Accreditation Process Handbook

Last Updated: 12/11/2025

- **Certificate of Completion Example**
- **Repeat Activity Form**
- **Accreditation Process Handbook (PRINTABLE VERSION)**

Accreditation Application Details

This information is provided to assist you in preparing to complete the application for American Association of Nurse Practitioners® (AANP) Accreditation approval. **Please review the AANP Accreditation Policy Handbook in detail to ensure a successful application process.** The latest AANP Accreditation Policy Handbook and Accreditation Application are linked below and in the online application.

- AANP Accreditation Policy Handbook.
- AANP Accreditation Application.
- AANP Accreditation Fee Schedule.

If you have questions or concerns about the application process, please email ceapps@aanp.org for potential solutions.

The following is provided to assist you as you complete the application for accreditation of your continuing education (CE) activity by AANP.

CONTINUE

Application Process

A complete application, review fee and expedite fee (if applicable) are required to begin the review process. Applications submitted greater than 90 calendar days prior to the activity's start date will not be reviewed and will require another submission. The online system will require one individual to be responsible for completing the application; this person will be identified as the Primary Planner. The application portal is located on the AANP website.

All the following information is required to complete the application:

- General Information.
- Activity Information (Primary Planner Responsibilities).
- Marketing.
- Agenda.
- Certificate of Completion.
- Activity Evaluation.
- Overall Session Detail Form.
- Additional Materials.
- Planner Information (Disclosures).
- Speaker, Faculty or Moderator Information (Disclosures).

Clicking "Reset" in any part of the application will delete or remove all information in that task or section. The information — including disclosures — cannot be recovered. You will be required to enter or request this information again.

See Detailed Application Requirements

General Information

To complete the General Information task, the following questions must be answered:

1. Attestation that you have read the current Accreditation Policy — *linked in the introduction of this section.*
2. Do you want the application expedited ? This is automatic if the application is submitted 14 or fewer business days before the activity (about three weeks). Applications submitted less than 1 week prior to the activity start are subject to increased expedite fees or may not be accepted.

- **For AANP NP Organization members (NPOs):** Please be advised that expedite fees are not included in your NPO member benefits.

3. Primary contact information. This is the person submitting the application.

4. Who will pay the fees? — *Fee schedule is linked in the introduction of this section.*

5. Sponsor or Provider information. The sponsor may be the clinic or hospital system you work for or it can be yourself — this is needed to determine the billing tier as well as whether there is a joint provider in the activity.

6. **Organization type — provide the Nurse Practitioner Organization (NPO) number, if applicable, and indicate whether there are joint providers.**

    a. **NPO:** You will be asked for the organization's member ID number (this is not your personal one).

    b. **501(c):** You will need to upload the letter stating your organization is a 501(c) organization. This is a federal designation.

    c. **Joint Provider:** If there is a joint Provider the fees will be based on the highest tier of the providers. If an AANP NPO provides an activity with a medical education company the fees would be based on Tier 4 pricing. If they partner with a hospital or clinic it would be Tier 3 unless they are a 501(c) organization.

Definitions of General Information:

- **Primary contact information.** The primary planner is the person who will complete the application, make needed revisions within the application and correspond with the review team. Depending on the role of the primary planner, they will complete a Planner or Speaker disclosure.

- **Contact information for the individual who is responsible for payment.** If this is not the primary planner, make sure to include the payer's email address so the invoice can be completed and fees can be paid expediently.

- **Sponsoring organization or provider information.** The sponsoring organization can be yourself (your name and contact information), your clinic, your NP organization or your medical education company.

- **AANP NPO members must include their NPO member identification number.** This is the member number for the NPO and is not your personal member ID number. Make sure you have permission to submit an application on behalf of the NPO. Expedited review fees are not part of the NPO CE benefit.

- **Joint Provider.** Any entity that assists in the planning and implementation of an activity.

CONTINUE

Activity Information

Title of Activity

What is the title used to market your activity?

Type of Activity

The application will allow you the option to choose more than one activity type.

Live	The activity will be presented one time or with repeat dates. It will not be hosted on a website for participants to access at will.
Virtual/ OnDemand	These are activities that are presented online. The activity can be live or prerecorded and hosted on a website. It can be presented via an online meeting platform, such as Zoom, Teams or Webex.
Blended OnDemand	Offered live (in person or webinar) then on-demand for up to 9 months.
CE Series	Multi component activity with pieces build on each other or specific to a disease process. This may be presented over 3 to 6 months.

Enduring	Activity that is hosted online for up to two years. The participant must complete the entire activity to claim credit.
Conference	Any activity with more than one session. It can be part of a Blended OnDemand activity.
Seminar/Symposia	A single session activity
Webinar	A webinar is a virtual activity that is presented at a specific time and may be repeated or endured. It may be live or prerecorded.
Workshop	Hands on activity -- it may be part of a conference. If the workshop has an invasive (any puncture of the skin) component it must be identified on the Session Detail Form whether live subjects (human or animal) or simulators will be used.
Self-Study	Written content -- it must be open access articles or written by the applicant/speaker/faculty for the activity. Or permission from the publisher must be provided.

