2022

Accreditation Process Handbook

v.2022.1

AANP | American Association of NURSE PRACTITIONERS®

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1.0 ACCREDITATION APPLICATION DETAILS

The following information is provided to assist you in preparing to complete the application for American Association of Nurse Practitioners® (AANP) accreditation approval of continuing education (CE) activities. **Please review the AANP Accreditation Policy Handbook in detail to ensure a successful application process.**

The AANP Accreditation Application is available on the AANP website. If you have questions or concerns about the application process, please contact ceapps@aanp.org.

1.1 Application Process

A complete application and review fee (and expedite fee, if applicable) is required to begin the review process. Applications submitted greater than 90 calendar days prior to the activity's start date will not be reviewed and will require another submission. The online system will require one individual to be responsible for completing the application; this person will be identified as the primary planner. The application portal is located on the AANP website.

All the following information is **required** to complete the application:

- General Information.
  - Primary contact information. The primary planner is the person who will complete the application, make needed revisions within the application and correspond with the review team.
  - Contact information for the individual who is responsible for payment. If this is not the primary planner, make sure to include the payer's email address so the invoice can be completed and fees can be paid expediently.
  - Sponsoring organization or provider information. The sponsoring organization can be yourself (your name and contact information), your clinic, your NP organization or your medical education company.
  - AANP Nurse Practitioner Organization (NPO) members must include their NPO member identification number. This is the member number for the NPO and is **not your member ID number**. Make sure you have permission to submit an application on behalf of the NPO.
- Activity Information.
  - Type of activity (e.g., a one-hour symposia, hands-on workshop, conference with multiple sessions or short webinar).
  - Initial start date.
    - This is the day the activity begins — do not enter the date the activity is submitted.
    - Do not submit your application more than 90 days before the start date of the activity. Early submissions **will not be accepted**. Submissions received fewer than 14 business days before the activity start date will be automatically charged a nonrefundable expedited review fee.
  - Indicate the category of activity: traditional, advanced, enduring or innovative.
    - Traditional — Any activity with up to 15 contact hours (CH) to be reviewed, which is presented in person or via webinar format with up to two presentations in the accreditation term, or blended on-demand activities with a virtual component of up to three months.

- Advanced — Any live activity that is more than 15 CH or any live activity presented three or more times within the accreditation period, blended on-demand activities with a virtual component of four to nine months, a CE series — either three-months (may be repeated up to three times) or six-months (no repeats), any podcast or a virtual activity that lasts up to six months with no repeats.
- Enduring — An activity that is hosted online for one or two years. If it is hosted for two years, a peer review is mandatory at one year.
- Innovative — Any activity not included in the above descriptions falls into this category.
  - Indicate whether the activity will be presented via a virtual format. Any activity that is presented or hosted online requires a learner outcome question to be included in the evaluation tool — in addition to the four mandatory questions.
  - If the activity will be offered more than once, select "repeat activity" in the application, and complete the required repeat activity form.
    - You must download, complete and re-upload the form with the number of times this activity will be presented during the accreditation time frame.
    - Please keep in mind that some activities may not be repeated (e.g., enduring, blended on-demand, six-month CE series, six-month virtual activities or podcasts).
    - If you present the activity more times than awarded, AANP will rescind the awarded credit.
  - To qualify for accreditation, the target audience must include nurse practitioners (NPs).
  - If sources of external funding (e.g., independent medical education [IME] grants) are used to support the activity, the funder information must be supplied with the application.
  - If this activity has received prior accreditation by AANP, the previous activity ID number must be provided.
  - Definition of applicant roles:
    - **Planner:** an individual who completes the application and who does not have any additional roles in the activity.
      - A planner disclosure is required from those involved in selecting speakers (faculty) or determining content (e.g., an individual on the activity planning committee, education committee or conference committee).
    - **Faculty:** the individual(s) involved in the development or delivery of the content; an individual who has the potential to influence the content (e.g., moderator. speaker, content developer or poster presenter).
      - A planner who is also faculty will only complete a faculty disclosure. An additional planner disclosure is not required.
- Primary Planner Responsibilities.
  - Obtain a list of all planners and their preferred email addresses.
  - Obtain a list of all speakers, faculty and content developers and their preferred email addresses.
  - Manage the invitations for the "recommendation" (disclosure), withdraw, resend, download for future use, etc.

