
2020 Criteria Approved Provider Activity File Requirements

This is a list of the items that are required to be bookmarked in your Activity files for submission as part of your Self-Study package. Accreditation decisions are determined on the basis of compliance with the ANCC Accreditation program criteria. **Each bookmarked file should be named and referenced in the same order.**

- Approved Provider Application
- Assessment of applicant eligibility- commercial interest
- Assessment of applicant eligibility- geographic range
- Assessment of applicant eligibility- Primary Nurse Planner who is a registered nurse, holds a current, unencumbered nursing license (or international equivalent), and a baccalaureate degree or higher in nursing (or international equivalent).
- Assessment of conflicts of interests for Nurse Peer Reviewers in relation to applicant
- Documentation of the review process and actions taken by Nurse Peer Reviewers in response to deficiencies identified, if any
- Documentation of final decision made by Nurse Peer Review Leader with supporting evidence



▶ Self-Study

- Organizational Overview
 - Organizational Overview 1
 - Organizational Overview 2
- Structural Capacity
 - Structural Capacity 1
 - Structural Capacity 2
 - Structural Capacity 3
- Educational Design Process
 - Educational Design Process 1
 - Educational Design Process 2
 - Educational Design Process 3
 - Educational Design Process 4
 - Educational Design Process 5
 - Educational Design Process 6
 - Educational Design Process 7
- Quality Outcomes
 - Quality Outcomes 1
 - Quality Outcomes 2a
 - Quality Outcomes 2b

- Quality Outcomes 3a
- Quality Outcomes 3b
- ▶ Activity File
 - Title and location of activity
 - Type of activity format: Live or Enduring
 - Date live activity presented or, for ongoing enduring activities, date first offered and subsequent review dates.
 - Description of professional practice gap
 - Evidence that validates professional practice gap
 - Educational need that underlies the professional practice gap
 - Description of target audience
 - Desired learning outcomes
 - Description of evidence-based content with supporting reference or resources
 - Learner engagement strategies used
 - Criteria for awarding of contact hour
 - Description of evaluation method (Evidence that change in knowledge, skills, &/or practices of target audiences was assessed)
 - Names and credentials of all individuals in a position to control content (planner's presenters, faculty, authors, &/or content reviewers) must identify who fills the roles of Nurse Planner and content experts
 - Demonstration of conflict of interest process for all individuals in a position to control content (planners, presenters, faculty, authors, &/or content reviewers)
 - Name of individual
 - Past 12 months
 - Spouse/significant other
 - Individual providing the information is provided a definition of a commercial interest organization
 - Evidence of a resolution of process, if applicable
 - Number of contact hours awarded for activity & method of calculation (Note: Provider must keep a record of the number of contact hours earned by each participant. If the activity is longer than 3 hours, agenda was provided for the entire activity.)
 - Documentation of completion &/or certificate must include:
 - Title and date of the educational activity
 - Name and address of provider of the educational activity (web address acceptable)
 - Number of contact hours awarded
 - Approved Provider statement
 - Participant name
 - Commercial Support Agreement with signature and date (if applicable)
 - Name of the Commercial Interest Organization (CIO)
 - Name of the Provider

- Complete description of all the CS provided, including both financial and in-kind support
- Statement that the CIO will not participate in planning, developing, implementing or evaluating the educational activity
- Statement that the CIO will not recruit learners from the education activity for any purpose
- Description of how the CS must be used by the Provider (unrestricted use &/or restricted use)
- Signature of a duly authorized representative of **the** CIO with the authority to enter the binding contracts on behalf of the CIO
- Signature of a duly authorized representative of the Provider with the authority to enter the binding contracts on behalf of the Provider
- Date on which the written agreement was signed
- Evidence of required information provided to the learners:
 - Approved Provider statement of provider awarding contact hours
 - Criteria for awarding contact hours
 - Presence or of conflicts of interest for all individuals in a position to control content (planning committee, presenters, faculty, authors, &/or content reviewers)
 - Commercial support (if applicable)
 - Expiration date (enduring material only)
 - Joint Providership (if applicable)
 - Materials associated with this activity (marketing materials, advertising agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to the ANCC criteria
- Summative evaluation

Repeat Activity File list for Activity #2 & Activity #3