Initial Start Date

- This is the day the activity begins — do not enter the date the activity is submitted.

- Do not submit your application more than 90 days before the start date of the activity. Early submissions will not be accepted. Submissions received fewer than 14 business days (approximately three weeks) before the activity start date will be automatically charged a nonrefundable expedited review fee.
- Applications submitted less than 1 week prior to the activity start are subject to increased expedite fees or may not be accepted.
- AANP does not accredit activities retroactively -- the start date must be in the future.
- The activity may not be available to learners on the website unless it has a current AANP accreditation ID.
- **For AANP NP Organization members (NPOs):** Please be advised that expedite fees are not included in your NPO member benefits.

Contact Hours

- **Total Contact Hours** -- the total number of hours a participant will spend learning material (length of sessions or recordings). Time spent on breaks, meals or introductions should not be included. If there are concurrent sessions each session's time should be added together
- **Maximum Contact Hours**-- the total number of hours a participant can obtain by attending the activity.
- **Total Pharmacology Hours**-- the total length of time spent discussing pharmacokinetics and clinical applications of drugs. Pharmacology credit must be presented by appropriate faculty and supported by an activity's objectives and detailed content. Enhances the learner's ability to prescribe and monitor patients on pharmacotherapy. See definitions in the AANP Accreditation Policy Handbook for further information.

- **Maximum Pharmacology Hours**-- the maximum pharmacology credit a participant can earn by attending the activity.

Indicate the Category of Activity: Traditional, Advanced, Enduring or Innovative

Does your activity have more than one session? Is it going to be live in person? Is it going to be hosted online? How long do you plan to host the activity online? Will there be practice sessions or practice time built into the activity? How many times do you plan to present your activity? Is this an article that will be hosted online for viewers to read and obtain credit? See the table below on how to best categorize different activity types.

Traditional	Any activity with up to 15 contact hours (CH) to be reviewed, which is presented in person or via webinar format with up to two presentations in the accreditation term, or blended OnDemand activities with a virtual component of up to three months. **Examples:** • NPO monthly meeting with an educational component. • A one- to two-day conference that is only presented once. • A webinar CE activity or the NPO meeting online. • Blended OnDemand - the NPO meeting's educational component that is hosted online for three months after the event for members to complete.

	• An activity that is live streamed and less than 15 hours.
Advanced	Any live activity that is more than 15 CH or any live activity presented three or more times within the accreditation period(no matter the number of contact hours), blended OnDemand activities with a virtual component of four to nine months, a CE series — either three-months (may be repeated up to three times) or six-months (no repeats), any podcast or a virtual activity that lasts up to six months with no repeats. **Examples:** • ANY activity that is more than 15 hours of educational content. • ANY activity that is presented more than two times in one year. • CE Series: three month— this type can be repeated up to three times (total of four presentations in one year), CE Series: six month — this can only be presented once in the accreditation year. • Podcast— any podcast activity. • ANY virtual/digital platform activity lasting six months - it may not be repeated. • Blended OnDemand activity lasing four- to nine-months- it may not be repeated.

Enduring	An activity that is hosted online for up to two years. Please consider a one year enduring for activities with pharmacology credit due to the rapid updates that happen regarding medication. If updates are needed at one year it would require a new application. **Example:** Recorded session from a conference the organization would like people to be able to access online for up to 2 years.
Innovative	Any activity that is not included in the other types would be considered an innovative activity - this also includes activities that may be multiple components of the types listed above. This requires a pre-determination review to make sure it can be accredited (additional review fees apply).

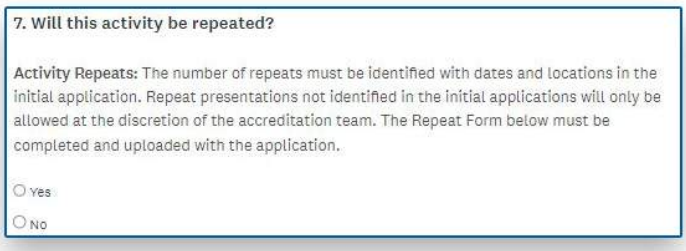
Repeated Activities

If the activity will be offered more than once, select “repeat activity” in the application, and complete the required repeat activity form located in the application.

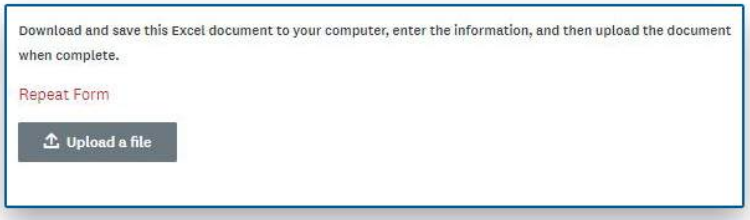
- You must download, complete and re-upload the form with the number of times this activity will be presented during the accreditation time frame.
- The activity must be the same content each time however may have different presenters — each must complete the speaker/faculty disclosure.

