JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

INTENT TO APPLY FOR INITIAL JOINT ACCREDITATION

Joint Accreditation (JA) asks each organization seeking initial accreditation to confirm its intent to follow JA policies and fulfill the responsibilities associated with being a Joint Accreditation provider, and to provide information on its program of interprofessional continuing education demonstrating eligibility to apply.

This document includes the questions that organizations will be asked to respond to in completing the Intent to Apply for initial Joint Accreditation form. It is provided for informational purposes only. JA reserves the right to modify questions for clarity and completeness.

ORGANIZATIONAL INFORMATION

Name of Organization:	
Organization Website URL:	

An organization is eligible to seek accreditation as a joint provider of continuing education for the healthcare team if…

- The organization's structure and processes to plan and present education designed by and for the healthcare team have been in place and fully functional for at least the past 18 months;
- At least 25% of the educational activities delivered by the organization during the past 18 months comprise education designed by and for the healthcare team;
- The organization engages in the Joint Accreditation process and demonstrates compliance with the criteria and, if currently accredited, any associated accreditation policies required by any of the collaborating accreditors.

Prior to submitting the Intent to Apply form, all organizations must contact Joint Accreditation Staff (info@jointaccreditation.org) to discuss the eligibility requirements and the timeline to pursue Joint Accreditation.

Please provide the following information and submit this form with the Eligibility Review Fee (see instructions and current fee schedule HERE).

> Once Joint Accreditation determines that your organization is eligible to apply, you will be added to the Joint Accreditation announcements email list to receive relevant updates related to Joint Accreditation. It is important to ensure that you are able to receive emails from info@jointaccreditation.org. You, or your organization's IT administrator, may need to add this address to your internal list of allowed senders to prevent correspondence from being blocked or delivered to a spam folder.

ORGANIZATIONAL STRUCTURE

> Organizations that are ineligible companies are not eligible to be jointly accredited and are not permitted to control CE content. Please confirm that your organization 1) is not an ineligible company and 2) is not owned by an ineligible company.
>
> An ineligible company is any company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Please check all that apply.

- ☐ Our organization is not an ineligible company.
- ☐ Our organization is not owned by an ineligible company.

CURRENT PROVIDER OR ACTIVITY ACCREDITATION

Please select all of the accreditations which currently apply to your organization. Check all that apply.

- ☐ Accreditation Council for Continuing Medical Education (ACCME)
- ☐ ACCME Recognized Accreditor
- ☐ Accreditation Council for Continuing Pharmacy Education (ACPE)
- ☐ ANCC Accredited Provider
- ☐ Approved Provider - ANCC Accredited C/SNA
- ☐ Approved Provider - State Board of Nursing (BON)
- ☐ American Academy of Physician Assistants (AAPA)
- ☐ Council on Optometric Practitioner Education (COPE)
- ☐ American Psychological Association (APA)
- ☐ Association of Social Work Boards (ASWB)
- ☐ American Dental Association (ADA)
- ☐ Commission on Dietetic Registration (CDR)
- ☐ Board of Certification for the Athletic Trainer (BOC)
- ☐ Our organization is not currently accredited by ACCME ACPE, ANCC

> Please note that achieving Joint Accreditation does not change or impact any outstanding obligations your organization has related to the payment of fees or the submission of reports or data to any organization by which your organization is currently accredited at the time of Joint Accreditation's decision.

For each of the organizations selected above, please list your provider ID number and the end date for your current term. (e.g. "ACCME - 0000000 - 11/30/2024")
If you selected “Approved Provider – ANCC Accredited C/SNA,” please provide the name of the ANCC Accredited Approver (C/SNA) by which you are approved.
If you selected "Approved Provider - State Board of Nursing (BON)," please provide the name of the State (BON) by which you are approved.

