

MISSISSIPPI NURSES FOUNDATION
Approved Provider - Self-Study Guidelines

ELIGIBILITY

1. An Approved Provider is an individual, institution, organization or agency responsible for the development, implementation, evaluation, financing, record keeping, awarding of contact hours, and maintenance of a quality assurance mechanism for CE activities.
2. An Approved Provider applicant is usually an individual or agency providing ten (10) or more CE activities per calendar year. It is more cost effective and efficient use of time and resources.

FEE

1. **The application fee of \$1,500 (\$100 non-refundable) is required for approval as an Approved Provider for a three (3) year period.** This fee must accompany the application. CE activities are still renewed every two years within the agency.
2. A re-submission fee of \$55 will be assessed if the application does not meet criteria for approval within the specified time frame (see “Application Procedure”, page 2). The application must be re-submitted by the deadline for the next scheduled Approver Unit review date.
3. On-site consultation with the Foundation Continuing Education Consultant is available by appointment for a fee of \$50 per hour plus expenses. Payment is due upon receipt of services.
4. All checks should be made payable to the Mississippi Nurses Foundation.

SUBMISSION DEADLINES

The Approver Unit of Continuing Education meets twice a year to review submitted Approved Provider applications which consist of a self-study and three sample CE activities. The dates are: the first Tuesday in May and the first Tuesday in November (Wednesday in election years). The deadline for application submission is forty-five (45) calendar days prior to the desired review date.

APPLICATION PROCEDURE

1. An Approved Provider application with guidelines may be obtained by contacting the Mississippi Nurses Foundation office. Determine eligibility by referring to “Eligibility” criteria (refer to page 1).
2. Prepare a bound, self study report (numbered pages) in narrative form **using the current American Nurses Credentialing Center (ANCC) Commission on Accreditation criteria** specified in the enclosed material, and provide required supporting documents. (Refer to attached self-study guidelines.)

APPLICATION PROCEDURE

3. Additional information must be submitted describing three *different* educational activities, planned and presented by the provider *in the two years preceding the application for approval*. The three sample activities should be representative of the types of educational activities usually provided. If both educational activity designs I and II are implemented by the applicant, one of each must be submitted, with the third sample, the choice of the applicant. *No co-provided activity can be submitted for first time applicants.*
4. Applicants must use the appropriate set of criteria to provide information documenting adherence to the criteria for the different educational activities. Please use the attached Foundation checklists for EDI and EDII activities to ensure they are complete and meet Foundation/ANCC criteria.
5. The **contact hour measurement is 60 minutes = 1 contact hour**. Contact hours should be calculated in the hundredths (i.e., two digits past the decimal point) ex: 2.56 contact hours.
6. Three (3) bound sets of the self-study report and supporting documentation are required. It is the applicant's responsibility to retain a copy for its records.
7. The reviewers will return completed review checklists prior to the scheduled May/November Approver Unit meeting. The CE Consultant will summarize all reviewer responses and submit the evaluation summary to the Approver Unit. The Approver Unit will then act on the evaluation of the application.
8. The applicant will be notified in writing within fifteen (15) working days of the review date concerning the status and recommendations made by the Approver Unit.
9. For final review, all additional information requested from approved-pending applicants must be received within thirty (30) working days of the written notice. Official, written notification regarding final status will be sent to the approved-pending applications by January/July 1.
10. If the pending application is not approved at this final review, the applicant may re-submit the entire application for the next Approved Provider application review date (May/November) and pay the \$55 resubmission fee.
11. A quorum of Approver Unit reviewers must be present at the May/November meeting to make a decision.
12. Once approved as an Approved Provider, the following ANCC accreditation language must appear on all CE publicity, brochures and verification of attendance forms:
(Name of Approved Provider) is an approved provider of continuing nursing education by the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
This statement must stand alone on a separate line with no other information added.

