**Joint Provider Agreement**

**MU SINCLAIR SCHOOL OF NURSING**

**NURSING OUTREACH**

This activity is being jointly provided by University of Missouri Health, Office of Compliance and University of Missouri Sinclair School of Nursing

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| Activity Title: |  |
| Activity Date: |  | Activity Format: [x]  Live [ ]  Enduring [ ]  Blended |
| Activity Provider Nurse Planner: | Cindy Stephens, MS(N), RN  |
| Phone: | 573-882-0215 | Email: | stephenscy@missouri.edu  |

University of Missouri Sinclair School of Nursing will ensure the educational activity has a strong educational design and meets the ANCC/Midwest Multistate Division (Midwest MSD) 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 Approved Provider as stipulated by the ANCC/Midwest MSD Accreditation criteria*.

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| **Planning Responsibilities:** | **University of Missouri Sinclair School of Nursing** | **University of Missouri Health, Office of Compliance** |
| * Determining learner outcomes
 | Required | X Collaborative |
| * Selecting planners, presenters, faculty, authors, and content reviewers
 | Required | X Collaborative |
| * Awarding contact hours
 | Required |  |
| * Developing evaluation method(s)
 | Required | X Collaborative |
| * Managing commercial support
 | Required |  |
| * Recordkeeping procedures
 | Required |  |
| * Ensuring the Approved Provider’s name is prominently displayed on all promotional materials developed for the activity
 | Required | X Collaborative |
| Insert additional duties below: *(suggestions provided)* |  |  |
| * Develop marketing materials ensuring that correct approved provider statement is used:

**University of Missouri Sinclair School of Nursing is an approved provider of continuing nursing education by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.** **Midwest Multistate Division** **Provider Approval Number MO1019-7.***(NOTE: The Provider Approval Number changes with each approval period. MUNO will contact you with any changes)* |  | X Collaborative |
| * Submit required documentation1
 | X (train Compliance staff & consult/ assist as needed) | X |
| * Process registrations
 | X |  |
| * CE certificates
 | X | X |
| * Handouts
 |  | X |
| * On-Site staff support
 |  | X |
| * Disclosures and how learners were informed of them2
 |  | X |
| * Budget reconciliation
 | X |  |
| * Evaluation summary
 |  | X |
| * Maintain contact hour transcript for each participant which is available to the participant upon request.
 | X |  |

1 Required documentation: a) CNE Activity Planning Guide, b) Gap Analysis Worksheet, c) Supporting Evidence to Validate

Professional Practice Gap, d) Educational Planning Form, e) Bios/ COIs for all PC members and speakers, f) Verification of

Attendance Forms, g) Handouts, h) Evaluation Summary. Forms may be found at

<http://nursingoutreach.missouri.edu/CEforms.aspx>.

2 Disclosures must be made **prior to the start of the activity** and include: a) Provider Approval Statement, b) Successful Completion

Requirements, c) Presence/Absence of Conflicts of Interest for Planners & Faculty, d) MU Sinclair School of Nursing identified as Joint

Provider, e) Commercial Support, if applicable.

MUNO will do an Internal Service Entry (ISE) to debit Office of Corporate Compliance for services rendered:

* Clinical Research Compliance Orientation and Ongoing Education:  $500 flat fee for a 12 month period (assessed on a fiscal year basis), plus $10/registrant.
* Academic and Research Compliance Seminar Series:  $1,000 flat fee for a 12 month period (assessed on a fiscal year basis), plus $10/registrant up to 12 programs/fiscal year.  If over 12 programs an additional cost per program is $70 + $10 per person.

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

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| **Approved Provider** |
| Organization Name: | University of Missouri Sinclair School of Nursing |
| Organization Representative: | Shirley J. Farrah, PhD, RN-BC |
| Representative Title/Position: | Assistant Dean, MU Nursing Outreach, Sinclair School of Nursing |
| Signature: |  | Date: |  |
|  |  |  |  |
| **Joint Provider** |
| Organization Name: | University of Missouri Health, Office of Compliance |
| Organization Representative: | Lori Wilcox, EdD |
| Representative Title/Position: | Director, Academic Compliance |
| Address: |  |
| City: | Columbia | State:  | MO | Zip Code: | 65212 |
| Phone: | (573) 882-2460 | Email: | wilcoxl@health.missouri.edu |
| Signature: |  | Date: |  |