- Marketing — Upload marketing and promotional tactics for the audience generation. Draft copies and screenshots of websites are accepted. You are required to include:
  - The correct AANP accreditation statement (See AANP Accreditation Policy Handbook, Section 8.8).
  - Any applicable information for grant funding by another entity (see AANP Accreditation Policy Handbook, Section 4.0, Standard 6: Acknowledgment of Commercial Support).
  - Faculty disclosures can be included in the marketing information or activity agenda as well as on the disclosure slide.
    - The disclosure information must be included, whether there is anything to disclose or not.
    - If there are disclosures, the following must be included: the company the relationship is with, the speaker's role and the clinical area or disease process to which the role relates. The speaker needs to include all financial relationships, even if they feel they are not relevant to the topic. They must also include this statement: "All relevant financial relationships have been mitigated."
- Activity Agenda or Schedule — See the example on page 12 of this handbook.
- Activity Detail Form — Download and complete the Activity Detail Form, which is available in the application system, and then upload it with your activity's information. Session objectives for pharmacology content (See AANP Accreditation Policy Handbook, Section 6.10) need to be clearly defined (See AANP Accreditation Policy Handbook, Section 3.0, Definitions: Pharmacology Content).
- Activity Evaluation Questions (See AANP Accreditation Policy Handbook, Section 5.10 and as sampled on page 10 of this handbook).
  - Live activities have four mandatory questions.
  - Virtually presented activities have the four mandatory questions with the addition of other questions or a posttest.
- Certificate of Completion (see AANP Accreditation Policy Handbook, Section 5.12 and as sampled on page 13 of this handbook).
- Other Materials.
  - Submit the complete session presentation if there is a potential AANP-defined conflict of interest (COI) requiring AANP review.

Payment of review fees must be received prior to full review of the application. Instructions for payment will be emailed to the application contact person after AANP accepts the application for review (See Section 3.0 in this handbook).

2.0 REVIEW PROCESS

Based on the date AANP Accreditation determines a complete application has been received, **the applicant can expect the standard review process to take 15-20 business days**. Applications submitted greater than 90 calendar days prior to the activity's start date will be rejected. Applications received **within 14 business days** of the activity will be charged an expedite fee.

Expedited Reviews: A 10-14 business-day expedited review can be requested, for an additional fee, by completing the expedite request inquiry in the online application and completing the entire submission process. AANP reviews all expedite requests on a case-by-case basis, and requests are granted at the discretion of AANP Accreditation. Approval or denial for an expedited review will be made within one business day of the emailed request. This expedited review does not guarantee approval.

If additional information or material is required during the full review, a longer review period may result. If there is significant time required for repeat reviews, additional review fees, up to the total amount paid in initial review fees, may then be assessed. Refer to Section 8.0 in the AANP Accreditation Policy Handbook for other important information regarding the review process.

3.0 APPLICATION FEES

For the purpose of individual activity AANP Accreditation fees, applicants are categorized by tiers:

Tier 1: AANP NPO Member
- NP groups — but not individual AANP members — that meet AANP-defined membership criteria.
- For more information, please contact npomembership@aanp.org.

Tier 2: Nonprofit 501(c) Organizations
- Nonprofit organizations with a federal tax exemption.
- Must supply proof of tax-exempt status (i.e., official IRS letter) or supply federal Employer Identification Number (EIN) with application.

Tier 3: Health Professions
- Hospital systems, private medical practices and clinics.
- Individual clinicians offering CE to their peers in the workplace who do not qualify for other tiers.
- Government agencies whose staff provide health care to the public.
- Academic institutions and professional associations for the health professions.

Tier 4: All Other Applicants
- All other applicants who do not qualify for Tiers 1-3, regardless of tax status.
- Medical education companies.
- Marketing and communication firms.

To utilize AANP NPO accreditation benefits, the NPO membership must be current. **AANP NPO membership benefits apply to the membership year, and the membership may not be renewed early to restart the benefits.**

Applicants cannot use both the NPO and the 501(c) discount in combination. A breakdown of accreditation fees is listed on page 8 of this handbook.

- AANP reserves the right to change the fee schedule with a six-week notice. In addition to the basic review fee, added fees are assessed for expedited review.

- For the purposes of determining an individual activity's accreditation approval fee, the total CH credit reviewed is rounded up to the next full number.

- If more than one provider is applying (i.e., there is a joint provider), **all** applicants must apply with the same category (e.g., **all** are AANP NPO members or **all** are nonprofit 501(c) organizations). If applicants are not in the same category, the highest applicable fee scale must be used.

- Once an application is submitted and a preliminary review is complete, the applicant will be notified via email with payment instructions. These instructions will include a link to pay via credit card at **my.aanp.org, which is AANP's preferred payment method**. Payment can also be made by overnight check.

- **The nonrefundable review fee must be received before a full review can begin.**

- **If an expedited review is requested or is required and approved, the review fee and expedite fee must be received prior to moving the application into full review.**

- After the application has been reviewed and finalized, the applicant will receive a second email requesting payment of all fees for the approval.