Number of CE activities offered by your organization in the last 18 months: _____

Number of CE activities designed by and for the healthcare team (interprofessional continuing education) in the last 18 months: _____

ORGANIZATION CONTACT INFORMATION

PRIMARY ORGANIZATION CONTACT

> Note: The name and information provided for the organization's primary contact will be used as the contact information for communicating with the organization. Postal deliveries, shipments, telephone calls, email and fax transmissions will be directed to the individual identified as the Primary Contact using the contact information provided below.
>
> If Joint Accreditation should contact a separate individual within your organization for billing purposes, please provide this individual's contact information as well.
>
> First, please provide information regarding your organization's primary contact:

First Name:	
Last Name:	
Title:	
Street Address:	
Address Line 2:	
City:	
State / Province / Region:	
Postal / Zip Code:	
Country:	
Phone Number:	
Email:	
Fax Number:	

Choose one:

- ☐ Our primary contact is the same as our billing contact
- ☐ Our primary contact is NOT the same as our billing contact

Please provide information regarding your organization's billing contact:
Adding a billing contact for your organization is optional.

First Name:	
Last Name:	
Title:	
Street Address:	
Address Line 2:	
City:	

State / Province / Region:	
Postal / Zip Code:	
Country:	
Phone Number:	
Email:	
Fax Number:	

SECONDARY ORGANIZATION CONTACT

Adding a secondary contact for your organization is optional.

First Name:	
Last Name:	
Title:	
Street Address:	
Address Line 2:	
City:	
State / Province / Region:	
Postal / Zip Code:	
Country:	
Phone Number:	
Email:	
Fax Number:	

CHIEF EXECUTIVE OFFICE OF ORGANIZATION

Adding a CEO contact for your organization is optional.

First Name:	
Last Name:	
Title:	
Street Address:	
Address Line 2:	
City:	
State / Province / Region:	
Postal / Zip Code:	
Country:	
Phone Number:	
Email:	
Fax Number:	

NARRATIVE RESPONSE

Please provide a narrative response for each of the following questions.

Organizations interested in becoming jointly accredited must define the components of the continuing education program both structurally and operationally. Please describe your organization (maximum: 500 words)

PLANNING, IMPLEMENTATION, AND EVALUATION OF IPCE ACTIVITIES

Describe the steps that your organization takes to ensure that the planning process for IPCE activities is reflective of the target audience for those activities. (maximum: 250 words)
Describe how your IPCE activities are designed to achieve outcome(s) that reflect a change in skills, strategy, or performance of the healthcare team and/or patient outcomes. (maximum: 250 words)

Describe how your IPCE activities are developed to be reflective of one or more of the interprofessional competencies: values/ethics, roles/responsibilities, interprofessional communication, and/or teams/teamwork. (maximum: 250 words)
Describe the ways in which your IPCE activities provide opportunities for members of the interprofessional healthcare team to learn with, from, and about each other. (maximum: 250 words)
Describe the outcomes that are evaluated in order to measure changes in the healthcare team and/or patient outcomes achieved as a result of your IPCE activities. (maximum: 250 words)

Generally, who are your target audiences for continuing education activities? (check all that apply)

- ☐ Nurses
- ☐ Pharmacists
- ☐ Physicians
- ☐ PAs
- ☐ Optometrists
- ☐ Psychologists
- ☐ Social Workers
- ☐ Dentists
- ☐ Dietitians
- ☐ Athletic Trainers
- ☐ Other

If you selected "Other" in response to the question above, please list other professions:

PREPARATION OF MATERIALS

Did you use a consultant in the preparation of these materials?

Yes / No

If yes, please provide the following information:

Consultant Name:	
Organization:	
Phone Number:	
Email:	
Website:	

JOINT ACCREDITATION CYCLE

Cycle 1

- Intent to Apply submitted June 1
- If eligible, list of educational activities plus Application fee due September 1
- Self-Study Report and Activity files due March 1 the following year
- Evaluation Conference Call to be conducted in April/May
- Organization notified of Joint Accreditation decision by July 31

Cycle 2

- Intent to Apply submitted October 1
- If eligible, list of educational activities plus Application fee due January 2 the following year
- Self-Study Report and Activity files due July 1
- Evaluation Conference Call to be conducted in August/September
- Organization notified of Joint Accreditation decision by December 31

Select the cycle that your organization is applying for:

Cycle 1 / Cycle 2

ATTESTATION TO JOINT ACCREDITATION POLICIES

In accordance with Joint Accreditation's expectations, we shall comply with and be bound by all Joint Accreditation policies and procedures that are posted on the Joint Accreditation website meet all of the Administrative Responsibilities for Joint Accreditation as listed on the Joint Accreditation website.

