization(s)?\*** | | | No  Yes  If yes, please request a Commercial Support Agreement form from UWCNE for each entity to complete.  A signed Commercial Support Agreement(s) is provided for each of the following companies/organizations:    Total support is valued at: $ | | | | | | | | | | |

|  |  |
| --- | --- |
| **Office Use Only** | |
| SemCode #: | -CP |
| Set-Up Fee Paid: |  |
| Cert Requests: |  |
| Entered: |  |

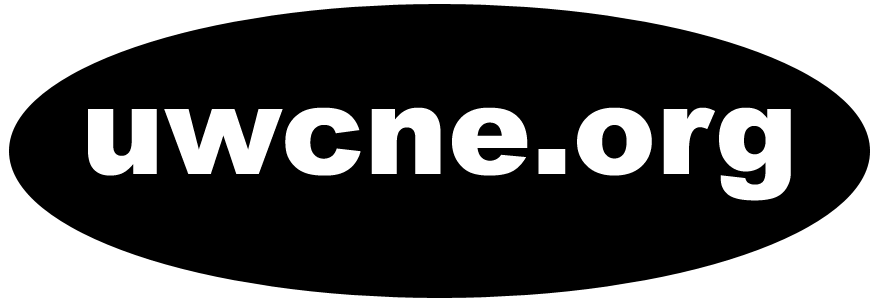
**\*DEFINITION OF A COMMERCIAL INTEREST ORGANIZATION**

The American Nurses Credentialing Center (ANCC) defines an organization as having a commercial interest (“Commercial Interest Organization”) if it:

* Produces, markets, sells or distributes health care goods or services consumed by or used on patients;
* Is owned or operated, in whole or in part, by an organization that produces, markets, sells or distributes health are goods or services consumed by or used on patients; or
* Advocates for use of the products or services of commercial interest organizations.

*UNIVERSity OF WASHINGTON SCHOOL OF NURSING*

*CONTINUING NURSING EDUCATION (UWCNE)*

****

**Joint Providership Agreement • Part 2, Delegation of Responsibilities**

***If more than one joint provider, complete a separate Delegation of Responsibilities agreement for each****.*

*.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Course:** |  | **Course Date(s):** |  |

**UWCNE JOINT PROVIDER POLICY**

As an ANCC Accredited Provider, UWCNE may joint provide educational activities with other organizations that are not commercial interests or sponsors. UWCNE requires that the Primary Joint Provider be a UW unit or program. Other organizations (UW or non-UW) with a representative on the planning committee may also be a joint provider but not the primary joint provider. UWCNE’s Nurse Planner is responsible for ensuring adherence to the ANCC accreditation criteria. The UWCNE Nurse Planner must be a member of the planning committee and involved in planning, implementing and evaluating the activity with the following required responsibilities:

* determining the educational objectives and content.
* selecting the planners, presenters, faculty, authors, and content reviewers.
* determining appropriate number of and awarding ANCC contact hours.
* recordkeeping procedures.
* developing evaluation methods.
* managing commercial support or sponsorship.

Decision-making responsibility may be shared collaboratively between UWCNE and the joint providing organization(s); however, final responsibility rests with UWCNE when awarding ANCC contact hours.

|  |  |  |  |
| --- | --- | --- | --- |
| **Delegation of Responsibilities**  “X” indicates provider/joint provider has/shares responsibility. Add additional X’s as appropriate. | **ANCC Accredited**  **Provider** | **Primary Joint**  **Provider\*** | **Other Joint Provider\*\*** |
| **Enter name (initials) of your organization. (If there are no other Joint Providers, write “none”.)** | UWCNE |  |  |
| 1. Determining educational objectives and content |  |  |  |
| 1. Selecting planners, presenters, faculty, authors and/or content reviewers and collecting a bio data and disclosure form from each |  |  |  |
| 1. Staffing the planning committee (including arranging meetings, preparing minutes, etc) |  |  |  |
| 1. Determining appropriate number of and awarding ANCC contact hours |  |  |  |
| 1. Recordkeeping procedures, including maintaining files for six years |  |  |  |
| 1. Developing evaluation methods |  |  |  |
| 1. Managing commercial support and sponsorship (if applicable) |  |  |  |
| 8. Preparation of a marketing plan and publicity materials. Materials will include:   * + measurable learning objectives   + list and expertise of presenters, faculty, authors   + list of planning committee members   + a detailed program schedule and/or learning modules   + the ANCC accreditation statement with exact wording as noted in this agreement   + criteria to be used to determine successful completion of the offering |  |  |  |
| 9. Approval of marketing materials |  |  |  |
| 10. Processing of registrations |  |  |  |
| 11. Facility arrangements and on-site course management |  |  |  |
| 12. Preparation of syllabus, including:   * a summary of disclosures * a list of exhibitors disclosing the nature of commercial support with a statement that ANCC and UWCNE do not endorse products * evaluation form |  |  |  |
| 13. Management and summarizing of course evaluation |  |  |  |
| 14. Management of course budget in accordance with UW fiscal policies, payment of course expenses and preparation of financial statement |  |  |  |
| 15. Other: |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Signatures of Joint Providers** | | |
|  | |  |
| **Jointly providing this educational activity is a collaborative venture. Signatures below indicate agreement with the responsibilities checked above.** | | |
| **\*Primary Joint Provider** | | |
| **Name of Organization:** |  | |
| **Representative’s Name:** |  | |
| **Representative’s Title:** |  | |
| **Telephone:** |  | |
| **Email Address:** |  | |
| **UW Box Number:** |  | |
| **Representative’s Signature:**  *(Typed signature acceptable)* |  | |
| **Date of Signature:** |  | |
| **\*\*Other Joint Provider** | | |
| **Name of Organization:** |  | |
| **Representative’s Name:** |  | |
| **Representative’s Title:** |  | |
| **Telephone:** |  | |
| **Email Address:** |  | |
| **UW Box Number:** |  | |
| **Representative’s Signature:**  ***(****(Typed signature acceptable)* |  | |
| **Date of Signature:** |  | |
| **ANCC Accredited Provider** | | |
| **Name of Organization:** | UW Continuing Nursing Education (UWCNE) | |
| **Representative’s Name:** | Brady Rainey | |
| **Representative’s Title:** | Director, UWCNE | |
| **Telephone:** | 206-543-1047 | |
| **Email Address:** | blrainey@uw.edu | |
| **UW Box Number:** | Box 359557 | |
| **Representative’s Signature:**  *(Typed signature acceptable)* |  | |
| **Date of Signature:** |  | |
|  | | |

**Return this form to:**

Name:

Email Address:

Phone:

Fax:

Continuing Nursing Education **•** University of Washington **•** Box 359557 **•** Seattle, WA 98195-9557

PH 206-543-1047 **•** FAX 206-543-6953 **•** cne@u.washington.edu **•** uwcne.org