4.0 APPLICATION FORMS

All entries made in the online submission system will be downloaded and maintained in AANP's files. Required documents that are uploaded into the system by the user (i.e., certificate, evaluation and marketing) will also be downloaded and saved by AANP. URLs linking to online documents will not be accepted, because accreditation applications must be maintained for six years, and online documentation cannot be guaranteed for that length of time. Online pages can be copied to a PDF or Word document for online submissions.

Record Maintenance: Providers must maintain records for at least six years. Records should include a copy of the approved activity, any related announcement(s), the activity date(s) and time(s), a participant roster, the amount of credit awarded, an evaluation summary, a certificate copy and any related documents. Records may be maintained in hard-copy or electronic format. The applicant must download the final, approved application to be added to their record maintenance file.

5.0 POST-ACTIVITY REPORTS

Submission of Post-activity Documents: Within one month of the end of the activity, a copy of the attendance roster, summary of the activity evaluation and — if used — the posttest with pass rate for your organization must be submitted to the AANP application system for review. **The timely submission of post-activity documents is required for review of any subsequent applications; AANP reserves the right to deny applications after a failure to submit post-activity reports.**

- Rosters must include a count for total participants, total NP participants and a unique identifier (no social security numbers) for each individual. Additionally, the report must include:
  - A statement completed in the online portal, which validates that any speaker COI and off-label information was disclosed to the participants and was completed when the documents were uploaded in the application system.

- Rosters containing participants from multiple disciplines must clearly identify those who are NPs.
- The evaluation report must be in a summary format, not the actual evaluation forms.
  - The evaluation questions must be the exact evaluation questions approved with the accreditation application.
  - The same questions must be asked of all attendees.
  - For the required bias question, the actual number or percentage of affirmative and negative answers is required.
- If a posttest is used as part of the evaluation tool, the posttest summary must be in summary format.
  - The post-test questions must be the exact posttest questions approved with the accreditation application.
  - The same questions must be asked of all attendees.
  - The pass rate identified in the application must be listed.
  - You must identify the number of attendees who passed and who failed.
- For any live activity that is repeated, the above report is due one month after the repeat presentation date.
- For any virtual or on-demand activity, the above report is due one month after the end of the approval period.
- For any enduring activity, the above reports are due after the first month the activity was available to participants, with a final cumulative report due within one month after the accreditation term ends.
- For any enduring two-year activity, an additional one-year peer review is mandatory and must be submitted and approved within one month after the first year of accreditation. The peer reviewer must complete and submit the following in the application portal:
  - Faculty bio and disclosure.
  - Peer review form.

6.0 APPENDIX

ACCREDITATION FEES

Pricing Tiers

	Tier 1 AANP NPOs	Tier 2 501c Organizations	Tier 3 Health Professions	Tier 4 All Other Organizations
Tier Descriptions	Must be an AANP NPO member. Individual AANP members, please see Tier 3. After all 16 hours of AANP NPO member benefits are used during the membership year, pricing in the tables below will apply.	Nonprofit with federal tax exemption. Documentation is required.	Hospital systems, health care clinics, individual clinicians, government agencies, academic institutions and professional associations.	Any organization that does not fall into Tiers 1-3, regardless of tax status. Example: Medical education or marketing and communication companies.
Nonrefundable Review Fees				
Review Fee	$100	$150	$200	$300
Predetermination Review Fee	$200	$300	$400	$500
Approval Fees				
Traditional	$100	$150	$200	$300
Advanced	$300	$450	$600	$1,000
Enduring	$500	$750	$1,000	$2,000
Enduring Two-Year	$800	$1,200	$1,600	$3,000
Innovative Approval	$800+	$1,200+	$1,600+	$2,500+
Expedited Approval Fees				
Flat Fee	$200			$500

AANP SAMPLE ACTIVITY EVALUATION

This is provided as a guide only. The first four questions below in **bold red font** are required.
See the AANP Accreditation Policy Handbook, Section 5.10 for requirements.

Activity Title: _____   Activity ID #: _____
(Required for final report; will be provided by AANP)

Date: _____   Location: _____

Circle the number that best fits your evaluation of this activity:
4 = strongly agree   3 = agree   2 = somewhat disagree   1 = strongly disagree

1. As a result of my participation in this activity, I am better able to:

a.	Type Objective 1 here.	4	3	2	1
b.	Type Objective 2 here.	4	3	2	1
c.	Type Objective 3 here.	4	3	2	1

2. The following speaker(s) demonstrated experiential knowledge of the topic.

a.	Type Speaker # 1 name here.	4	3	2	1
b.	Type Speaker # 2 name here.	4	3	2	1
c.	Type Speaker # 3 name here.	4	3	2	1

3. The content provided a fair and balanced coverage of the topic.   4   3   2   1

4. The content was free of commercial bias.   Yes   No

5. Speaker(s) fully disclosed any conflict of interest and discussion of off-label usage of medication and/or medical devices at beginning of or during the presentation.   4   3   2   1

6. The individual objectives/content topics were cohesive with one another. 4   3   2   1

Activities presented virtually will require either a posttest or additional evaluation questions. The questions must evaluate the learners' achieved outcome level (see AANP Accreditation Policy Handbook, Section 3.0, Definitions: Evaluation).

