



Dear Chapter Nurse Planner:

We look forward to supporting your APNA chapter with your educational initiatives. Here are the criteria for APNA providing contact hours for a nursing continuing professional development (NCPD) activity. In order to understand the process for APNA to provide ANCC contact hours, please follow the steps below to achieve your desired outcome.

Steps for Educational Activity Success

APNA is an accredited provider of ANCC contact hours for NCPD. ANCC has developed a white paper that describes the process for developing NCPD activities that are current, relevant, and evidence based.

1. Please read pages 3-8 in the ANCC Accreditation White paper to better understand the ANCC criteria for NCPD.
<http://www.nursecredentialing.org/Accreditation/ResourcesServices/Accreditation-WhitePaper2012.pdf>
2. Meet with an APNA Nurse Planner to discuss the eligibility/appropriateness of the proposed NCPD activity including:
 - a. A review and documentation of the identified gap in knowledge/skills/practice, needs assessment, target audience, and proposed learner outcomes for the overall activity.
 - b. Identify and measure appropriate learner outcomes that will reflect the impact of the NCPD activity.
3. Submit a draft of the proposed agenda with a detailed schedule including session times, questions and answer periods, and breaks.
 - a. This information will be used by the APNA Nurse Planner to determine the number of contact hours.
 - b. The number of contact hours will determine the payment amount for providing contact hours for the activity.

Fee Schedule

*Application & payment must be received by APNA **at least 60 days prior to the activity date*** or late fees will apply.*

- \$150 1.0-6.0 Contact Hours
- \$25 Each additional contact hour

Late Fees

- Documents received 59-45 days before activity date will incur a \$750 late fee.
- Documents received 44-30 days before activity date will incur a \$1,500 late fee.

Less than 30 days before activity date – not eligible for contact hours.

Payments are accepted via credit card or chapter funding.

- Credit card payments: Contact APNA Accounting at accounting@apna.org.
- Chapter funding payments require submission of the Chapter Disbursement Form (found in the Chapter Toolkit: www.apna.org/ChapterToolkit).

* For activity dates within one month of either the APNA Clinical Psychopharmacology Institute or APNA Annual Conference, submission is requested 90 days prior.

4. The following must be submitted typewritten on APNA forms, as a part of the activity documentation criteria:
 - APNA Chapter Activity Agreement (submit signed agreement to begin the process) and Payment Confirmation due **no later than 60 days prior** to the activity date.
 - APNA Provider Planning Template (completed with an APNA Nurse Planner during the planning call)
 - Brochure, Save the Date, Advertisements (must include disclosures and criteria for contact hours)
 - The following speaker documents are due **no later than 30 days prior** to the activity date.
 - APNA Bio & COI Disclosure forms (completed by all Faculty and Planners)
 - Education Planning Table (completed by all Faculty)
 - APNA Evaluation Form
 - APNA NCPD Certificate of Completion will be sent from the APNA Nurse Planner to the Chapter Nurse Planner once all documents have been reviewed and approved, having met ANCC criteria.

Documentation must be completed in its entirety by the dates agreed upon by the Chapter Nurse Planner and the APNA Nurse Planner during the planning call. Per ANCC, "it is imperative that the provider unit nurse planner be a part of the beginning of the application process in order to comply with ANCC requirements."

All documents, including brochures and "Save the Dates", must be reviewed and approved for ANCC compliance by the APNA Nurse Planner prior to submission to APNA Chapter Support for posting/advertising the activity.

All forms of publication (Save the Date, emails, agenda, brochure) **must include the following statements:**

- Disclosure of any Conflict of Interest
- Criteria for successful completion of the activity (participation in the full time period, completion of a program evaluation, etc.)
- *The American Psychiatric Nurses Association is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.*

5. Post Activity documents that must be submitted to APNA within 14 days following the NCPD activity:
 - APNA Continuing Education Activity Attendance Record & signed roster(s)
 - APNA Evaluation Form with cumulative totals

APNA Disclaimer: Due to staffing commitments with APNA national conferences, APNA is unable to accept agreements for activity dates within the following time frames:

- The weeks immediately before, during, or immediately after the APNA Clinical Psychopharmacology Institute and the APNA Annual Conference.

Activity Agreement, confirmation of payment, and all planning documents must be submitted to the APNA Nurse Planner no later than 60 days prior to the activity date or late fees apply. **We are not able to provide contact hours for activities if application and activity documents are submitted within 30 days of the activity.**

Contact APNA at chaptersupport@apna.org or 855-863-2762 with any questions.

Required Chapter Signatures

I have reviewed the APNA Nursing Continuing Professional Development (NCPD) Activity criteria in their entirety. As the Chapter Nurse Planner, I agree to comply with the required APNA Educational Activity process including additional fees/late fees incurred per fee schedule or forfeiture of the opportunity for contact hours with APNA if the documents are submitted less than 30 days prior to the activity.

State Chapter:

Activity Event Date: _____

Speaker Document Deadline: _____

Post Activity Docs Deadline: _____

Chapter Nurse Planner

Email/Phone Contact: _____

Print Name:

Signature with Date: _____
(Type name for electronic signature)

Chapter President

Email/Phone Contact: _____

Print Name:

Signature with Date: _____
(Type name for electronic signature)

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