ANCC NCPD ACCREDITED PROVIDER APPLICANT JOURNEY GUIDE

ACCREDITED

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DISCLAIMER: Completing all the processes within the current edition of the *ANCC NCPD Provider Manual* and the *ANCC NCPD Accredited Provider Applicant Journey Guide* facilitates organizational accreditation but does not, in and of itself, guarantee achievement of accreditation.

NOTICE: From time to time, changes may be made to the NCPD Accreditation Program and the *ANCC NCPD Accredited Provider Applicant Journey Guide*. Applicants must confirm that they are using the most current edition of the *ANCC NCPD Provider Manual* before preparing written documentation for submission to the ANCC Accreditation Program Office.

For application information and updates, go to nursingworld.org.

Contents

Introduction

The American Nurses Credentialing Center (ANCC) Nursing Continuing Professional Development (NCPD) Accreditation Program recognizes organizations that have met established standards in the ability to provide NCPD that has a positive impact on nursing practice and/or patient outcomes. The Accreditation Program is committed to ensuring the integrity of the accreditation process through systematic, evidence-based evaluation of application materials submitted by qualified applicants for Accredited Provider status.

Through the accreditation framework, organizations can offer high-quality continuing education and advance nursing professional development.

Core Values of the Accreditation Program

▶ Maintain the integrity of the accreditation process through a consistent, fair, and honest application of Accreditation Program criteria;

▶ Promote and maintain competence in relation to standards, criteria, and components of lifelong learning;

▶ Foster an effective and thorough quality peer-review process for all applicant organizations;

▶ Mentor organizations responsible for providing or approving NCPD to ensure the delivery of high-quality educational activities;

▶ Maintain a high level of accountability and responsiveness to the community of interest in the accreditation process;

▶ Value and encourage innovation in the accreditation process and in the delivery of continuing education; and

▶ Promote interprofessional activities by entities that hold accreditations for more than one health-related profession and where nursing is a major participant.

How to Use This Guide

This resource guide will serve as a road map as your organization begins the journey to NCPD accreditation or applies for reaccreditation. This resource guide is intended to assist you in navigating the application process, as well as provide an overview of the key elements and requirements of the program.

Please review the most up-to-date provider manual and accreditation criteria. Contact the NCPD Accreditation Program Office at accreditation@ana.org to ensure you have the most up-to-date resources.

> This resource guide is intended to assist you in navigating the application process, as well as provide an overview of key elements and requirements of the program.

NCPD SUCCESS TIP: Review all program materials and resources found in the manual and on the program website prior to submitting your application. **For additional information and resources, visit nursingworld.org/organizational-programs/accreditation/ncpd.**

Please note: The title of Lead Nurse Planner has changed to Accredited Provider Program Director (AP-PD). This role title change will be fully implemented by July 1, 2021. You may still see the term Lead Nurse Planner used in the *2015 ANCC NCPD Provider Manual*.

NCPD ACCREDITATION ELIGIBILITY CHECKLIST

✔ **Must be one of the following organization types:**

- [ ] ANA organizational affiliate
- [ ] College or university
- [ ] Constituent of ANA
- [ ] Federal Nursing Service
- [ ] Healthcare facility
- [ ] Health-related organization
- [ ] Multidisciplinary educational group
- [ ] Professional nursing education group
- [ ] Specialty nursing organization
- [ ] National nursing association/organization

✔ **Have a qualified Accredited Provider Program Director (AP-PD) who:**

- [ ] Is a registered nurse with a current, unrestricted nursing license (or international equivalent)
- [ ] Holds a graduate degree
- [ ] Holds a baccalaureate degree or higher in nursing (or international equivalent)
- [ ] Has authority within the Provider Unit (PU) to ensure compliance with the ANCC Accreditation Program criteria that pertain to the operations of the organization as a PU
- [ ] Has responsibility for ensuring that the PU adheres to the ANCC Accreditation Program criteria for all operational aspects of providing continuing nursing professional development activities and criteria that pertain to the operations of the organization as a PU
- [ ] Has responsibility for the orientation of all NPs in the organization with respect to the ANCC Accreditation Program criteria

- [ ] Has responsibility for ensuring each NP is a registered nurse and holds a current, unrestricted nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent)
- [ ] Has responsibility for ensuring each NP understands the ANCC Accreditation Program criteria and is responsible for appropriately evaluating compliance with those criteria

✔ **Be operational* for a minimum of 6 months prior to application.**

- [ ] **Operational:** Have a fully functional PU for at least 6 months prior to applying, including offering NCPD activities in accordance with all ANCC criteria

✔ **Have completed at least three separate educational activities*:**

- [ ] With the direct involvement of an NP
- [ ] That adhered to the ANCC Accreditation Program criteria
- [ ] That were each a minimum of one hour (sixty minutes) in length (contact hours may or may not have been offered)
- [ ] That were not jointly provided

⊘ **Ineligible companies are not eligible for accreditation.**

- [ ] **Ineligible company:** Any entity whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients

Applicants must follow all applicable federal, state, and local laws and regulations that affect the PU's ability to meet ANCC Accreditation Program criteria.

NCPD ACCREDITATION OVERVIEW

These steps can be followed for new and reaccrediting applicants:

ASSESS ELIGIBILITY

- Utilize the Eligibility Checklist on **page 4** to determine eligibility.
- Download and review the most up-to-date provider manual and accreditation criteria from the NCPD website at **nursingworld.org/organizational-programs/accreditation/ncpd**.

BECOME AN APPLICANT

- Contact the NCPD Accreditation Program Office at **accreditation@ana.org**.
- Complete an "intent to apply" interview with a member of the ANCC NCPD Program Office.

VERIFICATION

- NCPD Accreditation Program Office verifies eligibility to apply.
- Submit a completed application and remit application fees.
- Program Office confirms the accreditation cycle date (March 1, July 1, or November 1).

SELF-STUDY

- Submit the program self-study by the assigned due date.

DOCUMENT REVIEW

- Appraisers will review and score the application and documentation.
- Additional evidence may be requested during this phase.

ACCREDITATION DECISION

- The Commission on Accreditation (COA) reviews the appraiser team's final report and votes on an accreditation decision during the COA monthly meeting.

ACCREDITED TERM

- New applicants may be awarded accreditation for two years and renewing applicants may be accredited for up to four years.

NCPD ACCREDITATION APPLICATION CHECKLIST

✔ **Assess Eligibility**

☐ Utilize the Eligibility Checklist on **page 4.**

✔ **Assess Preparedness**

☐ Use the Self-Assessment Tool here to assess readiness.

☐ Test your organization with a Documentation Review audit conducted by a member of the ANCC NCPD Program Office.

    ☐ Contact the NCPD Program Office to have an activity file reviewed at **accreditation@ana.org**.

✔ **Become an Applicant**

☐ Review due dates and begin to plan for the application cycle (see application dates on **page 7**).

☐ Review fees and payment instructions online **here**.

☐ Email **accreditation@ana.org** to register your organization to the Primary Accreditation Online Applicant Review System (PAORS).

☐ Review the PAORS guidebook (in the learning community) to familiarize yourself with using the PAORS platform.

☐ Complete an intent to apply interview with a member of the ANCC NCPD Program Office.

☐ Pay fee. ANCC will invoice your organization upon the receipt of the application; payment is due within 30 days.

☐ Record fee due dates here:

_____

✔ **Verification**

☐ The Accreditation Program Office verifies eligibility and confirms the assigned accreditation cycle date (March 1, July 1, or November 1).

☐ Record the assigned cycle dates here:

_____

✔ **Self-Study**

☐ After your eligibility is confirmed, you will receive access to the self-study template and to the online Accredited Provider Learning Community.

☐ Review the self-study guide on **page 8**.

☐ Complete a self-study call with a member of the NCPD Program Office.

☐ Attend the mini-webinar series for new applicants (which will be discussed on the self-study call).

☐ Record the date of the new mini-webinar series here:

_____

☐ Complete the self-study package and upload it to PAORS.

☐ Record the self-study due date here:

_____

☐ **Optional:** Sign up for the New Applicant Workshop and Accredited Provider Workshop held three times a year by the ANCC NCPD Office. Find available workshops on the workshop page of the ANCC NCPD website.

Document Review

- ☐ PAORS will send an email with your appraiser assignment and instructions to review and approve or decline the appraisers assigned.

- ☐ If appraisers request additional documentation, upload additional evidence documents through PAORS using the directions in the provider learning community.

- ☐ Record the additional evidence due date here:

  _____

Virtual Visit

- ☐ Review the Virtual Visit Guide on **page 14**.

- ☐ Collaborate with the appraiser team to determine the date and time of the Virtual Visit.

- ☐ Set up a conference phone line or virtual conference and send its link to the appraiser team. It is the organization's responsibility to set up the virtual visit call/meeting.

- ☐ Record the virtual visit date here:

  _____

- ☐ Review the virtual visit agenda. The appraisers will send the agenda two weeks prior to the meeting.

Accreditation Decision

Once your application is submitted by the appraisers it may take a few months to receive a COA decision. The COA reviews the appraiser team's final report and generates a motion for an accreditation decision.

- ☐ The COA meets on the last Monday of every month (except for December) to make final accreditation or reaccreditation decisions.

- ☐ COA accreditation decision letters are emailed by the ANCC NCPD Program Office within 72 hours of the monthly COA call.

- ☐ Accredited term awarded: New applicants may be awarded for two years and renewing applicants may be accredited for up to four years.

	MARCH CYCLE	JULY CYCLE	NOVEMBER CYCLE
Application Due*	November 1	March 1	July 1
Self-Study Due	March 1	July 1	November 1
Virtual Visit Due	March 15–June 15	July 15–October 15	November 15–February 15
Final Decision	June 1–September 1	October 1–January 1	February 1–May 1

*Applicants are invoiced upon receipt of application. Payment is due within 30 days of receipt of invoice.

Purpose

The goal of the self-study is to describe the **structure**, **processes,** and **outcomes** of your program in such a way that anyone can pick up the document and understand how it is operated.
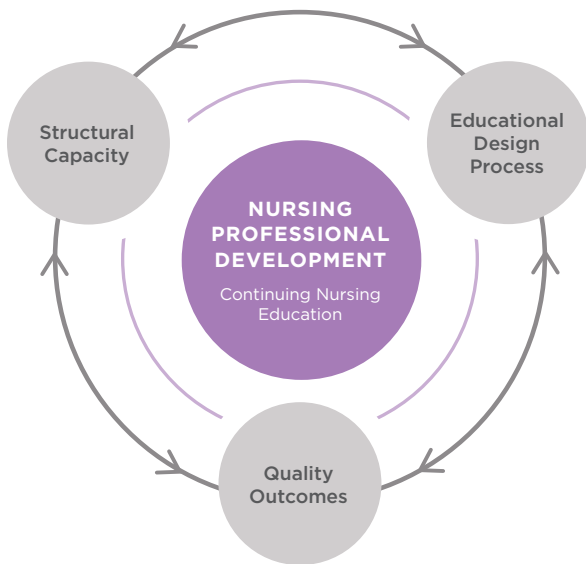
Criterion are broken down into the three domains:

▶ **Structural Capacity**

▶ **Educational Design Process**

▶ **Quality Outcomes**

Process Description

Applicants must write a narrative response addressing each individual criterion.

▶ Narrative statements should be straightforward and concise and include minimal extraneous information. The goal of the narrative is to explain as clearly as possible how the criterion is met and operationalized within the Provider Unit (PU). An average narrative is between two and three paragraphs in length.

▶ Narrative statements and examples should refer to data for the twelve months prior to the submission of the self-study written documentation. Evidence older than twelve months may be submitted sparingly for specific purposes, such as showing a long-term commitment to monitoring data, documenting trends, highlighting best practices, or illustrating continuation of long-term projects.

▶ Narratives should be written in paragraph format and should not contain hyperlinks to websites or additional documents.

Examples

Most criterion request a specific example illustrating how the criteria is operationalized (except for Q01).

▶ The examples should be specific, detailed, and demonstrate how the PU operationalizes the process described in the narrative.

▶ Examples may include details like names, position titles, dates, locations, departments.

▶ Do not attach a document or provide a link in place of a written example. Each example should be written in a narrative and in paragraph format.

Importance of Documentation

▶ The self-study and activity file documents are integral to obtaining accreditation. It is vital that these documents be a structured, complete representation of the hard work done by an organization. The documentation takes time and should be continuously updated as organizational goals, outcomes, and structure develop.

▶ This documentation is a valuable tool that allows a PU to demonstrate and validate their worth in an organization. This document demonstrates measurable quality outcomes surrounding nursing continuing professional development in the organization and should be shared with leadership regularly.

Tips for Success

▶ **Write clearly and succinctly.**

- Engage a colleague to peer review and provide suggested edits.

- Listen to a colleague read your description out loud and ask yourself:

  — Is this capturing what the criteria is asking?

  — Would someone from outside the PU or the organization understand the response?

  — Does the response contain unnecessary additional information? *Note: Examples of extraneous information include the addition of an organizational policy or attaching the complete article that is referenced in a self-study documentation.*

▶ **Use professional language.**

- Review the manual glossary to familiarize yourself with the correct terminology.

- The self-study should be scholarly and professional.

▶ **Use an ANCC-provided template.**

- ANCC templates provide a clear outline to help the PU stay organized and ensure the documentation captures the necessary requirements.

Additional Requirements

▶ Self-study document should be no more than 50 pages

▶ Single-spaced

▶ Font size 10-12pt

▶ Applicants must use the Self-Study template located in the provider learning community

▶ Document must be bookmarked per instructions in the provider learning community

SMART Outcomes/Goals

▶ If a criterion asks for measurable outcomes, such as learning outcomes or quality outcomes, we recommend using the SMART goal framework. SMART goal formatting is a goal or outcome that is specific, measurable, achievable, relevant, and time-bound. It is not required that outcomes be provided in a SMART format; however this structure ensures that the outcomes provided are logical and measurable. For more information on SMART formatting, review the resources in the learning community.

SELF-STUDY SUBMISSION
CHECKLIST

SUPPORTING DOCUMENTATION

☐ Each piece of requested supporting documentation is included and correctly bookmarked.

PROCESS DESCRIPTION AND EXAMPLES

☐ Each criterion response has a process and an example narrative (except for QO1).

☐ Descriptions are more than one or two sentences and answer the subject of the criterion completely. *Note: Complete but concise responses generally require two or three paragraphs for each description and example.*

☐ Examples are written in narrative format. *Note: Examples referencing an attachment are not accepted.*

☐ Additional unnecessary documentation has been removed.

FORMATTING

☐ All narratives and supporting documents are included in one single PDF file.

☐ The PDF file is bookmarked.

☐ The PDF file is no longer than 50 pages.

Along with the self-study, PU is required to submit three educational activities and their planning documentation. The activity must demonstrate:

▶ Direct involvement of a NP;

▶ Adherence to the accreditation criteria;

▶ A minimum of one hour (sixty minutes) in length for new applicants (contact hours may or may not have been offered); and

▶ That activities were not jointly provided for new applicants.

All accredited activities should have documentation that displays how the educational activity was planned and operationalized using ANCC NCPD accreditation standards. The PU is required to maintain all of their educational activity file documentation for six years, to demonstrate the ANCC standards are utilized with all activities provided.
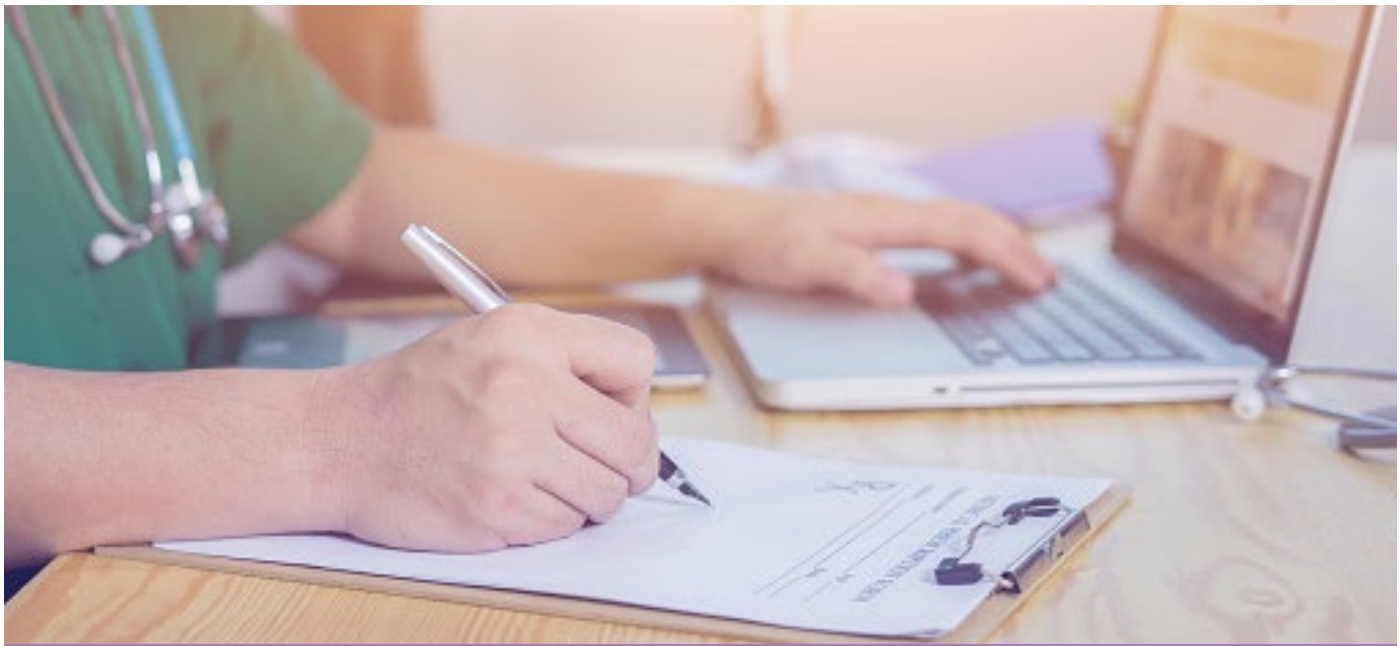
👍 Tips for Success

▶ Use the provided templates to plan the activity and condense the documentation into a concise, organized file. Activity file templates are not required but we do encourage you to use them or develop a tool that meets your organization's needs as well

as the ANCC criteria. All templates can be found in the provider learning community.

▶ Complete the quality checklist on the next page regularly to ensure you are meeting and maintaining ANCC standards.

ACTIVITY FILE QUALITY CHECKLIST

- [ ] **Title of activity**

- [ ] **Location**

- [ ] **Type of activity format (live vs. enduring)**

- [ ] **Date live activity was 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 needs that underlies the professional practice gap (knowledge, skill, or practice)**

- [ ] **Description of target audience**

- [ ] **Desired learning outcomes**

- [ ] **Description of evaluation method**

- [ ] **Description of evidenced-based content with supporting references or resources**

- [ ] **Learner engagement strategies used**

- [ ] **Number of contact hours awarded for activity, including 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 three hours, agenda must be provided for the entire activity.)**

- [ ] **Criteria for awarding of contact hours**

- [ ] **Documentation of completion and/or certificate:**

  - [ ] Title and date of the educational activity
  - [ ] Name and address of the provider of the educational activity (web address or email address is acceptable)
  - [ ] Number of contact hours awarded
  - [ ] Accreditation statement
  - [ ] Participant name

- [ ] **Names and credentials of all individuals in a position to control content (planners, presenters, faculty, authors, and/or content reviewers). Must identify individual filling roles of Nurse Planner (NP) and content expert.**

Exceptions for identification, mitigation, and disclosure of financial relationships

Accredited providers do not need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

1. Accredited education that is non-clinical, such as leadership or communication skills training.

2. Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.

3. Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

- [ ] **Demonstration of identification and mitigation of financial relationships with ineligible companies for all individuals in a position to control content (planners, presenters, faculty, authors, and/or content reviewers)**

  ▶ **If applicable, include:**

  — Name of individual

  — The individual is provided the definition of an ineligible company

  — A list of financial relationships, within the past 24 months, in any amount that exist between the individual and the ineligible company (if any)

  — Proof the NP identified whether the content of the education is related to the products of an ineligible company with whom the person has a financial relationship.

- ▶ **If not applicable (see exceptions to identification and mitigation of financial relationships below):**
  - — A statement in planning documentation that states that financial relationships were not identified and mitigated because the topic of the educational activity was exempt.

- ☐ **Evidence of mitigation of relevant financial relationships with ineligible companies (if applicable)**

- ☐ **Commercial Support Agreement with signature and date (do not include if not applicable)**

  Key elements that must be addressed in the activity files:

  - ▶ **Decision-making and disbursement:** The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
    - — Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
    - — The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
    - — The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
    - — The accredited provider may use commercial support to defray or eliminate the cost of the education for all learners.

  - ▶ **Agreement:** The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.

- ▶ **Accountability:** The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.

- ☐ **Evidence of disclosure to the learner**

  - ☐ Accreditation statement of provider awarding contact hours
  - ☐ Criteria for awarding contact hours
  - ☐ Relevant financial relationship identification and mitigation
    - ▶ **If the content of the educational activity is clinical:**
      - — Presence or absence of relevant financial relationship(s) including:
      - — Names of individual with relevant financial relationship
      - — Name of ineligible companies with which they have a relevant financial relationship(s)
      - — The nature of the relationship(s)
      - — A statement that all relevant financial relationships have been mitigated
    - ▶ **If the content of the educational activity is non-clinical:**
      - — No disclosure to learners should be provided surrounding relevant financial relationships
  - ☐ Commercial support (do not include if not applicable)
  - ☐ Expiration date (for enduring material only)
  - ☐ Joint providership (do not include if not 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 (provide data and an evaluation of the data and how it will be used to impact future activities)**

VIRTUAL VISIT GUIDE

Purpose

▶ The accreditation virtual visit amplifies, clarifies, and verifies information from the self-study document. The virtual visit is your time to communicate with the appraisers and ensure they understand your self-study and activity file documentation. This is where you can show why your organization deserves accreditation.

Date and Time

▶ Work with the appraisal team to coordinate a date and time that works for everyone.

Attendees

▶ While the Accredited Provider Program Director (AP-PD) is required to attend, other team members of the PU, including NPs, are encouraged to attend.

▶ The appraiser team will include the Team Leader and Team Member. There may also be an appraiser Team Candidate who is in the appraisal orientation process.

Conference Call/Video Requirements

▶ The applicant is responsible for arranging the virtual visit at the applicant's expense through a conference phone line or virtual meeting platform.

▶ The AP-PD should communicate the call instructions to the appraisal team.

Length of Virtual Visit

▶ A virtual visit is typically scheduled for a two-hour window.

▶ The conference may take the whole two hours or could be shorter, depending on the amount of discussion and clarification needed.

Agenda

▶ An agenda is sent two weeks prior to the virtual visit from the Appraiser Team Leader.

Recording the Virtual Visit

▶ Recording of the virtual visit is prohibited.

Additional Evidence After the Virtual Visit

▶ Appraisers may request additional evidence to be submitted during the virtual visit. Applicants have up to seventy-two hours to provide additional evidence. Criterion scores may be revised based on information obtained during the virtual visit; however, scores are not finalized until all evidence, including additional evidence, if any, is submitted.

Accreditation Decision

▶ Upon completion of the virtual visit, the appraisers submit a final summative written report to the Commission on Accreditation (COA). COA will review this finally report and meet monthly to make accreditation decisions. It is not uncommon for there to be a two-month waiting period to hear about accreditation decisions.

▶ After the virtual visit and submitting additional evidence, the appraisal team is no longer involved in the accreditation process. If you have questions about the status of your accreditation decision after the virtual visit, please reach out to the NCPD Accreditation Program Office.

When the appraisers ask questions during the virtual visit, they are seeking additional information or clarification about what was written in the self-study. Take time to really understand what the appraisers are asking to ensure your response is answering their question.

2015 ANCC Accreditation Revised Criteria and Requirements

Published November 21, 2019, Version 2.0

All accredited organizations and organizations approved by accredited approvers may begin implementing the revised requirements immediately. All accredited organizations, including those approved by accredited approvers, **must fully implement the revised 2015 ANCC Accreditation criteria and requirements by January 6, 2020.**

Of note, the COA understands the challenges some organizations may have in updating their learning management systems and software. Therefore, organizations will not be penalized for delays in updating accreditation statements on their websites, disclosures to learners, and certificates of completion. **The COA expects accreditation statement revisions to be made in good faith and as quickly as possible but no later than January 1, 2021.**

The following crosswalks serve as an executive summary of the approved criteria revisions and recent revisions made to the criteria since November 21, 2019:

- ▶ The demographic section was revised to include an executive statement/summary with the removal of other requirements such as whether or not the organization is a multi-focused organization **(applicable to Accredited Providers and Approved Providers only)**.

- ▶ Organization Overview (OO) criteria OO3a and OO3b were removed.

- ▶ Organizational Overview (OO) criteria OO4a and OO4b were removed and integrated into the quality outcome criteria.

- ▶ EDP7 was moved to EDP3, with the other EDP criteria falling into sequential order.

- ▶ Contact hours **may** be rounded to the nearest quarter (i.e., 2.76 hours could be 2.75 contact hours).

- ▶ Please refer to the criteria revision crosswalk in I and II, which includes the rationale for the modifications:

  — Appendix I: Updated Criteria Crosswalk

  — Appendix II: Accreditation Statements

2015 Accreditation Criteria Rev. 2.0 — Accredited Provider

Organizational Overview (OO):

▶ **OO1a:** Executive Statement/Summary

▶ **OO2a:** Submit a list including names and credentials, positions, and titles of the Accredited Provider Program Director and other Nurse Planners (if any) in the Provider Unit.

▶ **OO2b:** Submit position descriptions for the Accredited Provider Program Director and Nurse Planners (if any) in the Provider Unit.

> Please note the title of Lead Nurse Planner has changed to Accredited Provider Program Director, effective July 1, 2021.

Criteria

▶ **SC1:** The Accredited Provider Program Director's commitment to learner needs, including how Provider Unit processes are revised based on aggregate data, which may include but are not limited to individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

▶ **SC2:** How the Accredited Provider Program Director ensures that all Nurse Planners of the Provider Unit are appropriately oriented and trained to implement and adhere to the ANCC accreditation criteria.

▶ **SC3:** How the Accredited Provider Program Director/Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating CNE activities in compliance with ANCC accreditation criteria.

▶ **EDP1:** The process used to identify a problem in practice or an opportunity for improvement (professional practice gap).

▶ **EDP2:** How the Accredited Provider Program Director identifies the underlying educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap(s).

▶ **EDP3:** How the Accredited Provider Program Director identifies and measures change in knowledge, skills, and/or practices of the target audience that are expected to occur as a result of participation in the educational activity.

▶ **EDP4:** The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content.

> Effective July 2022, EDP4 will change to EDP4: The process for identification, mitigation and disclosure of relevant financial relationships of all individuals who control the content of the continuing education activity.

▶ **EDP5:** How the content of the educational activity is developed based on the best available current evidence (e.g., clinical guidelines, peer-reviewed journals, experts in the field) to foster achievement of desired outcomes.

▶ **EDP6:** How strategies to promote learning and actively engage learners are incorporated into educational activities.

▶ **EDP7:** How the summative evaluation data for an educational activity are used to analyze the outcomes of that activity and guide future activities.

▶ **QO1:** The process used for evaluating the overall effectiveness of the Provider Unit in carrying out its work as a provider of continuing nursing education (CNE).

▶ **QO2a:** Identify at least one quality outcome the Provider Unit has established and worked to achieve over the past twelve months to improve Provider Unit operations. Identify the metrics used to measure success in achieving that outcome.

▶ **QO2b:** Using one of the quality outcomes identified in QO2a, explain how the most recent evaluation process (QO1) resulted in the development and/or improvement of an identified outcome for Provider Unit operations, including how that outcome was measured and analyzed.

▶ **QO3a:** Identify at least one quality outcome the Provider Unit has established and worked to achieve over the past twelve months to improve the professional development of nurses. Identify the metrics used to measure success in achieving that outcome.

▶ **QO3b:** Using one of the outcomes identified in QO3a, explain how the most recent evaluation process (QO1) resulted in the development and/or improvement of an identified outcome to improve the professional development of nurses, including how that outcome was measured and analyzed.

CRITERIA FOR ACCREDITATION WITH DISTINCTION

Published January 3, 2020.

Introduction/Summary

The ANCC Accreditation Program is committed to excellence. For nearly four decades, the ANCC Accreditation Program has formally recognized organizations that provide high-quality nursing NCPD (Accredited Providers) or demonstrate the ability to approve other organizations or individuals that provide high-quality continuing nursing education for professional registered nurses (Accredited Approvers) through its ANCC Accreditation Program.

The ANCC Accreditation Program began a journey to restructure the ANCC Accreditation Program in response to the recommendations of experts in the field of continuing education in the health professions, including the Commission on Accreditation (COA), the ANCC Senior Vice President and the Director of Accreditation, the Josiah Macy Jr. Foundation, and the Institute of Medicine (IOM). These recommendations have been incorporated into new criteria for organizations pursuing accreditation as a provider and/or approver of CNE. Both the 2015 ANCC Primary Accreditation Provider Application Manual and Approver Application Manual demonstrate a focus on structure, process, and quality outcomes that impact the professional practice of nursing and/or patient or system outcomes. They also address continuing education that is team-based or interprofessional.

The ANCC Accreditation Program continues that journey by developing distinction criteria for Accredited Providers that require demonstration of exemplary and innovative practice in the domains of structural capacity, educational design process, and quality outcomes.

Background

The ANCC Accreditation Program continues to promote outcomes-based continuing education and increased emphasis on collaboration through interprofessional continuing education. During the initial accreditation and reaccreditation process, narratives and specific examples illustrate how the individual provider and/or approver unit implement the criteria. Previously, organizations were awarded Accreditation with Distinction by the COA based on a subjective review that required evidence of exemplary and/or innovative practice(s). In order to provide all accredited organizations with an opportunity to plan prospectively for their organization to achieve distinction, the award of Accreditation with Distinction will require the applicant to submit evidence of innovative and exemplary practices from a menu of the ANCC Accreditation with Distinction criteria options.

Organizations eligible for applying for Accreditation with Distinction status must demonstrate:

▶ Full compliance with all eligibility requirements to apply for accreditation or reaccreditation.

  Full compliance with all accreditation criteria in Structural Capacity, Educational Design Process, and Quality Outcomes, including compliance with the design, implementation, and evaluation of educational activities per the ANCC NCPD Accreditation criteria.

▶ No identified deficiencies during the accreditation review that require a progress report submission.

▶ The organization is in good standing.

▶ Organizations **must demonstrate and provide evidence** that addresses the Accreditation with Distinction criteria in:

  — One criterion or more in Structural Capacity;

  — Two criterion or more in Educational Design Process; and

  — Three criteria in Quality Outcomes.

Process for Submitting

ACCREDITED
NURSING CONTINUING
PROFESSIONAL DEVELOPMENT
WITH DISTINCTION

AMERICAN NURSES
CREDENTIALING CENTER

Accreditation with Distinction Criteria

▶ Accreditation with Distinction criteria must be **submitted as a separate PDF** in PAORS at the time the self-study is submitted.

▶ A template to use for the Accreditation with Distinction document review is provided in the ANCC Accredited Provider learning community.

Accreditation with Distinction Decision

The COA conducts a thorough, evidence-based review of the submitted Accreditation with Distinction criteria in addition to adherence to all of the required ANCC Accreditation criteria. Following the review, the COA votes to determine whether the organization has met the ANCC Accreditation with Distinction criteria. The COA is responsible for the accreditation decision. The applicant organization will be notified of the accreditation decision by the Accreditation Program Office.

Provided the applicant meets the ANCC Accreditation with Distinction criteria set forth herein, Accreditation with Distinction is awarded for a period of up to two years to new applicants and up to four years to currently accredited organizations reapplying to maintain their accreditation status.

Description of the Accreditation with Distinction Criteria

The following specific criteria outline the expected performance parameters for ANCC Accreditation with Distinction. **Organizations must demonstrate evidence of exemplary and/or innovative practice in at least one criterion or more in Structural Capacity; two criteria or more in Educational Design Process; and in all three criteria within Quality Outcomes.** This requirement is in addition to meeting all of the required ANCC Accreditation criteria with no evidence of deficiencies or requests for progress report(s).

ACCREDITED PROVIDER DISTINCTION CRITERIA

1. **Structural Capacity**

   a. Evidence demonstrates how a process improvement implemented by the Provider Unit resulted in meeting learner(s) needs and the outcome that was achieved.

   b. Evidence demonstrates a process description and example that the Provider Unit has implemented a formal succession plan or a mentorship model that promotes professional development and growth for Nurse Planners.

   c. Evidence demonstrates a process description and example that the Provider Unit has engaged members from other professions, students, patients, and/or families in planning, implementing, and evaluating CNE activities (e.g., interprofessional continuing education).

2. Educational Design Process

a. Evidence demonstrates a process description and example that the Provider Unit uses quality improvement strategies to identify professional practice gaps or opportunities for improvement (root cause analysis, Six Sigma, or similar) and/or consistently uses a multimodal approach to identify and validate professional practice gaps or opportunities for improvement (focus groups of potential learners, collaboration with stakeholders, or similar).

b. Evidence demonstrates a process description and example that the Provider Unit incorporates competencies into educational activities (QSEN, IOM, IPCE, or similar) and/or integrates selected competencies within content to achieve desired outcomes.

c. Evidence demonstrates a process description and example that the Provider Unit develops CNE activities that actively engage learners within the learning environment (problem-based learning, simulation, education that is learner-centric, CE credit without time as a metric).

d. Evidence demonstrates a process description and example that the Provider Unit used summative evaluation data to develop a future CNE activity and the change was reevaluated for effectiveness.

e. Evidence demonstrates a process description and example that the Provider Unit measured, on different occasions, change in knowledge, skills, and/or practice longitudinally (minimum 90 days); evaluated team performance; and/or evaluated impact on practice and/or patient outcomes.

3. Quality Outcomes

a. Evidence demonstrates a process description and example that the Provider Unit utilizes innovative and creative approaches (continuous professional development of CNE team members, use of technology, interprofessional collaboration, or similar) to evaluate its effectiveness.

b. Evidence demonstrates a process description and example that the Provider Unit's evaluation process resulted in a quality outcome measure that exhibits improvement in healthcare quality, patient, or community outcomes. (If outcomes were not met, identify barriers and challenges to attainment.)

c. Evidence demonstrates a process description and example that the Provider Unit has positively impacted the professional practice of nursing and has disseminated the knowledge forward (publication, poster/podium presentation, research).

The ANCC Commission on Accreditation is dedicated to leading and collaborating with other healthcare groups to link continuing professional development by individuals and teams nationally and internationally. Alliance with ANCC's Magnet Recognition and Pathway programs positions Accreditation as the entry point for these centers of excellence. ANCC Accredited Provider and Approver Units have multiple opportunities to influence the clinical learning environment, and these distinction criteria highlight the impact of nursing continuing education, interprofessional continuing education, and credit-based learning on the nursing profession and healthcare (Chappell. 2016; Chappell, 2017).

The process to award Accreditation with Distinction will initially be implemented with the Accredited Provider Units. Once this process is implemented and evaluated, COA will consider the opportunity for Accredited Approver Units and Approved Provider Units to follow this process to achieve Accreditation with Distinction.

Appendix 1

Updated Criteria Crosswalk

ORGANIZATIONAL OVERVIEW (OO)	OLD VERSION	NEW VERSION (2021)	RATIONALE
OO1	**DEMOGRAPHICS** a. Submit a description of the Provider Unit, including but not limited to size, geographic range, target audience(s), content areas, and the types of educational activities offered. b. If the Provider Unit is part of a multi-focused organization, describe the relationship of these dimensions to the total organization.	**EXECUTIVE STATEMENT/ HIGH-LEVEL SUMMARY** **Submit an executive statement and/or high-level strategic summary of the Accredited Provider Unit (e.g., overall description of how the Provider Unit functions, and the mission of the Provider Unit as it relates to its NCPD/CNE offerings, including the impact the Provider Unit has on the organization and its learners). (1,000-word limit)**	This change **aids** the Provider Unit. in explaining the overall functions of its Provider Unit. Each Provider Unit has its unique process to ensure the ANCC criteria are utilized and maintained.
OO2	**LINES OF AUTHORITY AND ADMINISTRATIVE SUPPORT** a. Submit a list including names and credentials, positions, and titles of the Lead Nurse Planner and other Nurse Planners (if any) in the Provider Unit. b. Submit position descriptions for the Lead Nurse Planner and Nurse Planners (if any) in the Provider Unit. c. Submit an organizational chart, flowchart, or similar image that depicts the structure of the Provider Unit, including the Lead Nurse Planner and other Nurse Planners (if any). d. If part of a larger organization, submit an organizational chart, flowchart, or similar image that depicts the organizational structure and the Provider Unit's location within the organization.	**ROLE DESCRIPTION** **a. Submit a list including names and credentials, positions, and titles of the Lead Nurse Planner and other Nurse Planners (if any) in the Provide Unit.** **b. Submit position descriptions for the Lead Nurse Planner and Nurse Planners (if any) in the Provider Unit.**	Requirements for organization charts were removed.

ORGANIZATIONAL OVERVIEW (OO)	OLD VERSION	NEW VERSION (2021)	RATIONALE
OO3	**DATA COLLECTION AND REPORTING**	Removed	This information is collected at the time the organization applies for accreditation or reaccreditation. Organizations are required to ensure their NARS activity, organization, and LNP/NP demographic data are up to date at the time the self-study is submitted.
	Accredited organizations report data annually to the ANCC Accreditation Program Office.		
	Demographic information is used to validate the primary point of contact for communication and billing purposes, and to determine whether any changes have been made to the organizational structure.		
	Continuing education summary data are used to provide context regarding the type and number of		
	CNE activities developed, determine whether CNE activities are directly or jointly provided, and determine whether the applicant receives commercial support for CNE. Continuing education summary data are also evaluated to ensure ongoing compliance with Accreditation Program standards.		
	Accredited organizations must:		
	a. Submit required demographic information.		
	b. Submit the completed Accredited Provider Continuing Education Summary of all CNE offerings provided in the past twelve months (contact the ANCC Accreditation Program Office for required information).		

ORGANIZATIONAL OVERVIEW (OO)	OLD VERSION	NEW VERSION (2021)	RATIONALE
OO4 (continued)	**EVIDENCE** A provider organization must demonstrate how its structure and processes result in positive outcomes for itself and for registered nurses participating in its educational activities. a. Submit a list of the quality outcome measures the Provider Unit has collected, monitored, and evaluated over the past twelve months specific to the Provider Unit. Outcomes must be written in measurable terms. **Examples of outcomes** • Cost savings for customers; • Cost savings for Provider Unit; • Position description; • Volume of participants in educational activities; • Volume of educational activities provided; • Satisfaction of staff and volunteers; • Satisfaction of faculty; • Change in format of CNE activities to meet the needs of learners; • Change in operations to achieve strategic goals; • Operational improvements; • Quality/cost measures; • Turnover/vacancy for Provider Unit staff and volunteers; and • Professional development opportunities for staff and volunteers. b. Submit a list of the quality outcome measures the Provider Unit has collected, monitored, and evaluated over the past twelve months specific to Nursing Professional Development Outcomes; this must be written in measurable terms. **Examples of outcomes** • Professional practice behaviors; • Leadership skills; • Critical thinking skills; • Nurse competence; • High-quality care based on best available evidence; • Improvement in nursing practice; • Improvement in patient outcomes; and • Improvement in nursing care delivery.	**Removed and integrated with Quality Outcomes Criteria.**	This information is collected at the time the organization applies for accreditation or reaccreditation. Organizations are required to ensure their NARS activity, organization, and LNP/NP demographic data are up to date at the time the self-study is submitted.

STRUCTURAL CAPACITY (SC)	OLD VERSION	NEW VERSION (2021)	RATIONALE
SC1	The Lead Nurse Planner's commitment to learner needs, including how Provider Unit processes are revised based on aggregate data, which may include but are not limited to individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.	The Lead Nurse Planner's commitment to learner needs, including how Provider Unit processes are revised based on aggregate data, which may include but are not limited to individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.	N/A
SC2	How the Lead Nurse Planner ensures that all Nurse Planners of the Provider Unit are appropriately oriented and trained to implement and adhere to the ANCC Accreditation criteria.	How the Lead Nurse Planner ensures that all Nurse Planners of the Provider Unit are appropriately oriented and trained to implement and adhere to the ANCC Accreditation criteria.	N/A
SC3	How the Lead Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating CNE activities in compliance with ANCC Accreditation criteria.	How the Lead Nurse Planner/**Nurse Planner** provides direction and guidance to individuals involved in planning, implementing, and evaluating CNE activities in compliance with ANCC Accreditation criteria.	The Nurse Planner has a valuable and critical role within the Provider Unit. The Lead Nurse Planner may not be involved in the activity planning, implementation, and evaluation processes. Therefore, the addition of Nurse Planner to this criterion clarifies and emphasizes that the focus is on providing guidance and direction to others, not the LNP's guidance to the NP. Additionally, the Nurse Planner(s) may be providing the guidance independent of or in tandem with the LNP.

EDUCATION DESIGN PROCESS (EDP)	OLD VERSION	NEW VERSION (2021)	RATIONALE
EDP1	The process used to identify a problem in practice or an opportunity for improvement (professional practice gap).	The process used to identify a problem in practice or an opportunity for improvement (professional practice gap).	N/A
EDP2	How the Nurse Planner identifies the educational needs (knowledge, skills, and/or practice) that contribute to the professional practice gap (PPG).	How the Nurse Planner identifies the **underlying** educational needs (knowledge, skills, and/or practice) that contribute to the professional practice gap**(s)** (PPG).	EDP2 requires an identification of the underlying educational need (knowledge, skills, and/or practice). The addition of the word underlying provides context to the criterion. It emphasizes the fundamental need in addressing where the professional practice gap exists to determine appropriate intervention strategies.
EDP3	The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content.	How the Nurse Planner **identifies and** measures change in knowledge, skills, and/or practice of the target audience that are expected to occur as a result of participation in the educational activity. (Formerly EDP 7)	Moving EDP 7 to EDP 3 provides the LNP/NP an opportunity to plan an activity with logical flow. How the LNP/NP identifies and measures changes in knowledge, skills, and/or practice should be in tandem with the underlying educational need for the activity (knowledge, skills, and/or practice) in alignment to the identified PPG(s), and the learning outcome(s). The LNP/NP must know how they will identify and evaluate change prior to content development.

EDUCATION DESIGN PROCESS (EDP)	OLD VERSION	NEW VERSION (2021)	RATIONALE
EDP4	How the content of the educational activity is developed based on best available current evidence (e.g., clinical guidelines, peer-reviewed journals, experts in the field) to foster achievement of desired outcomes.	The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content. (Formerly EDP 3)	A sequential move of EDP 3 to EDP 4.
Effective July 1, 2022, EDP4 will change to EDP4: The process for identification, mitigation, and disclosure of relevant financial relationships of all individuals who control the content of the continuing education activity.			
EDP5	How strategies to promote learning and actively engage learners are incorporated into educational activities.	How the content of the educational activity is developed based on best available current evidence (e.g., clinical guidelines, peer-reviewed journals, experts in the field) to foster achievement of desired outcomes. (Formerly EDP 4)	A sequential move of EDP 4 to EDP 5.
EDP6	How summative evaluation data for an educational activity are used to guide future activities.	How strategies to promote learning and actively engage learners are incorporated into educational activities. (Formerly EDP 5)	A sequential move of EDP 5 to EDP 6.
EDP7	How the Nurse Planner measures change in knowledge, skills, and/or practices of the target audience that are expected to occur as a result of participation in the educational activity.	How **the** summative evaluation data for an educational activity are used to **analyze the outcomes of that activity and** guide future activities. (Formerly EDP 6) (EDP 7 moved to EDP 3)	A sequential move of EDP 6 to EDP 7. The summative evaluation is an aggregate of the evaluation data that the LNP/NP should analyze to determine whether the learning outcomes identified were achieved. The summative evaluation also includes how that data will be used to guide future activities.

QUALITY OUTCOMES (QO)	OLD VERSION	NEW VERSION (2021)	RATIONALE
QO1	The process utilized for evaluating effectiveness of the Provider Unit in delivering quality CNE.	The process used for evaluating the overall effectiveness of the Provider Unit in carrying out its work as a provider of **nursing continuing professional development (NCPD)**.	Emphasizes evaluation of the Provider Unit as a whole.
QO2	How the evaluation process for the Provider Unit resulted in the development or improvement of an identified quality outcome measure for the Provider Unit. (Refer to identified quality outcomes list in OO4a.)	**QO2a: Identify at least one quality outcome the Provider Unit has established and worked to achieve over the past twelve months to improve Provider Unit operations. Identify the metrics used to measure success in achieving that outcome.** **QO2b: Using one of the quality outcomes identified in QO2a, explain how the most recent evaluation process (QO1) resulted in the development and/or improvement of an identified outcome for Provider Unit operations, including how that outcome was measured and analyzed.**	Clarifies the relationship between the outcome (goal) for the Provider Unit's structure and/or function and how the Provider Unit developed, measured, and analyzed its success in achieving that outcome.
QO3	How, over the past twelve months, the Provider Unit has enhanced nursing professional development. (Refer to identified quality outcomes list in OO4b.)	**QO3a: Identify at least one quality outcome the Provider Unit has established and worked to achieve over the past twelve months to improve the professional development of nurses. Identify the metrics used to measure success in achieving that outcome.** **QO3b: Using one of the outcomes identified in QO3a, explain how the most recent evaluation process (QO1) resulted in the development and/or improvement of an identified outcome to improve the professional development of nurses, including how that outcome was measured and analyzed.**	Clarifies the relationship between the outcome (goal) for professional development of the Provider Unit's learners and how the Provider Unit developed, measured, and analyzed its success in achieving that outcome.

Appendix 2

Accreditation Statements, Effective January 1, 2021.

ACCREDITATION TYPE	NEW STATEMENT 2021
Accredited Provider	[Name of Accredited Provider] is accredited as a provider of **nursing continuing professional development** by the American Nurses Credentialing Center's Commission on Accreditation.
Accredited Provider with Distinction	[Insert name of organization/accredited provider] is accredited with distinction as a provider of **nursing continuing professional development** by the American Nurses Credentialing Center's Commission on Accreditation.

Key Policies

Please review and familiarize yourself with the following key policies in the most up-to-date manual prior to applying:

- [ ] Voluntary Termination

- [ ] Probation, Suspension, and Revocation

- [ ] Transition of Services

- [ ] Data Use

- [ ] Confidential Information

RECOMMENDED RESOURCES AND REFERENCES

American Nurses Credentialing Center's Commission on Accreditation (2020). *The Value of Accreditation for Nursing Continuing Professional Development: Quality Education Contributing to Quality Outcomes*. Silver Spring, MD: American Nurses Credentialing Center.

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