- Please keep in mind that some activities may not be repeated (e.g., enduring, blended OnDemand, six-month CE series, or podcasts).
- You may only offer the activity the number of times indicated in the application. If you present the activity more times than awarded, AANP may be forced to rescind the awarded credit.

Question for Repeated Activity



Repeated Activity Form to Download and Complete



Location of Live Activity

What is the city and state where it will be presented? Please use the two letter state abbreviation here (for example Austin, TX).

Prior Accreditation

Have you previously applied and been awarded credit for the **same content** in this application? If this activity has received prior accreditation by AANP, the previous activity ID number must be provided.

Credit Determination

Specify how the online, OnDemand, recording or virtual material credit was determined.

- Was it all print and the word count was used in the Mergener formula (remember it includes posttest questions in the formula)? If you do not use a posttest then use a 0 for the number of questions.
- Did you record the presentation and the length of the recording is being used?
- Is the webinar or virtual session scheduled for a certain time period?

Web Address for the Virtual Activity

You must include a landing page for your enduring activity to demonstrate what will be marketed to learners and what you put on the site about AANP credit being offered. You can list your

scheduled Zoom/Webex or other virtual meeting link here.

Target Audience

Who do you expect to attend this activity? To qualify for accreditation, the target audience must include nurse practitioners (NPs). It may include other professions than listed as well.

While NPs should be the primary focus audience, other professions might be able to use AANP credit for recertification. These individuals will need to check with their certifying body to determine whether AANP credit is accepted and if there are any stipulations about using it.

Need

How did you determine the need for this activity? This can include surveys, prior program evaluations, literature review, new/evolving technology, professional organization recommendations, or other.

Detailed Credit Break Down

This is provided only if you have a multi session activity.

Funder Information

If sources of external funding (e.g., independent medical education [IME] grants) are used to support the activity, the funder information must be supplied with the application.

Note: If the activity has any pending grants, these should be noted as well.

Additional Accreditation

Please indicate if you have obtained or are planning to obtain other accreditation for this activity. You will need to provide the name(s) of any additional accrediting body.

CE Website Calendar Request

Would you like your activity listed on the AANP CE Website Calendar to let others know about the activity? Complete the Calendar request details.

Definition of Applicant Roles

Are you a planner, speaker, moderator or poster presenter? You will need to list anyone who assisted in planning the activity. This will not send the request. Responses to this question open the disclosure tasks for planners and speakers.

- **Planner:** an individual who completes the application and who may or may not have any additional roles in the activity is the main planner. Other planners include anyone who assisted in developing the activity content or choosing speakers.
    - A planner disclosure is required from those involved in selecting speakers (faculty) or determining content (e.g., an individual on the activity planning committee, education committee or conference committee).

- **Speakers/Faculty/Moderators:** the individual(s) involved in the development or delivery of the content; an individual who has the potential to influence the content (e.g., moderators, speaker, content developer or poster presenter).
    - **A planner who is also faculty will only complete a faculty disclosure. An additional planner disclosure is not required.**

Primary Planner Responsibilities

What is your role in this activity? This is very important as this will open the appropriate tasks for disclosures. Are you a planner? Are you also a speaker for the activity? Are you going to moderate the activity? Are you presenting a poster for the conference?

- If you are a planner and not the others you will complete **Your Planner Disclosure** only.
- If you are also a speaker/moderator/poster presenter you will complete **Your Faculty Disclosure** only.

Now for the interesting part — for anyone who assisting in planning the activity:

- If the person is a planner only they complete a planner disclosure.
- If they are a planner AND a speaker/moderator/poster presenter they would complete a speaker/faculty disclosure only.

Are you the only … this is for both the planner and speaker/faculty roles — please be cautious answering these as they open other disclosure-related tasks that must be completed to obtain accreditation.

> Keep in mind, AANP Speaker/Faculty disclosures request more information than ACCME/ANCC/AAPA disclosures and they cannot be used without prior approval by the Director of Accreditation.

If you are the primary planner for this activity:

- Obtain a list of all planners and their preferred email addresses.
- Obtain a list of all speakers, faculty, poster presenters and content developers and their preferred email addresses.
- Manage the invitations for the “recommendation” (disclosure), withdraw, resend, download for future use, etc.
- View disclosures to assess whether slide decks might need to be submitted — request slide decks for potential review early.

