

Practice Transition Accreditation Program



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Silver Spring, MD 20910

nursingworld.org/organizational-programs/accreditation/ptap

1.800.284.2378

PRACTICE TRANSITION ACCREDITATION PROGRAM®

APPLICATION ADDENDUM FORM

Complete all sections and submit via email to practicetransition@ana.org.

PARTICIPATING SITES

List the eligible sites that participate in the Program and corresponding Site Coordinators (SCs), if applicable. Each site must be from the same healthcare system. The maximum size of an accreditable program is up to **30 sites**. Use additional Application Addendum Forms if your program has more than 15 sites.

MULTISITE, MULTI-PRACTICE SETTING PROGRAMS 11 SITES OR LARGER, EACH SITE MUST HAVE A SITE COORDINATOR.

6

SITE NAME

STREET

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

SITE COORDINATOR (IF APPLICABLE) - REQUIRED FOR MULTISITE, MULTI-PRACTICE SETTING PROGRAMS WITH 11+ SITES

SITE COORDINATOR NAME (AS IT APPEARS ON RN LICENSE) AND CREDENTIALS

SC HAS EDUCATION AND/OR EXPERIENCE IN ADULT LEARNING PRINCIPLES?

☐ Yes

☐ No

LICENSE NUMBER

STATE OF ISSUE

HIGHEST DEGREE (CREDENTIALS CONFERRED)

DATE CONFERRED

7

SITE NAME

STREET

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

SITE COORDINATOR (IF APPLICABLE) - REQUIRED FOR MULTISITE, MULTI-PRACTICE SETTING PROGRAMS WITH 11+ SITES

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SC HAS EDUCATION AND/OR
EXPERIENCE IN ADULT
LEARNING PRINCIPLES?☐ Yes☐ No

LICENSE NUMBER

STATE OF ISSUE

HIGHEST DEGREE (CREDENTIALS CONFERRED)

DATE CONFERRED

8

SITE NAME

STREET

CITY

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SITE COORDINATOR NAME (AS IT APPEARS ON RN LICENSE) AND CREDENTIALS

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EXPERIENCE IN ADULT
LEARNING PRINCIPLES?☐ Yes☐ No

LICENSE NUMBER

STATE OF ISSUE

HIGHEST DEGREE (CREDENTIALS CONFERRED)

DATE CONFERRED

9

SITE NAME

STREET

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

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SC HAS EDUCATION AND/OR EXPERIENCE IN ADULT LEARNING PRINCIPLES?

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LICENSE NUMBER

STATE OF ISSUE

HIGHEST DEGREE (CREDENTIALS CONFERRED)

DATE CONFERRED

10

SITE NAME

STREET

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

SITE COORDINATOR (IF APPLICABLE) - REQUIRED FOR MULTISITE, MULTI-PRACTICE SETTING PROGRAMS WITH 11+ SITES

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SC HAS EDUCATION AND/OR EXPERIENCE IN ADULT LEARNING PRINCIPLES?

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LICENSE NUMBER

STATE OF ISSUE

HIGHEST DEGREE (CREDENTIALS CONFERRED)

DATE CONFERRED

11

SITE NAME

STREET

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

SITE COORDINATOR (IF APPLICABLE) - REQUIRED FOR MULTISITE, MULTI-PRACTICE SETTING PROGRAMS WITH 11+ SITES

SITE COORDINATOR NAME (AS IT APPEARS ON RN LICENSE) AND CREDENTIALS

SC HAS EDUCATION AND/OR
EXPERIENCE IN ADULT
LEARNING PRINCIPLES?☐ Yes☐ No

LICENSE NUMBER

STATE OF ISSUE

HIGHEST DEGREE (CREDENTIALS CONFERRED)

DATE CONFERRED

12

SITE NAME

STREET

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

SITE COORDINATOR (IF APPLICABLE) - REQUIRED FOR MULTISITE, MULTI-PRACTICE SETTING PROGRAMS WITH 11+ SITES

SITE COORDINATOR NAME (AS IT APPEARS ON RN LICENSE) AND CREDENTIALS

SC HAS EDUCATION AND/OR
EXPERIENCE IN ADULT
LEARNING PRINCIPLES?☐ Yes☐ No

LICENSE NUMBER

STATE OF ISSUE

HIGHEST DEGREE (CREDENTIALS CONFERRED)

