

Annual Accreditation Demographic Information Form — Provider



Section 1

Name of Accredited Organization (Name on plaque, website, and accreditation statement)

Street Address (P.O. boxes not accepted)

City

State

Zip/Postal

Country

Is the applicant part of a larger organization? If yes, provide name of organization: Yes No

Name of Organization

Identify Organization Type

If a healthcare provider, select number of RN FTE's:

Web Address, if any

Would you like ANCC's Directory of Accredited Organizations to include a hyperlink to your website? Yes No

Section 2

1

Lead Nurse Planner: Name and Credentials (e.g. Mary Smith, MSN, RN)

Telephone Number

Fax Number

Email Address

2

Billing Contact if different from above: Name and Credentials (e.g. Mary Smith)

Telephone Number

Fax Number

Email Address

3

Additional Point of Contact: Name and Credentials (e.g. Mary Smith, MSN, RN)

Title/Position (e.g. Administrator)

Telephone Number

Fax Number

Email Address

Section 3

The Lead Nurse Planner must answer the following questions by placing an "X" next to the appropriate response and provide any additional required information. Each question is specific to changes that occurred **within the last year**.

Has there been any major change in the organizational structure (includes change in ownership, mergers, acquisitions, significant change in job responsibilities, etc.)? Yes No

Has there been significant staff turnover (either in numbers of staff, e.g. 50%, or in key personnel including the Lead Nurse Planner, Nurse Planners or other individuals as defined by the applicant organization)? Yes No

Were there any changes in key personnel (including the Lead Nurse Planner, and/or other individuals as defined by the applicant organization)? Yes No

Were there any complaints lodged against the accredited organization? Yes No

*****If yes to any of the above questions, please attach a detailed description.**

Lead Nurse Planner: A currently licensed RN with a master's degree or higher, and with either the baccalaureate or graduate degree in nursing, who has the authority within a Provider Unit to ensure adherence to the ANCC Accreditation Program criteria in the provision of CNE.

Nurse Planner: A currently licensed RN with a baccalaureate degree or higher in nursing who is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity. The Nurse Planner is responsible for ensuring that appropriate educational design principles are used and processes are consistent with the requirements of the ANCC Primary Accreditation Program.

Please list each Nurse Planner's name (as it appears on his/her RN license), credentials, and state of licensure. (Note: Applicants outside the U.S., please contact the Accreditation Program Office at Accreditation@ana.org)

Lead Nurse Planner	Lead Nurse Planner Credentials	Education Level	State of Licensure
		<input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other: _____	
Nurse Planners	Nurse Planner Credentials	Education Level	State of Licensure
		<input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other: _____	

To list additional Nurse Planners, click here: 

Section 4

By placing an "X" in each box below, the Lead Nurse Planner acknowledges adherence to the following:

- reviews, understands, and is in compliance with the current Accreditation manual requirements;
- reviews and understands the accreditation review process and non-refundable fee structure;
- maintains compliance with all applicable Local, State, Federal and International law and regulations; and
- understands that providing false, misleading, or incomplete information is grounds for revocation of accreditation status.

(Forms received without a signature incur a delay in processing.)

An "X" in the box below serves as the electronic signature of the individual completing this ANCC Accreditation Demographic Form and attests to the accuracy of the information contained.

Electronic Signature (Required) Date _____

Completed By: Name and Title

Please electronically return the completed Demographic form, any additional required information and the required completed Continuing Education Summary Form(s) to: **Accreditation@ana.org**.