

**AANP**

American Association of  
**NURSE PRACTITIONERS®**

**2020**

**AANP Accreditation  
Process Handbook v. 2020.1**

## 1.0 AANP ACCREDITATION APPLICATION DETAILS

The following information is provided to assist with the preparation for completing the application for AANP Accreditation approval. **Please review the *AANP Accreditation Policy Handbook* in detail to ensure a successful application process.**

The AANP Online Accreditation Application is available through the AANP website. If you have concerns about this please contact [ceapps@aanp.org](mailto:ceapps@aanp.org) for potential solutions.

### 1.1 Online 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 be rejected.** The online system will require one individual to be responsible for completing the online application (this person will be identified as the Primary Planner). The online application portal is located on the AANP website.

All the following information is REQUIRED to complete the online application:

- a. Submission sponsor/provider name and demographic details
  - b. General information regarding the activity (date, location, title, etc.)
  - c. Name and email contact of responsible party for payment
  - d. Names and email addresses for all Planners and Faculty involved in the activity<sup>1</sup>
  - e. Agenda and/or schedule
  - f. Activity Detail Form<sup>2</sup>
  - g. Activity evaluation questions (see AANP Policy; Section 5.0, item #10; see attached sample)
  - h. Certificate of completion (see AANP Policy; Section 5.0, item #12; see attached sample)
  - i. Samples of any education activity related material such as announcements and marketing pieces (draft copies accepted). These materials must include:
    - i. Pending accreditation statement (see AANP Policy; Section 8.0, item #8)
    - ii. Acknowledgement of any commercial support, if applicable (see AANP Policy; standard 6)
  - j. Any activity material (i.e., slide presentations to resolve potential COI) requiring AANP review;
  - k. Any activity material (i.e., pilot test results, post-test questions) to validate requested time (contact hours) for enduring materials (see AANP Policy; Section 6.0, item #s 7 & 8).
2. Payment 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 guide).

<sup>1</sup>The system requires names and email addresses for all Planners and Faculty involved in the activity as it automatically distributes the requirements to those participants. The invitation to complete required documentation will be emailed to the user, and the user will then log in to complete the form(s).

<sup>2</sup>The activity detail form is on an Excel spreadsheet and will require the Primary Planner to submit one form for the entire activity. The form requires the following details: date and time, session title, session faculty, session objectives (3), pharmacology specific objectives (if applicable), and pharmacology minutes requested (if applicable). The Primary Planner may collect these details from the Faculty using any method; however, the spreadsheet in the system will be the only form allowed for the submission.

## 2.0 AANP ACCREDITATION REVIEW PROCESS

1. Based on the date AANP Accreditation determines the complete application is 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.
2. Expedited Reviews:
  - a. A 10-14 business-day expedited review can be requested by completing the expedite request inquiry in the online application and completing the entire submission process, for an additional fee. AANP reviews all expedite requests on a case-by-case basis and requests are granted at the discretion of the Accreditation Department. Approval or denial for an expedited review will be made within 1 business day of the emailed request. This expedited review does not guarantee approval. If additional information/material is required during the full review, a longer review period may result
3. If additional information/material is required during the full review, a longer review period may result. Refer to Section 8.0 in the *AANP Accreditation Policy Handbook* for other important information regarding the review process.

## 3.0 AANP ACCREDITATION APPLICATION FEES

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

### **Tier 1: AANP NP Organization member (NPO)**

- NP groups that meet AANP-defined membership criteria
- This tier does not apply to individual AANP members
- For more information, please contact [membership@aanp.org](mailto:membership@aanp.org)

### **Tier 2: Non-Profit 501(c) Organizations**

- Non-profit organizations with a federal tax exemption
- Must supply proof of tax-exempt status (official IRS letter) or supply federal EIN with application

### **Tier 3: Health Professions**

- Hospital systems/Private Medical Practices/Clinics
- Individual clinicians offering CE to peers in the workplace that do not qualify for other tiers
- Government agencies whose staff provide healthcare to the public
- Academic institutions/Professional Associations for the health professions

### **Tier 4: All Other Applicants**

- All other applicants that do not qualify for Tiers 1-3, regardless of tax status
- Medical Education Companies
- Marketing/Communication firms

To utilize AANP NPO accreditation benefits, the 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.** Breakdown of accreditation fees are listed on pages 5 and 6 of this handbook.

1. AANP reserves the right to change the fee schedule with a six (6) week notice. In addition to the basic

review fee, added fees are assessed for expedited review, credit breakdown, repeat session and handling of hard-copy submissions.

