

**BRIGHAM AND WOMEN'S HOSPITAL
 CENTER FOR NURSING EXCELLENCE
 CONTINUING EDUCATION ACTIVITY
 JOINT PROVIDER AGREEMENT**

This activity is being jointly provided by Brigham and Women's Hospital and (Insert Joint Provider Organization Name).

Activity Title: _____

Activity Date: _____ Activity Format: Live Enduring Blended

Activity Provider Nurse Planner: _____

Phone: _____ Email: _____

Brigham and Women's Hospital will ensure the educational activity has a strong educational design and meets the ANCC/Northeast Multistate Division (NEMSD) 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 Activity Provider as stipulated by the ANCC/Northeast MSD Accreditation criteria.*

PLANNING RESPONSIBILITIES:	(INSERT NAME OF ACTIVITY PROVIDER):	(INSERT JOINT PROVIDER NAME):
• Determining learner outcomes	Nurse Planner-Required	
• Selecting planners, presenters, faculty, authors, and content reviewers	Nurse Planner-Required	
• Awarding contact hours	Nurse Planner-Required	
• Developing evaluation method(s)	Nurse Planner-Required	
• Managing commercial support	Nurse Planner-Required	
• Recordkeeping procedures	Nurse Planner-Required	
• Ensuring the Activity Provider's name is prominently displayed on all promotional materials developed for the activity	Nurse Planner-Required	
<i>Insert additional duties below: (suggestions provided)</i>		
• Develop marketing materials		
• Process registrations		
• Handouts		
• On-Site staff support		
• Budget reconciliation		
• Evaluation summary	Nurse Planner-Required	
• Thank You		

NOTE: Financial details are often not outlined in joint provider agreements between organizations. However, in the event an exchange of money is included as part of the agreement, it is recommended that the financial arrangements be stipulated in the joint provider agreement. Jointly providing an education activity is a collaborative venture between two or more organizations that requires the direct involvement of the Activity Provider's Nurse Planner. Contact Hours may not be purchased.

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

INDIVIDUAL ACTIVITY PROVIDER

Organization Name: _____
Organization Representative: _____
Representative Title/Position: _____
Signature: _____ Date: _____

JOINT PROVIDER

Organization Name: _____
Organization Representative: _____
Representative Title/Position: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
Signature: _____ Date: _____

This document serves as proof of compliance with the ANCC/Northeast MSD requirements regarding enduring materials and must be forwarded the Center for Nursing Excellence mailbox (nursingceurequest@partners.org).