Marketing

Upload marketing and promotional tactics for the audience generation. Draft copies and screenshots of websites are accepted. You are required to include:

- The correct AANP accreditation statement (See AANP Accreditation Policy Handbook, Section 8.8).
- Any applicable information for grant funding by another entity (see AANP Accreditation Policy Handbook, Section 4.0, Standard 6: Acknowledgment of Commercial Support).
- Faculty disclosures must be included in the marketing information/activity agenda **and/or** the faculty slide deck on the disclosure slide.
    - The disclosure information must be included, whether there is anything to disclose or not.
    - If there are disclosures, the following must be included: the company the relationship is with, the speaker's role and the clinical area or disease process to which the role relates. The speaker needs to include all financial relationships, even if they feel they are not relevant to the topic. They must also include this statement: *"All relevant financial relationships have been mitigated."*

Activity Agenda or Schedule

What do you send to participants to keep them informed of the schedule for the activity? Remember to include breaks between sessions, if appropriate.

A sample agenda/schedule is provided in the ***Appendix***.

Certificate of Completion

See AANP Accreditation Policy Handbook, Section 5.12. A sample certificate is provided in the ***Appendix***.

The content on the certificate must include:

- Name of the participant.
- Title of the educational activity.
- Location of the educational activity.
- Date of the educational activity.
- Name of person coordinating the activity.
- Sponsor/provider name.
- The AANP Accreditation statement (including the total contact and pharmacology hours).

Activity Evaluation Questions

See AANP Accreditation Policy Handbook, Section 5.10 . A sample evaluation is also provided in the ***Appendix***.

- Live activities have four mandatory questions.

a. As a result of my participation in this activity, I am better able to: (list objectives)

b. The following speaker(s) demonstrated experiential knowledge of the topic.

c. The content provided a fair and balanced coverage of the topic.

d. The content was free of commercial bias.

- Virtually presented activities have the four mandatory questions with the addition of learner outcome questions or a posttest. Learner outcome questions are used to determine the learner's intent to implement what was learned during the activity.

Examples of Learner Outcome Questions:

You can create your own or use some of the following -

1. **As a result of your participation in the activity, how committed are you to making at least one change in clinical practice?**

   a. *Very committed.*

   b. *Somewhat committed; I would need more information or resources to make a change.*

   c. *Not very committed.*

   d. *Not at all committed.*

   e. *N/A; I am a student or not currently practicing.*

2. **Did this activity provide at least one key takeaway that will assist you in making a change to your professional practice or performance?**

   a. *Yes.*

   b. *No.*

   c. *N/A; I am a student or not currently practicing.*

3. **What barriers (if any) do you anticipate that might prevent you from implementing strategies you learned during this CE activity?**

a. *I do not believe there will be any barriers.*

b. *Organizational or practice-related policies.*

c. *Patient expectations or agendas.*

d. *Lack of time to implement during patient visit.*

e. *Competing priorities.*

f. *Remembering to implement the change.*

g. *N/A – I am a student or not currently practicing.*

Others might include:

- **Regarding the patient perspective live component, do you believe this segment will improve your ability to communicate with patients?**
- **Regarding the patient perspective live component, do you believe this segment provided perspectives that you had not previously considered?**
- **I plan to make the following changes to my practice.**
    - *Multiple statements based on objectives and how they apply to practice.*
    - *Other Planned Changes to Practice (please provide below).*
- **What new team-based patient care strategies will you employ as a result of this activity (select ALL that apply)?**
    - *Share information.*
    - *Improved written communication with my care team members.*
    - *Improved verbal communication with my care team members.*
    - *Improved hand off information to those outside my care team.*

- *Improved referral process to those outside my care team department.*
- *Improved communication with my patients that is consistent with messaging from other members of the health care team.*
- *Improved treatment strategies that incorporate a team-based approach.*
- *Does not apply.*

Activity Detail Form

Download and complete the Activity Detail Form, which is available in the application system, and then upload it with your activity's information.
Session objectives for pharmacology content (See AANP Accreditation Policy Handbook, Section 6.10) need to be clearly defined (See AANP Accreditation Policy Handbook, Section 3.0, Definitions: Pharmacology Content).

Learner objectives should be learner oriented, outcome focused using action verbs. What do you want the learner to be able to do with the information provided?

Additional Materials

This area is where the applicant can leave comments for the reviewer about any specifics of the application or questions.

Submit the complete session presentation if there is a potential AANP-defined conflict of interest (COI) requiring AANP review. Please upload the slide deck here if the speaker has not included it in their disclosure form.

Presentation Materials

1. **Slides** -- must have a slide for disclosures (if they are not disclosed in Marketing materials), objectives, and scholarly references.

    a. Disclosure slides must include the company, speaker's role and the disease process it is related to and the slide must also include the statement - "All relevant financial relationships have been mitigated." The disclosures need to be listed whether the speaker feels they are relevant or not. If there are not any disclosures it must state that.

    b. Objectives -- these need to be the objectives submitted on the Session Detail Form and approved by AANP review team.

