

APPENDIX A

NAPNAP Agency Provider Application Checklist
Did you remember to . . .



1	Provide Agency Name and Contact Information	
2	Provide Contact Person Name and Contact Information	
3	Provide Name of APRN Consultant (if Contact Person is not a pediatric-focused APRN)	
4	Describe the purpose of your Agency and length of time in business.	
5	Explain the contact person's position and authority in the Agency (Each agency must have a designated individual who is accountable for the quality of educational programs and for ensuring all aspects of the NAPNAP Guidelines of Continuing Education are followed). Include a curriculum	
6	If the contact person is not a pediatric-focused APRN, describe your plan for obtaining nursing input in overall program planning and evaluation. Identify the authority and responsibility of the person(s) providing nursing input. Include a curriculum vita of the APRN consultant.	
7	Outline your plan for presenting continuing education program during the next 3 years.	
8	Explain the source of funding for the continuing education programs.	
9	Describe how you will assure that all sponsored educational activities have balance, independence, and objectivity. Submit your speaker disclosure form.	
10	Describe your process for sharing evaluation feedback with presenters	
11	List minimum qualifications for acceptable faculty.	
12	List criteria that are used to evaluate an acceptable facility (physical learning environment).	
13	Describe the system for record keeping (where will course files be stored, for how long?)	
14	Describe your plan of action if a course must be canceled; describe system for notifying participants and for refunding registration fees.	
15	Outline criteria for granting partial credit to participants attending less than the total program.	
16	Explain how complaints from participants will be handled.	
17	Outline methods of assessing learner needs.	
18	Describe the planning process.	
19	Describe the actual procedure for implementation of programs (advertising, registration procedures).	
20	Outline methods of evaluating individual program and the total continuing education program. Submit a sample evaluation tool.	
21	Explain a system for revision of programs and the continuing education program.	
22	Provide three (3) individual Continuing Education Outlines	
23	Submit a sample certificate of attendance	
24	Provide signature for Section VI - Provider Responsibilities	
For Self-Study/Self-Paced Courses Only		
25	Identify the procedures you use to determine the number of contact hours to be awarded for each course.	
26	List the procedure for issuing a Certificate of Attendance by specifying when the form will be sent to the participant and how it will be assigned.	
27	Identify your policy for the length of time the participant is granted to complete the course.	
28	List your policy for revising (updating) course (frequency, criteria, and methods).	
29	Submit a copy of one correspondence course that you wish to offer for contact hours.	