APPLICATION PROCEDURE

13. Each Approved Provider will be assigned a CE number. This number must appear on all CE records and preface each CE activity:

Example: (Agency Number)-EDI-01 (EDI = Educational Design I)
(Agency Number)-EDII-01 (EDII = Educational Design II)

TYPES OF REVIEW ACTIONS

The Approver Unit may take one of the following actions:

1. Approved - application meets all criteria.
2. Approved Pending - application does not fully meet criteria. Additional information required within thirty (30) working days. The CE Consultant will complete the review process.
3. Deferred - application does not meet criteria. Re-submission is permitted.

APPEALS POLICY

1. An applicant receiving an unfavorable review has the right to an appeal.
2. The applicant should inform the CE Consultant of the wish to appeal within thirty (30) days of the decision.
3. The CE Consultant will notify the Appeals Committee.
4. The applicant is then notified of the date for the appeal.
5. The applicant will meet with the Appeals Committee and present the appeal.
6. The Appeals Committee will consider the grounds for the appeal and make a decision. This decision is final.

WITHDRAWAL OF AN APPLICATION

An applicant has the right to withdraw an application by written communication.

1. If the withdrawal is before the review date, the \$100 non-refundable portion of the fee will be retained.
2. If the withdrawal is after the review date, the \$1,500 fee will not be refunded. Copies of withdrawn applications will be destroyed unless otherwise requested.

MAINTENANCE OF APPROVED PROVIDER STATUS

In order to maintain Approved Provider status, the agency must report the following to the Foundation, in writing, within sixty (60) days of changes in:

1. Personnel directly responsible for the continuing education system (i.e.: changes in nurse planners)
2. The structure of the organization that would influence the ability of the organization to provide educational endeavors

CONTINUATION OF APPROVED PROVIDER STATUS

Approved Providers wishing to continue approved status after the three (3) year approval expires, must re-apply and a new application/self-study must be submitted. Notification regarding re-application intentions will be sent by the Foundation to the Approved Provider three (3) months prior to the expiration date of Approved Provider status.

ANNUAL REPORT

Approved Providers will receive a notice each January to submit an annual report of continuing educational activities conducted. The CE consultant will select at least 5 educational activities or 25% of the activities for review of evaluation summaries and will notify the Approved Provider.

REVOCAION OF APPROVED PROVIDER STATUS

Approved Provider status may be revoked as a result of any of the following:

1. Violation of the ANCC/COA criteria
2. Verification of written complaints from consumers or others
3. Refusal to comply with an investigation
4. Failure to comply with requirements for the "Maintenance of Approved Provider Status"

The Approved Provider in violation will be notified by registered mail. Revocation shall be effective the date the letter of notification is received by the Approved Provider. All statements regarding Approved Provider status must be removed from publicity material and verification of attendance form printed or distributed after that date.

Self-Study Application Guidelines

1. Each criterion and the evidence submitted must be identified by name and follow the sequence in which the criteria are listed.
 2. A table of contents with page numbers identified must be included in the report.
 3. All pages of the report must be numbered in sequence
 4. Abbreviations and acronyms must be identified the first time they are used, or a glossary should be included.
 5. Evidence submitted in support of narrative statements must be referenced by page number or appendix.
 6. All charts and diagrams submitted as evidence must be given a descriptive title.
 7. All photocopies must be readable.
 8. Final copies of the self-study must be typed and bound. Loose leaf or punch binders are acceptable. Rubber bands or paper clips are not acceptable.
 9. See self-study criteria and self-study evaluation checklist for further explanation.
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Mississippi Nurses Foundation
Nurses Touch Lives

Application

Approved Provider of Continuing Education in Nursing

Submit **five (5) bound copies** of the self-study in narrative form documenting compliance with the current American Nurses Credentialing Center’s Commission on Accreditation criteria. The application fee of **\$1,500** must be enclosed with the application.

Application Date:

\$1,500 Fee enclosed:

Choose one:

New

Renewal

Organization

Address

City

State

Zip

Person responsible for application:

Name

Title

Credentials

Office Phone

Fax

Email

“The Mississippi Nurses Foundation, Inc. is accredited as an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”

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