DATE CONFERRED

13

SITE NAME

STREET

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

SITE COORDINATOR (IF APPLICABLE) - REQUIRED FOR MULTISITE, MULTI-PRACTICE SETTING PROGRAMS WITH 11+ SITES

SITE COORDINATOR NAME (AS IT APPEARS ON RN LICENSE) AND CREDENTIALS

SC HAS EDUCATION AND/OR
EXPERIENCE IN ADULT
LEARNING PRINCIPLES?☐ Yes☐ No

LICENSE NUMBER

STATE OF ISSUE

HIGHEST DEGREE (CREDENTIALS CONFERRED)

DATE CONFERRED

14

SITE NAME

STREET

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

SITE COORDINATOR (IF APPLICABLE) - REQUIRED FOR MULTISITE, MULTI-PRACTICE SETTING PROGRAMS WITH 11+ SITES

SITE COORDINATOR NAME (AS IT APPEARS ON RN LICENSE) AND CREDENTIALS

SC HAS EDUCATION AND/OR
EXPERIENCE IN ADULT
LEARNING PRINCIPLES?☐ Yes☐ No

LICENSE NUMBER

STATE OF ISSUE

HIGHEST DEGREE (CREDENTIALS CONFERRED)

DATE CONFERRED

15

SITE NAME

STREET

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

SITE COORDINATOR (IF APPLICABLE) - REQUIRED FOR MULTISITE, MULTI-PRACTICE SETTING PROGRAMS WITH 11+ SITES

SITE COORDINATOR NAME (AS IT APPEARS ON RN LICENSE) AND CREDENTIALS

SC HAS EDUCATION AND/OR
EXPERIENCE IN ADULT
LEARNING PRINCIPLES?☐ Yes☐ No

LICENSE NUMBER

STATE OF ISSUE

HIGHEST DEGREE (CREDENTIALS CONFERRED)

DATE CONFERRED

NON-PARTICIPATING SITES

List the sites that **DO NOT** participate in the Program.

6

SITE NAME

11

SITE NAME

7

SITE NAME

12

SITE NAME

8

SITE NAME

13

SITE NAME

9

SITE NAME

14

SITE NAME

10

SITE NAME

15

SITE NAME

ADDENDUM FOR MULTI-SITE PROGRAMS ONLY

NUMBER OF LEARNERS IN APPLICATION REVIEW TIMEFRAME*

- 1 List each site included on addendum pages above under the “site name” row in accordance with site names.
- 2 Indicate how many learners have participated in each practice setting during the application review timeframe by placing a number in the second column of the tables:
 - a. New programs must indicate the number of learners in each practice setting during the 24-months (2-year period) prior to the application form submission;
 - b. *Reaccrediting programs must indicate the number of learners in each practice setting during the 48-months (4-year period) prior to the application form submission.
 - c. A minimum of one learner must have completed the program in each practice setting included on this application within the 24-month or 48-month time frame prior to application submission.
- 3 Denote which practice setting(s) are eligible for accreditation review by placing the year the program started for each practice setting in the corresponding column of the following tables.
 - a. Refer to Appendix A, Practice Setting Definitions in the 2024 *PTAP Application Manual* to ensure proper classification of units/practice settings into approved categories.
- 4 Indicate the name of the Practice Setting Coordinator (PSC), if applicable. In a multisite, multi-practice setting program, each eligible practice setting functioning in **multiple sites must have a (one) centralized person**, called the Practice Setting Coordinator (PSC), coordinating the practice setting curriculums across all sites within the program.
 - a. PSCs must maintain a current, valid license as an RN, hold a baccalaureate degree or higher in nursing, and have education and/or experience in adult learning principles.
 - b. PSCs must have expertise in the specialty they represent.

ELIGIBILITY REMINDER: A *minimum of one* learner must have completed the program *at the site* to be eligible for accreditation. Additionally, a *minimum of one* learner must have completed the program *within the practice setting* to be eligible for accreditation.

