New Jersey State Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

The NJSNA NCPD Application process is outlined below, these are the steps that are needed in order for you to be able to give a program and award contact hours.

**NJSNA Application Process:**

This is the application process for you to offer courses and award contact hours to the RNs attending your course. Below is the application process broken down into steps to get the 2015 (Revised) criteria and application.

1. Complete the Individual Activity Eligibility Verification Form:
   a. Complete the Individual Activity Eligibility Commercial Interest Addendum form – if applicable
   Cost: $100.00 NJSNA Members $200.00 Non-Member
   The cost above relates to the **Primary Nurse Planner’s NJSNA MEMBERSHIP STATUS**

2. SEND A COMPLETED COPY OF THE ELIGIBILITY FORM AND PAYMENT TO KJackson@njsna.org.

3. The actual application will be sent upon verification of the Eligibility form.

4. The Application fee is based on the number of contact hours applied for and the Membership Status of the Primary Nurse Planner. Below is the fee schedule:

<table>
<thead>
<tr>
<th>CONTACT HOURS</th>
<th>MEMBER</th>
<th>NON-MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>.5 – 5.9</td>
<td>$150</td>
<td>$200</td>
</tr>
<tr>
<td>&gt; than 6.0 – 10.9</td>
<td>$225</td>
<td>$325</td>
</tr>
<tr>
<td>&gt; than 11.0 – 20.9</td>
<td>$275</td>
<td>$375</td>
</tr>
</tbody>
</table>
CE ACTIVITY LATE FEES
(LATE FEE INCURRED IF APPLICATION RECEIVED LESS THAN 90 DAYS PRIOR TO THE PROGRAM—THIS FEE IS IN ADDITION TO THE APPLICATION FEE)

<table>
<thead>
<tr>
<th>45-89 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTACT HOURS</td>
</tr>
<tr>
<td>0.5 – 8.9</td>
</tr>
<tr>
<td>➢ than 9.0 – 16.9</td>
</tr>
<tr>
<td>➢ than 17.0</td>
</tr>
</tbody>
</table>

All applications received less than 45 days prior to the Individual Activity presentation date will be returned.

PAYMENT OF LATE FEE DOES NOT GUARANTEE THE APPROVAL OF CONTACT HOURS FOR YOUR PROGRAM

APPROVED PROVIDER FEES
Three (3) Year Approval

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>NON-MEMBER</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,850</td>
<td>$2,850</td>
<td>for one non-profit Provider Unit with one campus/hospital</td>
</tr>
<tr>
<td>$2,600</td>
<td>$3,600</td>
<td>for one non-profit Provider Unit with two non-profit campuses/hospitals under one Central C.E. Structure</td>
</tr>
<tr>
<td>$3350</td>
<td>$4,350</td>
<td>for one non-profit Provider Unit with three non-profit campuses/hospitals under one central C.E. Structure</td>
</tr>
<tr>
<td>$4,100</td>
<td>$5,100</td>
<td>for one non-profit Provider Unit with four non-profit campuses/hospitals under one central C.E. structure</td>
</tr>
<tr>
<td>$5,100</td>
<td>$6,100</td>
<td>for one non-profit Provider Unit with five non-profit campuses/hospitals under one central C.E. structure ($1000 additional for each additional campus/hospital with same central C.E. structure)</td>
</tr>
</tbody>
</table>
| $6,100 | $7,100 | for one for-profit organization ($1000 additional for each additional
**Please check [www.njsna.org](http://www.njsna.org) for the most up to date fees and information**

### APPROVED PROVIDER LATE FEES

(Late fee incurred if application is received after the required submittal date based on the 4-month grid schedule)

<table>
<thead>
<tr>
<th>APPROVED PROVIDER</th>
<th>MEMBER</th>
<th>NON-MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$500</td>
<td>$700</td>
</tr>
</tbody>
</table>

### APPROVED PROVIDER NURSING CONTINUING PROFESSIONAL DEVELOPMENT EDUCATION APPLICATION PROCESS

**What is an Approved Provider?**

An eligible organization approved by an ANCC Accredited Approver, after having submitted a self-study to determine its capacity to provide quality nursing continuing professional development over an extended period of time.

