

AANP Activity Planning Form

Note: All details must be provided in a legible form. Hard-copy applications require 2 complete copies, including all supporting documentation.

A. Submitting Sponsor/Provider: _____
AANP NP Org. Member? ☐ Yes ☐ No NPO Number: _____
Not-for-Profit (501c)? ☐ Yes ☐ No Letter of Non-profit status included with application ☐ Yes ☐ No
(Not applicable to AANP NPO members)

B. Activity Title: _____

C. Activity Type: _____ D. Location (City/State or web address): _____

E. Initial Activity Date _____ F. Target Audience: _____

G. Need Determined By: ☐ Surveys ☐ Prior Program Evaluations ☐ Literature Review ☐ New/Evolving Technology
☐ Professional Organization Recommendations ☐ Other

H. Indicate any other accreditation for this activity by any of the following: ☐ ACCME ☐ AAFP ☐ State Board of Nursing/ANCC

I. Activity Primary Contact Person: _____ Title: _____
Address: _____ City/State: _____ Zip: _____
Website: _____ Phone: _____ Fax: _____
E-mail: _____

J. Number contact hours requested for review Total*/+: _____ Pharmacology (if applicable): _____
Number of contact hours one person can earn Total*/+: _____ Pharmacology (if applicable): _____

* Specify how enduring material credit determined (e.g., Mergener formula, pilot test). _____

+ Indicate here if more detailed credit breakdown is requested: ☐ By-Session ☐ By-Day ☐ Both

K. Fees Submitted: Payment must accompany application. (See page 2 in the Accreditation Application for the fee schedule)

Review Fee:	\$	<input type="checkbox"/> Enduring <input type="checkbox"/> Live
Approval Fee:	\$	Based on total contact hours reviewed.
Per Presentation Fee	\$	_____ # times presented (if 3 or more)
Expedite Fee:	\$	See fee schedule for response in 2-4 weeks - electronic submissions only
Hard Copy Handling Fee:	\$	(\$50/\$25 * includes faxed copy)
Total:	\$	

L. This program is supported in whole or in part by a grant from: _____
List any grants or external speaker funding which may be pending at time of application submission. (Use separate sheet if needed). _____

M. I attest that I have reviewed the current AANP Accreditation Policy (V2015.8) within the last 12 months.

Initial Here: _____ (Your initials attest that you have read and will abide by the AANP Accreditation Policy)

List on AANP CE Website Calendar: ☐ Yes ☐ No (Schedule and/or online information provided in application)

Website/URL: _____

If contact different from above: Email: _____ Phone: _____ Fax: _____