☐ We Agree

Expectations related to performance while accredited: Joint Accreditation providers must abide by all of the JA Accreditation Criteria, as updated from time to time, including the ACCME's Standards for Integrity and Independence in Accredited Continuing Education, and all JA Policies.

Our organization agrees that in consideration of Joint Accreditation engaging in any process of accreditation, reaccreditation or the provision of any other service to our organization, we shall comply with and be bound by all Joint Accreditation policies and procedures. Joint Accreditation policies and procedures are posted on the Joint Accreditation website.

☐ We Agree

Responsibilities of providers during the reaccreditation process: Please confirm your organization's review of the requirements, as set forth in the Joint Accreditation Framework, available at www.jointaccreditation.org.

All the materials submitted to Joint Accreditation, in any format and at any stage of the review process, are true statements, do not omit any necessary material facts, are not misleading, fairly present the organization, and are the property of the organization.

☐ We Agree

The information we submit for accreditation (self-study report, performance-in-practice, other information) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.

☐ We Agree

We have read the Joint Accreditation's submission requirements for submitting self-study information and evidence of performance-in-practice and will abide by these requirements.

☐ We Agree

We have been made aware of the following actions Joint Accreditation may take if our organization does not abide by the submission requirements, including meeting deadlines, content, and format requirements. When an organization does not follow submission requirements, including meeting deadlines, content, and format requirements, Joint Accreditation has the right to:

- Discontinue the accreditation review process and allow the provider's accreditation to expire at the conclusion of its current term of accreditation;
- Grant a one-cycle term extension to the provider, the standard extension fee will apply;
- Change an organization's accreditation status; and/or
- Deny accreditation.

☐ We Agree

Responsibilities of providers related to the American Medical Association's ("AMA") Physicians Recognition Award Credit System:

The AMA has set forth expectations of providers that designate CME activities for *AMA PRA Category 1 Credit™*. The ACCME helps to facilitate the process by which accredited providers supply the AMA with evidence of their performance-in-practice related to AMA expectations.

We acknowledge that, pursuant to standards established by the AMA, an organization accredited by the ACCME system may designate educational activities for *AMA PRA Category 1 Credit™*. We also acknowledge that pursuant to standards established by the AMA, for an educational activity to qualify for *AMA PRA Category 1 Credit™*, the activity may have to meet additional requirements. We attest to meeting the AMA's format requirements for any enduring materials, journal-based CME, or performance improvement CME activities that we produce. These requirements are described on the AMA's website. We understand and consent to Joint Accreditation collecting and sharing information with the AMA relevant to the *AMA PRA Category 1 Credit™* requirements.

- ☐ We Agree

As an organization located in the state of California offering continuing education to **physicians**, we attest that we are meeting the requirements of California's amended Business and Professions Code, Section 2190-9196.5. We understand that we may be subject to audit to determine how we are meeting the requirements by either the accreditor or the Medical Board of California.

- ☐ We Agree
- ☐ We are not located in the state of California and/or we do not offer continuing education to physicians

ATTESTATION AND SIGNATURE

I attest, by providing my name below, that I am duly authorized by the applying organization, named here, to submit this application for Joint Accreditation and to make the statements herein.

Please enter the name of the organization:	

On behalf of the organization, I:

- have read the Joint Accreditation eligibility requirements and criteria.
- understand that the organization is subject to all eligibility requirements and criteria for accreditation as described in the current Joint Accreditation framework and any updates thereto.
- agree that in consideration of the Joint Accreditors engaging in any process of initial Joint Accreditation, reaccreditation, or the provision of any other service to the initial applicant or to the Jointly Accredited Provider, the initial applicant or Jointly Accredited Provider shall comply with and be bound by all Joint Accreditation policies and procedures that are posted on the Joint Accreditation website
- hereby certify that the information provided on and with this application is true, complete, and correct.
- understand that the information that is considered 'public information' by the Accreditors, including certain information about accredited providers, may be published and released by the Accreditors, including on the Joint Accreditation and collaborating accreditors websites.
- attest that the materials submitted for Joint Accreditation (self-study report, activity files, other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.

- understand and agree that achieving Joint Accreditation does not change or impact any outstanding obligations my organization has related to the payment of fees or the submission of reports or data to any organization by which my organization is currently accredited at the time of Joint Accreditation's decision.

Your Name:	
Your Title/Organizational Role:	
Date (mm/dd/yyyy):	