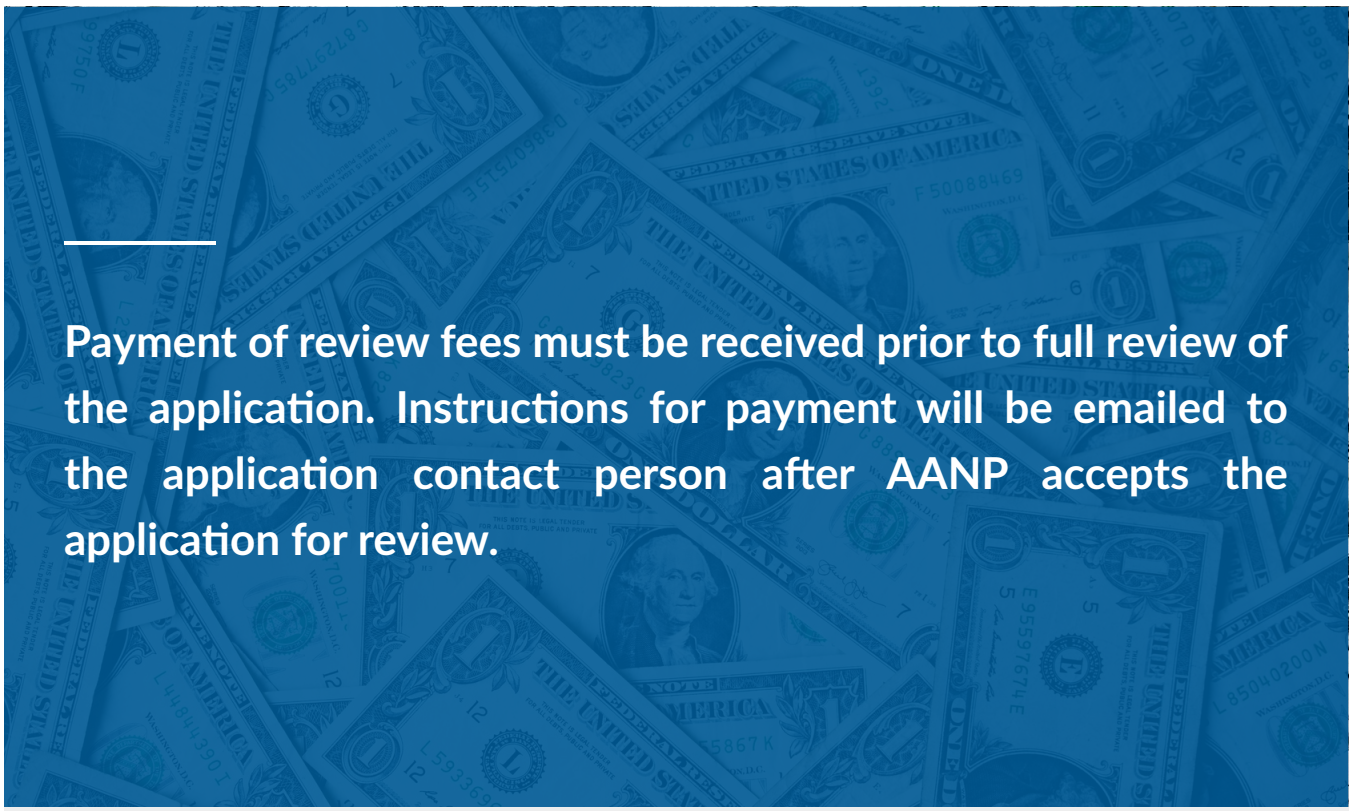
    c. References -- Scholarly references that are primarily less than 5 years old - older references might be included to support the history of the topic.

2. **Journals/Printed material** for accreditation

    a. If journal articles are not simply a resource and are required for the activity completion they must be submitted under Additional Materials in Word. If they are from a copyrighted source the permission from the publisher must be included.

    b. Any printed material that is required to complete the activity for CE credit must be uploaded.

3. **Websites** -- links are not accepted as the material may change and the content must be kept for at least 6 years after the activity expiration date.



Payment of review fees must be received prior to full review of the application. Instructions for payment will be emailed to the application contact person after AANP accepts the application for review.

See "Application Fees" section for additional information related to payments.

Review Process

Based on the date AANP Accreditation determines the complete application has been received, the applicant can expect the standard review process to take 15-20 business days (excludes weekends and federal/organization-recognized holidays). Applications submitted greater than 90 calendar days prior to the activity's start date will be rejected. Applications received within 14 business days of the activity will be charged an expedite fee.

Expedited Reviews: A 10-14 business-day expedited review can be requested, for an additional fee, by completing the expedite request inquiry in the online application and completing the entire submission process. AANP reviews all expedite requests on a case-by-case basis, and requests are granted at the discretion of AANP Accreditation. Approval or denial for an expedited review will be made within one business day of the emailed request. This expedited review does not guarantee approval.

If additional information or material is required during the full review, a longer review period may result. If there is significant time required for repeat reviews, additional review fees, up to the total amount paid in initial review fees, may then be assessed. Refer to Section 8.0 in the AANP Accreditation Policy Handbook for other important information regarding the review process.

