

## Penn State College of Nursing **Joint-Provider Agreement** **Updated 2020**

Individual Activity Applicants may joint-provide educational activities with other organizations. The joint providing organization may or may not be an ANCC accredited or approved organization. The joint providing organization may **not** be a commercial interest. The Individual Activity Applicant's Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria.

The Individual Activity Applicant is referred to as the provider of the educational activity. The other organization(s) are referred to as the joint 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 joint provider(s).

A qualified Nurse Planner from the Individual Activity Applicant 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. Decision-making responsibility may be shared collaboratively between the Individual Activity Applicant and the joint providing organization(s), however final responsibility rests with the Individual Activity Applicant when awarding ANCC contact hours.

The Individual Activity Applicant acting as the provider of the educational activity is responsible for obtaining a written joint provider agreement signed by an authorized representative of the joint provider that includes the following:

1. Name of Individual Activity Applicant acting as the provider
2. The name(s) of the organization(s) acting as the joint provider(s)
3. Statement of responsibility of the provider, including the provider's responsibility for:
  - A. Determining educational objectives and content
  - B. Selecting planners, presenters, faculty, authors and/or content reviewers
  - C. Awarding of contact hours
  - D. Recordkeeping procedures
  - E. Evaluation methods
  - F. Management of commercial support or sponsorship
4. Name and signature of the individual legally authorized to enter into contracts on behalf of the Individual Activity Applicant
5. Name and signature of the individual legally authorized to enter into contracts on behalf of the joint provider(s)
6. Date the agreement was signed

## Individual Educational Activity Joint-Provider Agreement

This educational activity is being jointly provided by

<b>Title of Activity:</b>
<b>Date(s) of live presentation:</b>
<b>Date to begin if enduring material:</b>
<b>Total number of Contact Hours:</b>
<b>Individual Activity Applicant Nurse Planner's Name:</b>

Each item must be checked to reflect the appropriate responsibility. Those items indicated as “Required” are the final responsibility of the Individual Activity Applicant.

Responsibilities	Individual Activity Applicant	Joint Provider
• Determine educational objectives and content	Required	
• Select planners, presenters, faculty, authors and/or content reviewers	Required	
• Determine appropriate number of and awarding ANCC contact hours	Required	
• Recordkeeping procedures	Required	
• Evaluation method	Required	
• Management of commercial support	Required	
<b>Other items (suggestions only):</b>		
• Marketing		
• Printing		
• Registration		
• Supplies: List:		
• Physical location		
• Audio-visual supplies		
• Food		
• Other:		
• Other:		
• Other:		
• Other:		

Financial considerations are often not part of the joint 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 joint provider agreement. Joint 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 Individual Activity Applicant and the joint provider(s):

- 1.
  - 2.
  - 3.
  - 4.
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**Individual Activity Applicant Representative, Name and official title**

**Signature of Individual Activity Applicant Representative**

**Name of Individual Activity Applicant organization**

**Date**

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**Joint Provider Representative Name and official title**

**Signature of Joint Provider Representative**

**Joint Provider Name/Agency**

**Address**

**Phone**

**Email**

**Date**