2. For purposes of determining accreditation approval fees, the total contact hour credit requested is rounded up to the next full number.
3. If more than one provider is applying, ALL applicants must apply with the same category (e.g., ALL are AANP NPO members, or ALL are non-profit 501(c) organizations). If applicants are not in the same category, the highest fee scale must be used.
4. 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 (**preferred method**). Payment can also be made by overnight check.
5. **The non-refundable review fee must be received before a full review can begin.**
6. **If an Expedited Review is requested and approved, the review fee and expedite fee must be received prior to moving the application into full review.**
7. After the application has been reviewed and finalized, the applicant will receive a second email for payment of all fees for the approval, credit breakdown, repeat session and handling of hard-copy submissions.
8. An approved live activity may be presented up to 25 times based on the tier selected with the initial approved application. Refer to the 2019 Repeat Fee Schedule located in this Handbook.

## 4.0 AANP ACCREDITATION APPLICATION FORMS

**For online submissions:** 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, 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 time-period. Online pages can be copied to a PDF or Word document for online submissions.

## 2020 Accreditation Fees

GROUP LEVEL		TIER 1 AANP NP Organization Member (NPO)	TIER 2 501c Organizations	TIER 3 Health Professions	TIER 4 All other Applicants
		Description: Must Meet AANP NPO Membership criteria. For Individual AANP Members, see Tier 3  The following review and approval fees are in effect after all 16 hours are used during the membership year.	Description: Non-profit with federal tax exemption. Documentation is required	Description: Hospital systems, all clinics, individual clinicians, government agencies, academic institutions and professional associations	Description: Any organization that does not fall into Tiers 1-3, regardless of tax status. Example: Medical Education, Marketing and Communication Companies
Review Fees per Contact Hour (CH)  NOTE: review fees are non- refundable	0.25-15	\$150	\$200	\$300	\$400
	15.1-50	\$200	\$300	\$400	\$500
	50.1 +	\$250	\$400	\$500	\$600
Approval Fees	Live Per CH Reviewed	\$10	\$15	\$20	\$30
Approval Fees	Enduring	\$1,000 plus \$10 per CH reviewed	\$1,500 plus \$15 per CH reviewed	\$2,000 plus \$20 per CH reviewed	\$3,000 plus \$30 per CH reviewed
Expedited Application		\$200			\$500
Credit Breakdown		Complimentary			
Paper/Hard Copy Application		No Longer Accepted			
Repeat Presentations  NOTE: Accredited activities may be repeated twice without incurring additional fees.	3-10	\$300	\$550	\$600	\$800
	3-15	\$425	\$800	\$850	\$1,000
	3-25	\$700	\$1,300	\$1,400	\$1,600

# AANP SAMPLE Activity Evaluation

This is provided as a guide only. **The first 4 questions below (highlighted in yellow) are required.**  
See AANP Policy section 5.0 item # 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.**

4      3      2      1

**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

**Additional (optional) questions that you may want to add:**

- What topics would you like to be offered in the future?
- This activity enhanced my current knowledge base.
- I would recommend this activity to my colleagues.
- What, if any, recommendations would you like to share for future improvement of this activity?

## Marketing/Agenda Example

The NP Group of City, State

Invites you to attend: *Title of Activity*  
Speaker: Nurse Practitioner, MSN, NP-C

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-XXXX by Date

This activity is supported by an unrestricted educational grant from XXX Pharmaceuticals.

AANP Accreditation statement here\*

\*Prior to submission to AANP, use: This education activity will be submitted to the American Association of Nurse Practitioners for approval of up to \_\_\_\_\_ contact hours of accredited education.

\*Once accepted for AANP review, use: This education activity is pending approval by the American Association of Nurse Practitioners of up to \_\_\_\_\_ 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.

## Activity Certificate of Completion Requirements

The following page includes an example 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 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. These items are highlighted on the form to assist you.

The following information is required on the certificate of completion:

1. The submitting sponsor name/organization name as the title
2. The submitting sponsor's logo, if applicable
3. Area to enter the name of the participant
4. Title of the educational activity as submitted to AANP
5. Location of the educational activity
6. Date of the educational activity
7. Name of the person coordinating the activity
8. Sponsor/provider name
9. The following statement:

This activity is approved for XXX contact hour(s) of continuing education (which includes XXX hour(s) pharmacology) by the American Association of Nurse Practitioners. Activity ID # XXXXXX.

This activity was planned in accordance with AANP Accreditation Standards and Policies

**Submitting Sponsor's Name/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.**

**ACTIVITY ID # XXXXXXXX**

**This activity was planned in accordance with AANP Accreditation Standards and Policies.**

**Location:**

**Date:**

**Activity Coordinator:**

**Sponsor/Provider Name:**