

**UNIVERSITY OF PITTSBURGH
SCHOOL OF NURSING**

**CONTINUING EDUCATION COMMITTEE
PROVIDER UNIT POLICY AND PROCEDURE**

TITLE OF POLICY: CO-PROVIDERSHIP OF OFFERINGS

DATE EFFECTIVE: December, 1989

POLICY: The University of Pittsburgh School of Nursing, as an accredited provider of continuing education in nursing, coprovides educational activities with the UPMC Health System and its affiliates.

- PROCEDURE:**
1. Requests to co-provide an educational activity must be reviewed by the Director of Continuing Education and reported to the Continuing Education Committee.
 2. A Nurse Planner from the provider unit must be directly involved in all stages of development of the educational activity - from initial planning through implementation and evaluation.
 3. When co-providing an educational activity, tasks involved in planning, implementing and evaluating the activity may be shared, however the final responsibility and accountability remain with the School of Nursing. A completed co-provider agreement signed by the individual completing the documentation pack confirms that the provider unit maintains the responsibility for:
 - a. Determination of the offering objectives and content.
 - b. Selection of faculty/presenter.
 - c. Awarding of contact hours.
 - d. Administration of the budget.
 - e. Record keeping.
 - f. Evaluation.
 4. This agreement will be kept on file with the completed documentation pack.

Revised: 11/95, 6/97, 5/98, 12/00

Last Reviewed: 00/01

Attachment: Co-providership Agreement Form

Co-providership Agreement

The University of Pittsburgh School of Nursing, as co-provider of the educational activity entitled

“ _____ ”

maintains responsibility for the following:

Determination of objectives and content

Selection of presenters/content specialists

Awarding of contact hours

Record keeping

Evaluation

The budget for this provider unit is decentralized. The administration of the budget for this educational activity will be managed by

This agreement will be kept on file in the office of the Director, Continuing Education, University of Pittsburgh School of Nursing.

Signed _____
Person completing the documentation pack

Organization _____

Date _____

Signed _____ **Date** _____
Director, Continuing Education
University of Pittsburgh School of Nursing