During this time the following accreditation statements can be used:

Prior to making your submission to AANP, use: This educational activity will be submitted to the American Association of Nurse Practitioners® for approval of up to [XX] contact hours of accredited education.*

Once accepted for AANP review, use: This educational activity is pending approval by the American Association of Nurse Practitioners® of up to [XX] contact hours of accredited education.

Application Fees

For the purpose of individual activity AANP Accreditation fees, applicants are categorized by tiers.

TIER 1: AANP NPO MEMBER	TIER 2: NONPROFIT 501(C) ORGANIZATIONS	TIER 3: HEALTH PROFESSIONS	TIER 4: ALL OTHER APPLICANTS

- NP groups — but not individual AANP members — that meet AANP-defined membership criteria.
- For more information, please see https://www.aanp.org/membership/memberships-for-organizations.

TIER 1: AANP NPO MEMBER	TIER 2: NONPROFIT 501(C) ORGANIZATIONS	TIER 3: HEALTH PROFESSIONS	TIER 4: ALL OTHER APPLICANTS

- Nonprofit organizations with a federal tax exemption.

- Must supply proof of tax-exempt status (i.e., official IRS letter) or supply federal Employer Identification Number (EIN) with application.

TIER 1: AANP NPO MEMBER	TIER 2: NONPROFIT 501(C) ORGANIZATIONS	TIER 3: HEALTH PROFESSIONS	TIER 4: ALL OTHER APPLICANTS

- Hospital systems, private medical practices and clinics.
- Individual clinicians offering CE to their peers in the workplace who do not qualify for other tiers.
- Government agencies whose staff provide health care to the public.
- Academic institutions and professional associations for the health professions.

TIER 1: AANP NPO MEMBER	TIER 2: NONPROFIT 501(C) ORGANIZATIONS	TIER 3: HEALTH PROFESSIONS	TIER 4: ALL OTHER APPLICANTS

- All other applicants who do not qualify for Tiers 1-3, regardless of tax status.
- Medical education companies.
- Marketing and communication firms.

To utilize AANP NPO accreditation benefits, the NPO membership must be current. AANP NPO membership benefits apply to the membership year, and the membership may not be renewed early to restart the benefits.

Applicants cannot use both the NPO and the 501(c) discount in combination. A breakdown of accreditation fees is listed in the ***Appendix***.

- AANP reserves the right to change the fee schedule with a six-week notice. In addition to the basic review fee, added fees are assessed for expedited review.
- For the purposes of determining an individual activity's accreditation approval fee, the total CH credit reviewed is rounded up to the next full number.
- If more than one provider is applying (i.e., there is a joint provider), all applicants must apply with the same category (e.g., all are AANP NPO members or all are nonprofit 501(c) organizations). If applicants are not in the same category, the highest applicable fee scale must be used.
- Once an application is submitted and a preliminary review is complete, the applicant will be notified via email with payment instructions. These instructions will include a link to pay via credit card at my.aanp.org, which is AANP's preferred payment method. Payment can also be made by overnight check.
- The nonrefundable review fee must be received before a full review can begin.
- If an expedited review is requested or is required and approved, the review fee and expedite fee must be received prior to moving the application into full review.

- After the application has been reviewed and finalized, the applicant will receive a second email requesting payment of all fees for the approval.

Application Forms

All entries made in the online submission system will be downloaded and maintained in AANP's files. Required documents that are uploaded into the system by the user (i.e., certificate, evaluation and marketing) will also be downloaded and saved by AANP. URLs linking to online documents will not be accepted, because accreditation applications must be maintained for six years, and online documentation cannot be guaranteed for that length of time. Online pages can be copied to a PDF or Word document for online submissions.

Record Maintenance: Providers must maintain records for at least six years. Records should include a copy of the approved activity, any related announcement(s), the activity date(s) and time(s), a participant roster, the amount of credit awarded, an evaluation summary, a certificate copy and any related documents. Records may be maintained in hard-copy or electronic format. The applicant must download the final, approved application to be added to their record maintenance file.

Post-Activity Reports

Submission of Post-activity Documents: Within one month of the end of the activity, a copy of the attendance roster, summary of the activity evaluation and — if used — the posttest with pass rate for your organization must be submitted to the AANP application system for review.

A statement must be completed in the online portal, which validates that any speaker COI and off label information was disclosed to the participants and was completed when the documents were uploaded in the application system.

The timely submission of post-activity documents is required for review of any subsequent applications; AANP reserves the right to deny new applications for a failure to submit previous post-activity reports. New application will be held until the report is submitted and approved-- if the new application acceptance then falls into the expedited time period these fees may be assessed.

Rosters

Rosters must include a count for total participants, total NP participants and a unique identifier (no social security numbers) for each individual. The report must include:

- Name of participants with unique identifier. Unique identifiers may include the participant email address, NP, RN, MD license number, and/or NPI number.