SECTION II: ELIGIBILITY VERIFICATION (CONTINUED)

Each eligible practice setting functioning in **multiple sites** MUST have only ONE identified Practice Setting Coordinator (PSC) coordinating the practice setting curriculum across all sites within the program. Each PSC must have expertise in the specialty they represent. See 2024 ANCC PTAP Manual (Chapter 2) and Manual Addendums.

| SITE NAME | 6. | | 7. | | 8. | | Practice Setting Coordinator (PSC) | | |
|---|--|--|--|--|--|--|--|--|--|
| PRACTICE SETTINGS (PS) | Year Program Started at Practice Setting | Number of Learners in Application Review Timeframe | Year Program Started at Practice Setting | Number of Learners in Application Review Timeframe | Year Program Started at Practice Setting | Number of Learners in Application Review Timeframe | Does this practice setting function in more than one location? (Y/N) | PSC Name and Credentials (Only <u>one</u> PSC allowed per practice setting) | PSC meets eligibility requirements and has expertise in specialty they represent |
| Medical | | | | | | | | | Yes |
| Surgical | | | | | | | | | Yes |
| Medical-Surgical | | | | | | | | | Yes |
| Oncology | | | | | | | | | Yes |
| Step Down | | | | | | | | | Yes |
| Critical Care | | | | | | | | | Yes |
| Labor & Delivery | | | | | | | | | Yes |
| Ante/Postpartum | | | | | | | | | Yes |
| Labor, Delivery, Recovery and Postpartum (LDRP) | | | | | | | | | Yes |
| Neonatal Intensive Care Unit (NICU) | | | | | | | | | Yes |
| Pediatrics | | | | | | | | | Yes |
| Pediatric Intensive Care Unit (PICU) | | | | | | | | | Yes |
| Operating Room | | | | | | | | | Yes |
| Post Anesthesia Recovery Unit (PACU) | | | | | | | | | Yes |
| Same Day/Ambulatory Procedure | | | | | | | | | Yes |
| Psychiatric | | | | | | | | | Yes |
| Rehabilitation | | | | | | | | | Yes |
| Ambulatory | | | | | | | | | Yes |
| Emergency Department | | | | | | | | | Yes |
| Acuity Adaptable (Universal Bed) | | | | | | | | | Yes |

| PRACTICE SETTINGS (PS) | Year Program Started at Practice Setting | Number of Learners in Application Review Timeframe | Year Program Started at Practice Setting | Number of Learners in Application Review Timeframe | Year Program Started at Practice Setting | Number of Learners in Application Review Timeframe | Does this practice setting function in more than one location? (Y/N) | PSC Name <u>and</u> Credentials (Only one PSC allowed per practice setting) | PSC meets eligibility requirements and has expertise in specialty they represent |
|---|--|--|--|--|--|--|--|--|--|
| Specialty Practice (provide name(s) of Specialty) | | | | | | | | | Yes |
| Long Term Care | | | | | | | | | Yes |
| Preoperative | | | | | | | | | Yes |
| Home Care | | | | | | | | | Yes |
| Hospice | | | | | | | | | Yes |
| Centralized Function | | | | | | | | | Yes |
| Other — Contact PTAP/APPFA Team. | | | | | | | | | Yes |
| Total # of Learners per Practice Setting(s) in Review Timeframe | | | | | | | | | |

SECTION II: ELIGIBILITY VERIFICATION (CONTINUED)

Each eligible practice setting functioning in multiple sites MUST have only ONE identified Practice Setting Coordinator (PSC) coordinating the practice setting curriculum across all sites within the program. Each PSC must have expertise in the specialty they represent. See 2024 ANCC PTAP Manual (Chapter 2) and glossary terminology.

| SITE NAME | 9. | | 10. | | Practice Setting Coordinator (PSC) | | |
|---|--|--|--|--|--|--|--|
| PRACTICE SETTINGS (PS) | Year Program Started at Practice Setting | Number of Learners in Application Review Timeframe | Year Program Started at Practice Setting | Number of Learners in Application Review Timeframe | Does this practice setting function in more than one location? (Y/N) | PSC Name and Credentials (Only one PSC allowed per practice setting) | PSC meets eligibility requirements and has expertise in specialty they represent |
| Medical | | | | | | | Yes |
| Surgical | | | | | | | Yes |
| Medical-Surgical | | | | | | | Yes |
| Oncology | | | | | | | Yes |
| Step Down | | | | | | | Yes |
| Critical Care | | | | | | | Yes |
| Labor & Delivery | | | | | | | Yes |
| Ante/Postpartum | | | | | | | Yes |
| Labor, Delivery, Recovery and Postpartum (LDRP) | | | | | | | Yes |
| Neonatal Intensive Care Unit (NICU) | | | | | | | Yes |
| Pediatrics | | | | | | | Yes |
| Pediatric Intensive Care Unit (PICU) | | | | | | | Yes |
| Operating Room | | | | | | | Yes |
| Post Anesthesia Recovery Unit (PACU) | | | | | | | Yes |
| Same Day/Ambulatory Procedure | | | | | | | Yes |
| Psychiatric | | | | | | | Yes |
| Rehabilitation | | | | | | | Yes |
| Ambulatory | | | | | | | Yes |
| Emergency Department | | | | | | | Yes |
| Acuity Adaptable (Universal Bed) | | | | | | | Yes |

