



Notice of Intent Form

This form must be completed and submitted to the Consortium for Advanced Practice Provider's Accreditation Services Division prior to submitting an Application for Accreditation of a Nurse Practitioner, Physician Assistant, or Joint NP/PA Residency or Fellowship Training Program.

ORGANIZATION INFORMATION:				
Address:				
City:		State:		Zip Code:
Phone:		Fax:		
Website:				

RESIDENCY OR FELLOWSHIP PROGRAM DIRECTOR INFORMATION:			
Name:			
Title:			
Phone:		Fax:	
Email:			

CHIEF CLINICAL OFFICER INFORMATION:			
Name:			
Title:			
Phone:		Fax:	
Email:			

TERMS AND INFORMATION REQUIREMENTS:

1. The above organization is notifying the Consortium for Advanced Practice Providers "Consortium" of its intent to apply for accreditation as a Consortium recognized nurse practitioner, physician assistant, or joint NP/PA residency or fellowship training program. This initial form must be completed in full; signed by the director of the nurse practitioner physician assistant, or joint NP/PA residency or fellowship training program and the senior clinical administrator or manager to whom the program director reports; and accepted by the Consortium Accreditation Services Division before any further actions will occur on the application.

2. This Notification of Intent to Apply opens the Consortium accreditation application file for the above referenced organization. The review process consists of 5 major steps: notification of intent to apply; submission of application; submissions of Self Study; Accrediting team member on-site visit; Accreditation Committee review and decision.

3. There is a non-refundable \$10,000 fee for the accreditation review. The fee is paid in two installments. The first installment of \$1,000 is due with the application. The second installment of \$9,000 is due prior to the site visit (preferably with the submission of the Self Study). The costs for the site visit are included in the accreditation fee.

4. The organization named above accepts and understands that the sole basis for accreditation is the program's adherence to the Consortium for Advanced Practice Providers Standards (www.appostgradtraining.com).

5. To the best of our knowledge, the above referenced nurse practitioner, physician assistant, or joint NP/PA residency or fellowship training program, which is seeking accreditation, meets the requirements of the Consortium Accreditation Standards which will be used as the basis for programmatic review and subsequent determination of accreditation.

6. The organization agrees and accepts that any and all decisions to award accreditation to the nurse practitioner, physician assistant, joint NP/PA residency or fellowship training program of the applicant organization is contingent upon the program's being in compliance with the relevant accreditation Standards, as determined by the official Consortium accreditation survey and review process.

7. All decisions to accredit a nurse practitioner, physician assistant, joint NP/PA residency or fellowship training program are determined solely through the Consortium's Accreditation Committee as authorized by the Consortium's Board of Directors.

8. The nurse practitioner, physician assistant, joint NP/PA residency and fellowship training program for which accreditation is being sought has been in existence for ___ years.

9. This organization conducts other Consortium-accredited or candidate status nurse practitioner, physician assistant, joint NP/PA residency or fellowship training programs.	Yes:		No:	
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If yes, please list other program(s):

10. The last nurse practitioner, physician assistant, or joint NP/PA resident or fellow to complete this residency graduated (month/year).	Month		Year	
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11. The current nurse practitioner, physician assistant, or joint NP/PA resident(s) or fellow(s) began this program in (month/year).	Month		Year	
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How many trainees currently?

Signature:

Having read and understood the above application form, the Terms and Required Information, and the applicable Standards for Accreditation, the Organization agrees to the requirements outlined, and certifies that the responses provided in the Application are correct and accurate.

Director Signature:

Date:

CCO Signature:

Date: