**[*Insert Provider Unit Name]***

**Joint Provider Agreement**

This activity is being jointly provided by (Insert Approved Provider Name) and (Insert Joint Provider Organization Name).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Activity Title: | |  | | | | |
| Activity Date: | |  | | | Activity Format:  Live  Enduring  Blended | |
| Activity Provider Nurse Planner: | | |  | | | |
| Phone: |  | | | Email: | |  |

(Insert Provider Unit Name) will ensure the educational activity has a strong educational design and meets the ANCC/Northeast Multistate Division (NEMSD) Accreditation Program educational design criteria. Below is a listing of the specific activity planning duties related to this educational activity and the organization responsible for completion. Please check the responsible party related to each task. *“Required” elements below are the responsibility of the Activity Provider as stipulated by the ANCC/Northeast MSD Accreditation criteria*.

|  |  |  |
| --- | --- | --- |
| **Planning Responsibilities:** | **(Insert Name of Activity Provider):** | **(Insert Joint Provider Name):** |
| * Determining learner outcomes | Nurse Planner-Required |  |
| * Selecting planners, presenters, faculty, authors, and content reviewers | Nurse Planner-Required |  |
| * Awarding contact hours | Nurse Planner-Required |  |
| * Developing evaluation method(s) | Nurse Planner-Required |  |
| * Managing commercial support | Nurse Planner-Required |  |
| * Recordkeeping procedures | Nurse Planner-Required |  |
| * Ensuring the Activity Provider’s name is prominently displayed on all promotional materials developed for the activity | Nurse Planner-Required |  |
| Insert additional duties below: *(suggestions provided)* | Nurse Planner-Required |  |
| * Evaluation summary |  |  |
| * Process registrations |  |  |
| * Handouts |  |  |
| * On-Site staff support |  |  |
| * Budget reconciliation |  |  |
| * Develop marketing materials |  |  |
| * Thank Yous |  |  |

*NOTE*: Financial details are often not outlined in joint provider agreements between organizations. However, in the event an exchange of money is included as part of the agreement, it is recommended that the financial arrangements be stipulated in the joint provider agreement. Jointly providing an education activity is a collaborative venture between two or more organizations that requires the direct involvement of the Activity Provider’s Nurse Planner. Contact Hours may not be purchased.

By signature below, the representatives (1) acknowledge they are duly authorized to enter into binding contracts on behalf of the Activity Provider and Joint Provider Organizations and (2) agree to the duties and responsibilities outlined above.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Individual Activity Provider** | | | | | | | | | | | | |
| Organization Name: | | | | |  | | | | | | | |
| Organization Representative: | | | | |  | | | | | | | |
| Representative Title/Position: | | | | |  | | | | | | | |
| Signature: | | | |  | | | | | Date: |  | | |
|  | |  | | | |  |  | | | | | |
| **Joint Provider** | | | | | | | | | | | | |
| Organization Name: | | | | |  | | | | | | | |
| Organization Representative: | | | | |  | | | | | | | |
| Representative Title/Position: | | | | |  | | | | | | | |
| Address: | | |  | | | | | | | | | |
| City: |  | | | | | | State: |  | | | Zip Code: |  |
| Phone: | |  | | | | Email: |  | | | | | |
| Signature: | | | |  | | | | | Date: |  | | |