1. In order to apply to become an Approved Provider: three (3) individual activity applications must have been submitted and approved prior to applying to become an Approved Provider. In addition, the provider unit must have been operational for a minimum of 6 months.

2. (The approval process for the three (3) Individual Activity Applications will constitute the 6-month timeframe – this includes approval of the program, time to offer it and time for the Provider to revise based on participant feedback.)

3. Approval period: Approved Providers – Three (3) years

### 4-MONTH GRID QUARTERLY REVIEW CYCLES

- **December Review Cycle**
  - **Approved Providers** – Approved Providers whose status expires between the months of April through June must have their applications postmarked and submitted by December 31.

- **March Review Cycle**
- **Approved Providers** – Approved Providers whose provider status expires between the months of *July* through *September* must have their applications postmarked and submitted by March 31.

  - **June Review Cycle**
    - **Approved Providers** – Approved Providers whose provider status expires between the months of *October* through *December* must have their applications postmarked and submitted by June 30.

  - **September Review Cycle**
    - **Approved Providers** – Approved Providers whose status expires between the months of *January* through *March* must have their applications postmarked and submitted by September 30.

**Individual Activity Application**

What is an "Individual Activity Application?"

This application is used if you wish to offer a program for contact hours. As the Nurse Planner responsible for abiding by the ANCC/NJSNA criteria.

NJSNA's Nursing Continuing Professional Development Approval Manual incorporates criteria mandated by the American Nurses Credentialing Center's Commission on Accreditation. Our step-by-step application process is provided in the "NJSNA Nursing Continuing Professional Development Approver Manual" under the "Criteria for Educational Activities" and makes the application process much easier.

**Terms of Approval:**
Individual Educational Activity Application - Two (2) years

**Types of Action for Individual Activity Applicants and Approved Providers:**

- **Approval** - a decision made by NJSNA’s Approver Unit that the criteria for approval of a learning activity or provider unit have been met.

- **Deferral (Individual Applicant)** - a decision made by NJSNA’s Approver Unit to delay action on an application until additional evidence and materials are submitted and reviewed.

- **Provisional (Approved Provider)** – a decision made by NJSNA’s Approver Unit for a one-year approval. Additional evidence needed to earn additional two-year approval.

- **Denial** - a decision made by NJSNA’s Approver Unit that insufficient evidence of adherence to criteria
Withdrawal – applicant’s decision to withdraw an application, without prejudice to any future applications, this must be made in writing prior to the date on which an official decision is made. If application fee is still owed, though request has been received to withdrawal, application fee is still due.

NOTE:
1. **Individual Activity Applicants:** All applications must be submitted a minimum of ninety (90) days prior to their presentation date to allow sufficient turnaround time for review.
2. **Approver Providers:** all applicants must follow the 4 Month Quarterly Review Cycle
3. Two (2) copies of your completed application will need to be sent on flash drives using the PDF Bookmarking guide.
   a. If flash drives are PDF bookmarked incorrectly, they will be returned.
   b. Please note your presentation date, to allow sufficient turnaround time for the review process.
   c. All pages of the application must be numbered in consecutive order. Applications not numbered will not be reviewed.
      i. Page numbers allow the nurse peer reviewers to easily follow the criteria during the review process.
4. All applications including any and all forms must be typed.
   a. Handwritten applications will be returned.
5. All applications go through a review process There is NO "Retroactive Credit" Approval of educational activity that has already taken place - **RETOACTIVE APPROVAL" IS NOT AUTHORIZED BY NJSNA OR THE AMERICAN NURSES CREDENTIALING CENTER'S COMMISSION ON ACCREDITATION SYSTEM.**

Applications are submitted to:

NJSNA's Approver Unit
Attn: Kortnei Jackson
1479 Pennington Road
Trenton, NJ 08618