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|---|---|--|---|--|--|--|---|
| Specialty Practice (provide name(s) of Specialty) | | | | | | | Yes |
| Long Term Care | | | | | | | Yes |
| Preoperative | | | | | | | Yes |
| Home Care | | | | | | | Yes |
| Hospice | | | | | | | Yes |
| Centralized Function | | | | | | | Yes |
| Other — Contact PTAP/APPFA Team. | | | | | | | Yes |
| Total # of Learners per Practice Setting(s) in Review Timeframe | | | | | | | |

SECTION II: ELIGIBILITY VERIFICATION (CONTINUED)

Each eligible practice setting functioning in **multiple sites** MUST have only ONE identified Practice Setting Coordinator (PSC) coordinating the practice setting curriculum across all sites within the program. Each PSC must have expertise in the specialty they represent. See 2024 ANCC PTAP Manual (Chapter 2) and Manual Addendums.

| SITE NAME | 11. | | 12. | | 13. | | Practice Setting Coordinator (PSC) | | |
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| PRACTICE SETTINGS (PS) | Year Program Started at Practice Setting | Number of Learners in Application Review Timeframe | Year Program Started at Practice Setting | Number of Learners in Application Review Timeframe | Year Program Started at Practice Setting | Number of Learners in Application Review Timeframe | Does this practice setting function in more than one location? (Y/N) | PSC Name and Credentials (Only <u>one</u> PSC allowed per practice setting) | PSC meets eligibility requirements and has expertise in specialty they represent |
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| Medical-Surgical | | | | | | | | | Yes |
| Oncology | | | | | | | | | Yes |
| Step Down | | | | | | | | | Yes |
| Critical Care | | | | | | | | | Yes |
| Labor & Delivery | | | | | | | | | Yes |
| Ante/Postpartum | | | | | | | | | Yes |
| Labor, Delivery, Recovery and Postpartum (LDRP) | | | | | | | | | Yes |
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| Operating Room | | | | | | | | | Yes |
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| Same Day/Ambulatory Procedure | | | | | | | | | Yes |
| Psychiatric | | | | | | | | | Yes |
| Rehabilitation | | | | | | | | | Yes |
| Ambulatory | | | | | | | | | Yes |
| Emergency Department | | | | | | | | | Yes |
| Acuity Adaptable (Universal Bed) | | | | | | | | | Yes |

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| Specialty Practice (provide name(s) of Specialty) | | | | | | | | | Yes |
| Long Term Care | | | | | | | | | Yes |
| Preoperative | | | | | | | | | Yes |
| Home Care | | | | | | | | | Yes |
| Hospice | | | | | | | | | Yes |
| Centralized Function | | | | | | | | | Yes |
| Other — Contact PTAP/APPFA Team. | | | | | | | | | Yes |
| Total # of Learners per Practice Setting(s) in Review Timeframe | | | | | | | | | |

SECTION II: ELIGIBILITY VERIFICATION (CONTINUED)

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| SITE NAME | 14. | | 15. | | Practice Setting Coordinator (PSC) | | |
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| Oncology | | | | | | | Yes |
| Step Down | | | | | | | Yes |
| Critical Care | | | | | | | Yes |
| Labor & Delivery | | | | | | | Yes |
| Ante/Postpartum | | | | | | | Yes |
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| Pediatric Intensive Care Unit (PICU) | | | | | | | Yes |
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| Post Anesthesia Recovery Unit (PACU) | | | | | | | Yes |
| Same Day/Ambulatory Procedure | | | | | | | Yes |
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| Ambulatory | | | | | | | Yes |
| Emergency Department | | | | | | | Yes |
| Acuity Adaptable (Universal Bed) | | | | | | | Yes |

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| Centralized Function | | | | | | | Yes |
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