

# AANP Application Cover Sheet

A. Submitting Sponsor/Provider: \_\_\_\_\_

**Choose:**      AANP NP Organization Member (NPO # \_\_\_\_\_)      Not-for-Profit 501(c)\*      Standard/Individual

B. Co-Providing Sponsor (if applicable) \*\*: \_\_\_\_\_

**Choose:**      AANP NP Organization Member (NPO # \_\_\_\_\_)      Not-for-Profit 501(c)\*      Standard/Individual

**\*Include letter of non-profit status with application.** \*\*If applying with a co-provider, both the provider AND the co-provider must claim equal eligibility (both NPO members or both 501(c) statuses) for the discounted rate. If claiming different statuses, the highest fee scale will apply.

C. Activity Title: \_\_\_\_\_

D. Activity Type (live or enduring): \_\_\_\_\_ E. Activity Location: \_\_\_\_\_

F. Date of Activity: \_\_\_\_\_ G. Target Audience: \_\_\_\_\_

H. Need Determined by:    Surveys      Prior Program Evaluations      Literature Reviews      New/Evolving Technology  
    Professional Organization Recommendations      Other: \_\_\_\_\_

I. In this submission, are there any **AANP-provided CEs**?    No    Yes, List activity title(s):  
 \_\_\_\_\_

J. Indicate any other accreditation for this activity:      ACCME      AAFP      State Board of Nursing/ANCC

K. Activity Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Website: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail This will be the email used to link any payment invoices to this application. Please only provide 1: \_\_\_\_\_

L. Number contact hours requested for review    Total: \_\_\_\_\_      Pharmacology (if applicable): \_\_\_\_\_  
 Number of contact hours one person can earn    Total: \_\_\_\_\_      Pharmacology (if applicable): \_\_\_\_\_

If applicable, specify how enduring material credit determined (e.g., Mergener formula, pilot test): \_\_\_\_\_  
 Indicate here if more detailed credit breakdown is requested (**a \$25 fee will apply**):    By-Session    By-Day    Both

**M. The REVIEW fee (and expedite fee, if applicable) will be invoiced to the Primary Contact Person's email (letter K above).**

**DO NOT SEND PAYMENT until requested by AANP. (See pg. 2 in the Accreditation Application for the fee schedule).**

**Approval Fee (and all other fees) will be calculated and payment requested by AANP after final application review.**

Review Fees:	\$	Enduring    Live    /    NPO    501(c)    Standard/Individual
<b>Additional Fees, if applicable:</b>		
Expedite Fee	\$	\$200 fee will apply. Expedite request must be approved by AANP staff.
Credit Breakdown Fee	\$	\$25 fee will apply.
Repeat Presentation Fee	\$	For each repeat after 2 offerings \$250: standard; \$100: member; \$150: 501c
Hard Copy Handling Fee	\$	\$100 for standard; \$50 for member or 501c.
<b>Total:</b>	\$	<b>DO NOT SEND PAYMENT – AANP will email payment instructions</b>

N. This activity is supported in whole or in part by a grant from: \_\_\_\_\_  
 List any grants or external speaker funding which may be pending at time of application submission. (Use separate sheet if needed). \_\_\_\_\_

O. I attest that I have reviewed the current AANP Accreditation Policy (v2018.1) within the last 12 months.

**Initial Here:** \_\_\_\_\_ (Your initials attest that you have read and will abide by the AANP Accreditation Policy)

P. If repeating or requesting this activity be listed on the AANP CE Website Calendar, complete the following page.

## Repeat Activity Details and AANP CE Website Calendar Request Form

### I. Repeat Details (for LIVE Activities only)

How many repeat presentations (beginning with the 3<sup>rd</sup> offering) will be available for this activity during the 1-year approval period? \_\_\_\_\_

Complete the following for each repeat presentation. Please refer to the policy for limits on repeats.

Date	Location (City, State)

### II. CE Website Calendar Details

I am requesting this activity be placed on the AANP CE Website Calendar \_\_\_\_\_ (initial here)

This activity is:    Live    Enduring

**Fill out the information below (all fields are required):**

Submitting Sponsor/Provider: \_\_\_\_\_

Activity Title: \_\_\_\_\_

Initial Activity Date (must match date on cover sheet): \_\_\_\_\_

**Activity Primary Contact Person:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Website/URL:** \_\_\_\_\_

If the activity is LIVE, complete the following. **If dates/locations are the same as Section I above, check here** \_\_\_\_\_

Date	Location (City, State )

#### AANP CE Website Calendars

For Live Activities: [https://www.aanp.org/images/documents/education/current\\_ce\\_calendar.pdf](https://www.aanp.org/images/documents/education/current_ce_calendar.pdf)

For Enduring Activities: [https://www.aanp.org/images/documents/education/aanp\\_online\\_ce\\_opportunities.pdf](https://www.aanp.org/images/documents/education/aanp_online_ce_opportunities.pdf)