Examples of potential evaluation questions:

- As a result of your participation in the activity, how committed are you to making at least one change in clinical practice?
  1. Very committed.
  2. Somewhat committed; I would need more information or resources to make a change.
  3. Not very committed.
  4. Not at all committed.
  5. N/A; I am a student or not currently practicing.

- Did this activity provide at least one key takeaway that will assist you in making a change to your professional practice or performance?
  1. Yes.
  2. No.
  3. N/A; I am a student or not currently practicing.

- What barriers (if any) do you anticipate that might prevent you from implementing strategies you learned during this CE activity?
    1. I do not believe there will be any barriers.
    2. Organizational or practice-related policies.
    3. Patient expectations or agendas.
    4. Lack of time to implement during patient visit.
    5. Competing priorities.
    6. Remembering to implement the change.
    7. N/A – I am a student or not currently practicing.

Additional (optional) questions that you may want to add:
- What topics would you like to see offered during future activities?
- Did this activity enhance your current knowledge base?
- Would you recommend this activity to your colleagues?
- What, if any, recommendations would you like to share for future improvement of this activity?

MARKETING EXAMPLE

The [NP Group of City, State] invites you to attend: [Title of Activity]

Speaker: [First Name, Last Name, MSN, NP-C, etc.]

Learning Objectives:

At the end of the presentation, participants will be able to:

[Objective 1]

[Objective 2]

[Objective 3]

Date/Time:

Location:

RSVP to: [NP Group Representative] at [XXX-XXX-XXXX] by [Date].

This activity is supported by an unrestricted educational grant from [Sponsoring Company Name].

[Insert AANP Accreditation statement here.*]

* **Prior to making your submission to AANP, use:** This educational activity will be submitted to the American Association of Nurse Practitioners® for approval of up to [XX] contact hours of accredited education.

* **Once accepted for AANP review, use:** This educational activity is pending approval by the American Association of Nurse Practitioners® of up to [XX} contact hours of accredited education.

* **Once approved by AANP, use:** This activity is approved for [XX] contact hour(s) of continuing education (which includes [XX] hour(s) pharmacology) by the American Association of Nurse Practitioners®. Activity ID# [xxxxxxxx]. This activity was planned in accordance with AANP Accreditation Standards and Policies.

AGENDA EXAMPLES

What do you send to participants to keep them informed of the schedule for the activity? Remember to include breaks between sessions, if appropriate.

Date	Time	Title
xx/xx/xxxx	0900-1000	Title of the activity if it is a single session or meeting.

OR

Your organization's agenda

OR

Date of Initial Activity	Time (Length of Recording)	Speaker	Title of Session

ACTIVITY CERTIFICATE OF COMPLETION REQUIREMENTS

The following page includes an example of a CE Certificate of Completion. This is provided as an **example only**, and you must submit the **actual** Certificate of Completion that will be used with your application submission.

If your organization does not have a certificate template, you are welcome to use the sample provided, but you must make the changes listed below.

The following information is required on the Certificate of Completion:

5.1.1   The submitting sponsor name or organization name as the title.

5.1.2   The submitting sponsor's logo, if applicable.

5.1.3   An area to enter the name of the participant.

5.1.4   The title of the educational activity, as submitted to AANP.

5.1.5   The location of the educational activity.

5.1.6   The date of the educational activity.

5.1.7   The name of the person coordinating the activity.

5.1.8   The name of the sponsor or provider.

5.1.9   The following statement: This activity is approved for [XX] contact hour(s) of continuing education (which includes [XX] hour(s) of pharmacology) by the American Association of Nurse Practitioners® (AANP). Activity ID# [xxxxxxxx]. This activity was planned in accordance with AANP Accreditation Standards and Policies.

SAMPLE CE CERTIFICATE

_____
Sponsoring Company or Organization's Name Here

CE CERTIFICATE

This is to certify that
_____
Learner's Name

Has attended and successfully completed the educational activity:

ACTIVITY TITLE

This activity is approved for XXX contact hour(s) of continuing education
(which includes XXX hour(s) of pharmacology) by the American Association of Nurse Practitioners® (AANP).
ACTIVITY ID # XXXXXXX
This activity was planned in accordance with AANP Accreditation Standards and Policies.

Location:
Date:

_____
Activity Coordinator
Sponsor or Provider Name