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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. 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 for potential solutions.

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.
  - Contact information for the individual who is responsible for payment.
  - Sponsoring organization or provider information.
  - AANP Nurse Practitioner Organization (NPO) members must include their NPO member identification number.

- Activity Information.
  - Type of activity (e.g., a one-hour symposia, hands-on workshop, conference with multiple sessions or short webinar).
  - Initial start date. 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 whether the activity will be presented via a virtual format.
  - If the activity will be offered more than one time, select “repeat activity” in the application and complete the required repeat activity form.
  - The target audience must include nurse practitioners (NPs) to qualify for accreditation by AANP.
  - If sources of external funding (e.g., independent medical education [IME] grants) are being 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:** the individual who is completing the application and who does not have any additional roles in the activity.
      - An individual involved in selecting the speakers (faculty) or determining content must complete a planner disclosure (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).

- **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” withdraw, resend, etc.

- **Marketing** — Upload marketing and promotion tactics for the audience generation. Draft copies and screenshots of webpages are accepted. It is required for you 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.

- **Activity Agenda or Schedule** — See the example on page 12 of this handbook.

- **Activity Detail Form** — Download and complete the Activity Detail Form 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 post-test.

- **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 the 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. 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 that meet AANP-defined membership criteria.
- This tier does not apply to individual AANP members.
- 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 continuing education (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 pages 8 and 9 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 and repeat sessions.
- For the purposes of determining an individual activity's accreditation approval fee, the total contact hour 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 and repeat sessions.
- An approved live activity may be presented up to 25 times, based on the tier selected with the initial approved application. Refer to the Repeat Fees in the Accreditation Fee Schedule located on page 9 of this handbook.

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 time period. 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 summary of the activity evaluation and, if used, the post-test with pass rate for your organization and copy of the attendance roster 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 due to 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 validating 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 post-test is used as part of the evaluation tool, the post-test summary must be in summary format.
  ◦ The post-test questions must be the exact post-test 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 prior to the repeat presentation date.

• For any virtual or on-demand activity, the above report is due one month prior to the end of the approval period.

• For any enduring activity, the above reports are due one month after the start date, with a final cumulative report due at one year.
## ACCREDITATION FEES

(CONTINUED ON THE FOLLOWING PAGE)

<table>
<thead>
<tr>
<th>Tier Descriptions</th>
<th>Pricing Tiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 AANP NPOs</td>
<td>Tier 2 501c Organizations</td>
</tr>
<tr>
<td>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.</td>
<td>Nonprofit with federal tax exemption. Documentation is required.</td>
</tr>
</tbody>
</table>

### Nonrefundable Review Fees Based on Number of Contact Hours (CH)

<table>
<thead>
<tr>
<th>Number of CH</th>
<th>Tier 1 AANP NPOs</th>
<th>Tier 2 501c Organizations</th>
<th>Tier 3 Health Professions</th>
<th>Tier 4 All Other Applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.25-15</td>
<td>$150</td>
<td>$200</td>
<td>$300</td>
<td>$400</td>
</tr>
<tr>
<td>15.1-50</td>
<td>$200</td>
<td>$300</td>
<td>$400</td>
<td>$500</td>
</tr>
<tr>
<td>50.1+</td>
<td>$250</td>
<td>$400</td>
<td>$500</td>
<td>$600</td>
</tr>
</tbody>
</table>
## Approval Fees

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Tier 1 AANP NPOs</th>
<th>Tier 2 501c Organizations</th>
<th>Tier 3 Health Professions</th>
<th>Tier 4 All Other Applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live, Per CH Reviewed</td>
<td>$10</td>
<td>$15</td>
<td>$20</td>
<td>$30</td>
</tr>
<tr>
<td>Blended On-demand 1-Month</td>
<td>$100, plus $10 per CH reviewed</td>
<td>$200, plus $15 per CH reviewed</td>
<td>$300, plus $20 per CH reviewed</td>
<td>$400, plus $30 per CH reviewed</td>
</tr>
<tr>
<td>3-Month CE Series</td>
<td>$200, plus $10 per CH reviewed</td>
<td>$275, plus $15 per CH reviewed</td>
<td>$375, plus $20 per CH reviewed</td>
<td>$475, plus $30 per CH reviewed</td>
</tr>
<tr>
<td>6-Month CE Series</td>
<td>$400, plus $10 per CH reviewed</td>
<td>$550, plus $15 per CH reviewed</td>
<td>$750, plus $20 per CH reviewed</td>
<td>$950, plus $30 per CH reviewed</td>
</tr>
<tr>
<td>Virtual or On-demand 3-Month</td>
<td>$300, plus $10 per CH reviewed</td>
<td>$400, plus $15 per CH reviewed</td>
<td>$600, plus $20 per CH reviewed</td>
<td>$800, plus $30 per CH reviewed</td>
</tr>
<tr>
<td>Virtual or On-demand 6-Month</td>
<td>$500, plus $10 per CH reviewed</td>
<td>$750, plus $15 per CH reviewed</td>
<td>$1,000, plus $20 per CH reviewed</td>
<td>$1,500, plus $30 per CH reviewed</td>
</tr>
<tr>
<td>Enduring</td>
<td>$1,000, plus $10 per CH reviewed</td>
<td>$1,500, plus $15 per CH reviewed</td>
<td>$2,000, plus $20 per CH reviewed</td>
<td>$3,000, plus $30 per CH reviewed</td>
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</table>

## Expedited Approval Fees

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<thead>
<tr>
<th>Flat Fee</th>
<th>Tier 1 AANP NPOs</th>
<th>Tier 2 501c Organizations</th>
<th>Tier 3 Health Professions</th>
<th>Tier 4 All Other Applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$200</td>
<td></td>
<td></td>
<td>$500</td>
</tr>
</tbody>
</table>

## Repeat Presentation Fees

(Priced per bundle, fees apply to three or more presentations and are bundled with a maximum of 10, 15 or 25 presentations.)

<table>
<thead>
<tr>
<th>Number of Repeat Presentations</th>
<th>Tier 1 AANP NPOs</th>
<th>Tier 2 501c Organizations</th>
<th>Tier 3 Health Professions</th>
<th>Tier 4 All Other Applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-10</td>
<td>$300</td>
<td>$550</td>
<td>$600</td>
<td>$800</td>
</tr>
<tr>
<td>3-15</td>
<td>$425</td>
<td>$800</td>
<td>$850</td>
<td>$1,000</td>
</tr>
<tr>
<td>3-25</td>
<td>$700</td>
<td>$1,300</td>
<td>$1,400</td>
<td>$1,600</td>
</tr>
</tbody>
</table>
AANP SAMPLE ACTIVITY EVALUATION

This is provided as a guide only. The first four questions below (highlighted in yellow) 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 post-test 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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>xx/xx/xxxx</td>
<td>0900-1000</td>
<td>Title of the activity if it is a single session or meeting.</td>
</tr>
</tbody>
</table>

OR

Your organization’s agenda

OR

<table>
<thead>
<tr>
<th>Date of Initial Activity</th>
<th>Time (Length of Recording)</th>
<th>Speaker</th>
<th>Title of Session</th>
</tr>
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<tbody>
<tr>
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</table>

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. These items are highlighted on the form to assist you.

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.
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.

Locacon: _____________________________
Date: _______________________________