

## NAPNAP Chapter Provider Application Checklist

**Did you remember to . . .**



1	Provide Chapter Name and Contact Information	
2	Provide Contact Person Name and Contact Information	
3	Provide Name of APRN Consultant (if Contact Person is not a APRN)	
4	Chapter name and year chapter was established.	
5	Describe the role of the contact person in your chapter (Each chapter 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). <u>Include a curriculum vita of the contact person.</u>	
6	If the chapter contact person is not a pediatric-focused APRN, please identify the APRN consultant who has agreed to review all program content. 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	Outline methods of assessing learner needs.	
17	Describe the planning process.	
18	Describe the actual system for implementation of programs (advertising, registration procedures).	
19	Outline methods of evaluating individual programs and the total continuing education plan of the chapter. Submit a sample evaluation tool.	
20	Provide three (3) individual Continuing Education Outlines	
21	Submit a sample certificate of attendance	
22	Provide signature for Section V - Provider Responsibilities	