**DARTMOUTH-HITCHCOCK NURSING CONTINUING EDUCATION COUNCIL**

**JOINT PROVIDER AGREEMENT** (Rev. 7/30/2015)

ANCC Accredited Providers may jointly 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 ANCC Accredited Provider's Nurse Planner must be on the planning committee and is responsible for ensuring adherence to the ANCC accreditation criteria.

The ANCC Accredited Provider 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 ANCC Accredited Provider organization must be involved in planning, implementing and evaluating the educational activity to include: developing learner outcomes; 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 ANCC Accredited Provider and the joint providing organization(s); however, final responsibility rests with the ANCC Accredited Provider when awarding ANCC contact hours.

Learners must be informed of Joint Providership prior to the start of an educational activity. All materials related to the educational activity including marketing materials must clearly reflect the Accredited (or Approved) Provider responsible for awarding ANCC contact hours.

The ANCC Accredited Provider 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:

* Name of ANCC Accredited Provider acting as the provider
* The name(s) of the organization(s) acting as the joint provider(s)
* Statement of responsibility of the provider, including the provider’s responsibility for:
  + Determining learner outcomes and content
  + Selecting planners, presenters, faculty, authors and/or content reviewers
  + Awarding of contact hours
  + Recordkeeping procedures
  + Evaluation methods
  + Management of commercial support
* Name and signature of the individual legally authorized to enter into contracts on behalf of the provider
* Name and signature of the individual legally authorized to enter into contracts on behalf of the joint provider(s)
* Date the agreement was signed

**AGREEMENT FOR JOINT PROVIDING A CONTINUING EDUCATION ACTIVITY**

This educational activity is being jointly provided by **(Dartmouth-Hitchcock Nursing Continuing Education Council)** and **(Name of Joint Provider)**.

|  |
| --- |
| Title of Activity: |
| Date(s) if live presentation: |
| Date to begin if enduring material: |
| Total number of Contact Hours: |
| ANCC Accredited Provider Nurse Planner's Name: |

Each item must be checked to reflect the appropriate responsibility. **Those items indicated as “Required” are the responsibility of the ANCC Accredited Provider.**

|  |  |  |
| --- | --- | --- |
| Responsibilities | ANCC Accredited Provider Name | Joint Provider  Name |
| * Determining learner outcomes and content | Required |  |
| * Selecting planners, presenters, faculty, authors and/or content reviewers | Required |  |
| * Determining appropriate number of and awarding ANCC contact hours | Required |  |
| * Recordkeeping procedures | Required |  |
| * Evaluation method | Required |  |
| * Management of commercial support | Required |  |
| Other items (suggestions only): |  |  |
| * 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. Jointly 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 ANCC Accredited Provider and the joint provider(s):

1.

2.

3.

4.

**Accredited Provider** Representative, Name and official title:

Signature of Accredited Provider Representative Date

Title

**Enter Name of Accredited Organization**:

Dartmouth-Hitchcock Nursing Continuing Education Council

**Joint Provider** Representative Name and official title:

Signature of Joint Provider Representative Date

Title

Joint Provider Name/Agency:

Address:

Phone:

Email Address: