



November 2021

## Approved Provider Eligibility Verification

### Section 1: Demographic Data

Applications that do not meet Eligibility Requirements will be rejected without substantive review.

Name of Organization: [Click here to enter text.](#)

Currently approved provider ☐ Yes ☐ No

If yes, include: Accredited Approver Organization: [Click here to enter text.](#)

Expiration Date: [Click here to enter a date.](#)

Street Address: [Click here to enter text.](#)

City: [Click here to enter text.](#) State: [State.](#) Zip/Postal: [Click here to enter text.](#)

Organization website: [Click here to enter text.](#)

Identify Organization Type:

- |                                                                 |                                                               |
|-----------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Constituent Member Associations of ANA | <input type="checkbox"/> College or University                |
| <input type="checkbox"/> Healthcare Facility                    | <input type="checkbox"/> Health - Related Organization        |
| <input type="checkbox"/> Multidisciplinary Educational Group    | <input type="checkbox"/> Professional Nursing Education Group |
| <input type="checkbox"/> Specialty Nursing Organization         |                                                               |

**Primary Point of Contact:** Name and Credentials: [Click here to enter text.](#)

Title/Position: [Click here to enter text.](#)

Telephone Number: [Click here to enter text.](#)

E-mail Address [Click here to enter text.](#)

### Section 2: Nurse Planners

- The Primary Nurse Planner is utilized as the contact for the ANCC Accredited Approver Unit (Connecticut Nurses Association) and ensures compliance with the ANCC accreditation criteria.  
Provide Primary Nurse Planner's Name and Credentials: [Click here to enter text.](#)

- RN License Number: [Click here to enter text.](#) State of Issue: [Click here to enter text.](#)

The Primary Nurse Planner is a licensed registered nurse with a minimum of a baccalaureate degree (or international equivalent) in nursing. ☐ Yes ☐ No

Highest Education level: ☐ BSN ☐ MSN ☐ DNP ☐ PhD ☐ other: [Click here to enter text.](#)

All Nurse Planners are currently licensed registered nurses with a baccalaureate degree or higher in nursing and is an active participant in the planning, implementing and evaluation process of ***each*** continuing education activity. ☐ Yes ☐ No

Please list the names and credentials of all current Nurse Planners

| Nurse Planners | Credentials | Nursing Educational Level (BSN or Higher) | State of Licensure & Number |
|----------------|-------------|-------------------------------------------|-----------------------------|
|                |             |                                           |                             |
|                |             |                                           |                             |
|                |             |                                           |                             |



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### Section 3: Regional Target Market

- During the past year, did the applicant organization promote/market/advertise more than half of its learning activities to nurses ***within*** the states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont and the its contiguous states? (For region information, refer to <https://www.hhs.gov/about/agencies/regional-offices/index.html>)

☐ Yes **If yes**, proceed to section 4

☐ No **If no**, the applicant organization is not eligible for Approved Provider status but may be eligible for Accredited Provider status. (see [www.nursecredentialing.org/Accreditation](http://www.nursecredentialing.org/Accreditation))

### Section 4:

The applicant organization must answer the following questions and providing any additional required information.

- The applicant has been operational for 6 months using the ANCC Accreditation Criteria.
    - ☐ Yes **If yes**, list the date the applicant organization became operational:  
[Click here to enter text.](#)
    - ☐ No **If no**, the applicant organization is **not** eligible for Approved Provider status
  - The applicant has assessed, planned, implemented, and evaluated at least three separate educational activities, within the past 12 months, provided at separate and distinct events:
    - ☐ with the direct involvement of the Nurse Planner;
    - ☐ that adhere to the ANCC Accredited Approver Criteria;
    - ☐ each learning activity must be at least 1 hour (60 minutes) in length. Contact hours may or may not have been offered ;
    - ☐ and were **not** joint provided (new applicants only).
- ☐ Yes ☐ No

### Section 5: Commercial Interest

The following section is intended to collect information about the applicant organization's corporate structure. Some organization types are ***automatically*** exempt from ANCC's definition of a commercial interest, including:

- |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Blood banks,</li><li>• Constituent Member Associations,</li><li>• Diagnostic laboratories,</li><li>• Federal Nursing Services,</li><li>• For-profit and not for profit hospitals,</li><li>• For-profit and not for profit nursing homes,</li><li>• For profit and not for profit rehabilitation centers,</li><li>• Group medical practices,</li></ul> | <ul style="list-style-type: none"><li>• Government organizations,</li><li>• Health insurance providers,</li><li>• Liability insurance providers,</li><li>• National nurses' organizations based outside the United States,</li><li>• Non-health care related companies, and</li><li>• Specialty Nursing Organizations</li><li>• A single-focused organization* devoted to offering continuing nursing education</li></ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**NOTE: 501c organizations are not automatically exempt.** The ANCC Accreditation Program requires 501c organizations to be screened for eligibility.

☐ An "X" on this line identifies the applicant organization as exempt from ANCC's definition of a commercial interest. Identify the applicant organization's exemption type from section 2 above and enter it here: [Click here to enter text.](#)

**If you checked the box above, then you have completed this questionnaire**  
and should proceed to Section 7.



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## Section 6 - Only complete this section if applicant organization is not exempt

☐ An "X" on this line identifies the applicant organization as not exempt from the ANCC Accreditation Program's definition of a commercial interest. The following questions must be answered, so Connecticut Nurses' Association can assess the applicant organization's eligibility.

● Does the applicant organization produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients?

☐ Yes **If yes, the organization is not eligible for Approved Provider status**

☐ No **If no, complete the next bulleted question.**

## Section 7: Statement of Understanding

I attest, by my signature below, that I am duly authorized by (Insert name of organization) to submit this application as an approved provider offered by the American Nurses Credentialing Center (ANCC) through Accredited Approvers and to make the statements herein. On behalf of my organization, I have read the approved provider eligibility requirements and criteria. I understand that my organization is subject to all eligibility requirements and criteria as an approved provider. I understand that becoming an approved provider depends on successfully meeting eligibility requirements and criteria and maintaining approved provider standing is dependent upon continued compliance.

On behalf of my organization, I expressly acknowledge and agree that information accumulated through the approval process may be used for statistical, research, and evaluation purposes and that anonymous and aggregate data may be released to third parties. Otherwise, all information will be kept confidential and shall not be used for any other purposes without my organization's permission.

On behalf of my organization, I hereby certify that the information provided on and with this application is true, complete, and correct. I further attest, by my signature on behalf of my organization, that this organization will comply with all eligibility requirements and approval criteria throughout the entire approval period, including all reapplication periods for maintaining approval, and that my organization will notify the Connecticut Nurses' Association promptly if, for any reason while this application is pending or during any approval period, my organization does not maintain compliance. I understand that any misstatement of material fact submitted on, with or in furtherance of this application for approved provider status shall be sufficient cause for Connecticut Nurses' Association to deny, suspend or terminate my organization's approved provider status and to take other appropriate action against my organization.

*(Applications received without a signature incur a delay in processing which will cause a delay in the review of the approval application.)*

An electronic signature in the box below serves as the signature of the individual completing this form and attests to the accuracy of the information contained.

[Click here to enter text.](#)

**Primary Nurse Planner Name, Title and Credentials Electronic Signature (Required)**

**Date** [Click here to enter a date.](#)

**The Primary Nurse Planner is accountable for all information provided on this form.**

Please Email the completed Eligibility Verification Form  
Along with your Activity Spreadsheet Summary to:

**Michelle Caramanello at**



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**Connecticut Nurses' Association**

**[education@ctnurses.org](mailto:education@ctnurses.org)**

**Call (203) 238-1207 x2 with any questions**