



**NEW JERSEY STATE
NURSES ASSOCIATION**

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1479 Pennington Road
Trenton, New Jersey 08618
609-883-5335
www.NJSNA.org

Mary Ellen Levine, DNP, MSN, RN
President

Judith E. Schmidt, MSN, DHA(c), CCRN Chief
Executive Officer

Approved Provider Adoption Form

Name of Approved Provider: _____

Date of last Approved Provider Approval: _____

Primary Nurse Planner

Name:	
Title and Credentials and Credentials:	
Address:	
Phone number:	
Fax:	
Email:	

Nurse Planners

Name:	
Title and Credentials:	
Address:	
Phone number:	
Fax:	
Email:	

Name:	
Title and Credentials:	
Address:	
Phone number:	
Fax:	
Email:	

Name:	
Title and Credentials:	
Address:	
Phone number:	
Fax:	
Email:	

Please attach another sheet for any additional nurse planners

Key Members of the Provider Unit (not nurse planners)

Name:	
Title and Credentials:	
Address:	
Phone number:	
Fax:	
Email:	

Name:	
Title and Credentials:	
Address:	
Phone number:	
Fax:	
Email:	

Please attach another sheet for any additional Provider Unit members

Additional information for Adoption Packet

Include the following documents:

- _____ Organizational chart of the Approved Provider Unit
- _____ Copy of last approval letter from Accredited Approver Unit
- _____ Sample certificate of completion that will be used after adoption demonstrating correct use of new Accredited Approver approval statement
- _____ Sample of marketing materials from one educational activity already provided
- _____ Biographical Data/Conflict of Interest form from an individual who had an actual or potential conflict of interest in relation to an educational activity and the process used to resolve the COI
- _____ Sample of joint providership agreement (if the organization jointly provides activities)

Submission

Please send the completed adoption packet by US Postal Service to:

New Jersey State Nurses Association
1479 Pennington Road
Trenton, New Jersey 08618

Or by email to:

KJackson@njsna.org in care of Kortnei Jackson, Education Department, Administrative Assistant

Fees

The \$300 fee includes adoption packet review, NJSNA Nursing Continuing Professional Development Manual and electronic forms. Checks should be made out to New Jersey State Nurses Association.

Review

Approved Providers should expect to receive notice of review within 14 business days of submission of completed adoption packet and payment.

The NJSNA Approver Unit may ask for additional information prior to making final decision regarding adoption.

Eligibility as a Provider Unit

The Provider Unit must have been administratively and operationally responsible for coordinating all aspects of the continuing nursing education activities provided by the organization for at least 6 months and approved by Accrediting Body _____

Name

What month and year was the Provider Unit established? _____

The ANCC defines a commercial interest as “any entity either producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients or an entity that is owned or controlled by an entity that produces, markets, re-sells, or distributes healthcare goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies. “

Is your organization or provider unit considered to be one having commercial interest?

YES _____ NO _____

If the answer is “Yes”, you may not apply to be an approved provider of continuing nursing professional development through NJSNA. If “No,” please continue with submission.

An Approved Provider must target more than 50% of its activities to nurses within their respective state, or respective Department of Health & Human Services Region. Does your Provider Unit target more than 50% of its activities within the above-mentioned areas? YES _____ NO _____

If the answer is “Yes”, you may apply to be an approved provider of nursing continuing professional development through NJSNA. If “NO”, you must apply directly to ANCC, the national accrediting body for nursing continuing professional development education.

Attestation Statement:

I, the undersigned, attest that we will comply with all applicable local, regional, state, or national laws and regulations and operate our business in an ethical manner. (Signed by Primary Nurse Planner of Provider Unit)

Primary Nurse Planner, Provider Unit