- Rosters containing participants from multiple disciplines must clearly identify those who are NPs.
- If there is an invasive procedure workshop as part of the activity -- workshop participant's email address and phone numbers **are required** for post impact surveys.

Evaluation Report

The evaluation report must be in a summary format, not the actual evaluation forms.

- The evaluation questions must be the exact evaluation questions approved with the accreditation application.
- The same questions must be asked of all attendees.
    - For the required bias question, the actual number or percentage of affirmative and negative answers is required.

Posttest

If a posttest is used as part of the evaluation tool, the posttest summary must be in summary format.

- The posttest questions must be the exact posttest questions approved with the accreditation application.
- The same questions must be asked of all attendees.

- The pass rate identified in the application must be listed.
- You must identify the number of attendees who passed and who failed.

When Are Reports Due?

- For any live activity that is repeated, the above report is due one month after the repeat presentation date.
- For any virtual or OnDemand activity, the above report is due one month after the end of the approval period.
- For any enduring activity, the above reports are due after the first month the activity was available to participants, with a final cumulative report due within one month after the accreditation term ends.

Copy of Final CE Certificate

Please upload a copy of a CE certificate that was sent to a participant who completed the activity. Make sure that the CE certificate includes the correct accreditation statement and accreditation ID assigned to the activity.

Accreditation Fee Schedule

ACCREDITATION FEES				
Pricing Tiers				
	Tier 1 **AANP NPOs**	**Tier 2** **501c Organizations**	**Tier 3** **Health Professions**	**Tier 4** **All Other Organizations**
Tier Descriptions	Must be an AANP NPO member. Individual AANP members, please see Tier 3. After all 16 hours of AANP NPO member benefits are used during the membership year, pricing in the tables below will apply.	Nonprofit with federal tax exemption. Documentation is required.	Hospital systems, health care clinics, individual clinicians, government agencies, academic institutions and professional associations.	Any organization that does not fall into Tiers 1-3, regardless of tax status. Example: Medical education or marketing and communication companies.
Nonrefundable Review Fees				
Review Fee	$100	$150	$200	$300
Predetermination Review Fee	$200	$300	$400	$500
Approval Fees				
Traditional	$100	$150	$200	$300
Advanced	$300	$450	$600	$1,000
Enduring	$500	$750	$1,000	$2,000
Enduring Two-Year	$800	$1,200	$1,600	$3,000
Innovative Approval	$800+	$1,200+	$1,600+	$2,500+
Expedited Approval Fees				
Flat Fee	$200			$500

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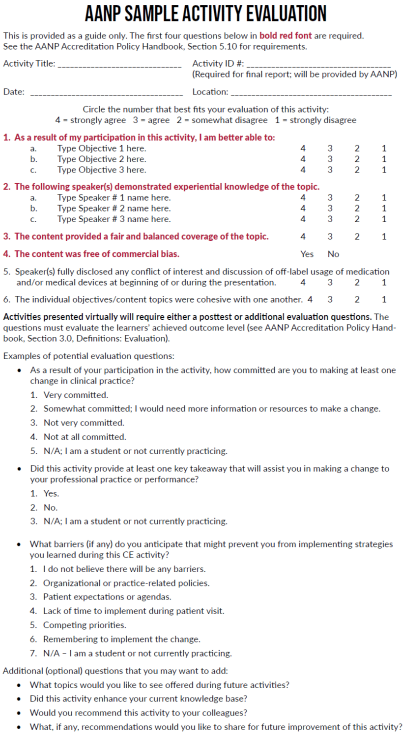
PDF

AANP Accreditation - Fee Schedule.pdf

110 KB

Sample Activity Evaluation



AANP SAMPLE ACTIVITY EVALUATION

This is provided as a guide only. The first four questions below in **bold red font** are required.
See the AANP Accreditation Policy Handbook, Section 5.10 for requirements.

Activity Title: _____ Activity ID #: _____
(Required for final report; will be provided by AANP)

Date: _____ Location: _____

Circle the number that best fits your evaluation of this activity:
4 = strongly agree 3 = agree 2 = somewhat disagree 1 = strongly disagree

1. As a result of my participation in this activity, I am better able to:
- a. Type Objective 1 here. 4 3 2 1
- b. Type Objective 2 here. 4 3 2 1
- c. Type Objective 3 here. 4 3 2 1

2. The following speaker(s) demonstrated experiential knowledge of the topic.
- a. Type Speaker # 1 name here. 4 3 2 1
- b. Type Speaker # 2 name here. 4 3 2 1
- c. Type Speaker # 3 name here. 4 3 2 1

3. The content provided a fair and balanced coverage of the topic. 4 3 2 1

4. The content was free of commercial bias. Yes No

5. Speaker(s) fully disclosed any conflict of interest and discussion of off-label usage of medication and/or medical devices at beginning of or during the presentation. 4 3 2 1

6. The individual objectives/content topics were cohesive with one another. 4 3 2 1

Activities presented virtually will require either a posttest or additional evaluation questions. The questions must evaluate the learners' achieved outcome level (see AANP Accreditation Policy Handbook, Section 3.0, Definitions: Evaluation).

Examples of potential evaluation questions:

- As a result of your participation in the activity, how committed are you to making at least one change in clinical practice?
  1. Very committed.
  2. Somewhat committed; I would need more information or resources to make a change.
  3. Not very committed.
  4. Not at all committed.
  5. N/A; I am a student or not currently practicing.
- Did this activity provide at least one key takeaway that will assist you in making a change to your professional practice or performance?
  1. Yes.
  2. No.
  3. N/A; I am a student or not currently practicing.
- What barriers (if any) do you anticipate that might prevent you from implementing strategies you learned during this CE activity?
  1. I do not believe there will be any barriers.
  2. Organizational or practice-related policies.
  3. Patient expectations or agendas.
  4. Lack of time to implement during patient visit.
  5. Competing priorities.
  6. Remembering to implement the change.
  7. N/A – I am a student or not currently practicing.

Additional (optional) questions that you may want to add:

- What topics would you like to see offered during future activities?
- Did this activity enhance your current knowledge base?
- Would you recommend this activity to your colleagues?
- What, if any, recommendations would you like to share for future improvement of this activity?

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AANP Accreditation - Activity Evaluation Example.pdf

109.7 KB

Marketing Example

MARKETING EXAMPLE

The [NP Group of City, State] invites you to attend: [Title of Activity]

Speaker: [First Name, Last Name, MSN, NP-C, etc.]

Learning Objectives:

At the end of the presentation, participants will be able to:

[Objective 1]

[Objective 2]

[Objective 3]

Date/Time:

Location:

RSVP to: [NP Group Representative] at [XXX-XXX-XXXX] by [Date].

This activity is supported by an unrestricted educational grant from [Sponsoring Company Name].

[Insert AANP Accreditation statement here.*]

* **Prior to making your submission to AANP, use:** This educational activity will be submitted to the American Association of Nurse Practitioners® for approval of up to [XX] contact hours of accredited education.
* **Once accepted for AANP review, use:** This educational activity is pending approval by the American Association of Nurse Practitioners® of up to [XX] contact hours of accredited education.
* **Once approved by AANP, use:** This activity is approved for [XX] contact hour(s) of continuing education (which includes [XX] hour(s) pharmacology) by the American Association of Nurse Practitioners®. Activity ID# [xxxxxxxx]. This activity was planned in accordance with AANP Accreditation Standards and Policies.

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AANP Accreditation - Marketing Example.pdf

90.9 KB

Agenda / Schedule Example

AGENDA EXAMPLES

What do you send to participants to keep them informed of the schedule for the activity? Remember to include breaks between sessions, if appropriate.

Date	Time	Title
xx/xx/xxxx	0900-1000	Title of the activity if it is a single session or meeting.

OR

Your organization's agenda

OR

Date of Initial Activity	Time (Length of Recording)	Speaker	Title of Session

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AANP Accreditation - Agenda Example.pdf

90.3 KB

AANP Accreditation - Agenda Example (Fillable).docx

7.6 KB

Certificate of Completion Example

The image below is an example of a CE Certificate of Completion. This is provided as an example only, and you must submit the actual Certificate of Completion that will be used with your application submission. If your organization does not have a certificate template, you are welcome to use the sample provided, but you must make the changes listed below.

The following information is required on the Certificate of Completion:

- The submitting sponsor name or organization name as the title.
- The submitting sponsor's logo, if applicable.
- An area to enter the name of the participant.
- The title of the educational activity, as submitted to AANP.
- The location of the educational activity.
- The date of the educational activity.
- The name of the person coordinating the activity.
- The name of the sponsor or provider.
- **The following statement:** This activity is approved for [XX] contact hour(s) of continuing education (which includes [XX] hour(s) of pharmacology) by the American Association of Nurse Practitioners® (AANP). Activity ID# [xxxxxxxx]. This activity was planned in accordance with AANP Accreditation Standards and Policies.

Sponsoring Company or Organization's Name Here

CE CERTIFICATE

This is to certify that
Learner's Name

Has attended and successfully completed the educational activity:

ACTIVITY TITLE

This activity is approved for XXX contact hour(s) of continuing education
(which includes XXX hour(s) of pharmacology) by the American Association of Nurse Practitioners® (AANP).
ACTIVITY ID # XXXXXXX
This activity was planned in accordance with AANP Accreditation Standards and Policies.

Location:
Date:

Activity Coordinator
Sponsor or Provider Name

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AANP Accreditation - Certificate Example.pdf

106.5 KB

Repeat Activity Form

XLS

AANP Repeat Activity Form 2023.xlsx

14.3 KB

Accreditation Process Handbook (PRINTABLE VERSION)