APPFA
ADVANCED PRACTICE PROVIDER FELLOWSHIP ACCREDITATION

2023

ADVANCE PRACTICE PROVIDER FELLOWSHIP ACCREDITATION™

APPLICATION MANUAL

2023 ADVANCED PRACTICE PROVIDER FELLOWSHIP ACCREDITATION™ (APPFA) APPLICATION MANUAL

AMERICAN NURSES CREDENTIALING CENTER

The mission of the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association, is to promote excellence in nursing and healthcare globally through credentialing programs. ANCC's internationally renowned credentialing programs certify and recognize individual nurses in specialty practice areas. ANCC recognizes healthcare organizations that promote nursing excellence and quality learner outcomes while providing safe, positive work environments. In addition, it accredits healthcare organizations that provide and approve continuing nursing education.

COMMISSION ON ACCREDITATION IN PRACTICE TRANSITION PROGRAMS (COA-PTP)

The ANCC Commission on Accreditation in Practice Transition Programs (COA-PTP) is a voluntary governing body that oversees the Practice Transition Accreditation Program® (PTAP) and Advanced Practice Provider Fellowship Accreditation™ (APPFA). Commission members are appointed by ANCC's Board of Directors and are representatives from various sectors of the nursing and physician assistant community, which include academic faculty, accredited organizations, adult education specialists, and consumers. The COA-PTP makes the final determination on program accreditation.

ANCC PTAP AND APPFA OFFICE

The ANCC PTAP and APPFA office manages PTAP and APPFA, including coordinating all aspects of the application and review processes. Contact the ANCC PTAP and APPFA office at APPFA@ana.org.

DISCLAIMERS

Completing all the processes within the Advanced Practice Provider Fellowship Accreditation™ (APPFA) Application Manual facilitates Advance Practice Provider fellowship program accreditation but does not, in and of itself, guarantee achievement of program accreditation. Changes may be made to the Advanced Practice Provider Fellowship Accreditation™ (APPFA) and this application manual without notice. Applicants must confirm that they are using the most current edition of this application manual before preparing written documentation for submission to the ANCC PTAP and APPFA office. For application information and updates, go to nursingworld.org/organizational-programs/accreditation/appfa.

▶ **Effective Date: January 1, 2023**
Applicants are required to use this manual of as January 1, 2023.

CONTENTS

On behalf of the Commission on Accreditation in Practice Transition Programs (COA-PTP) and American Nurses Credentialing Center (ANCC), I am pleased to present the *2023 Advanced Practice Provider Fellowship Accreditation™ (APPFA) Application Manual*.

Fellowship programs are defined as planned, comprehensive programs through which physician assistants (PAs) and advanced practice registered nurses (APRNs) can obtain the knowledge and skills to deliver safe, quality care in their specialty area of practice. Fellowship programs provide support for PAs and APRNs as they initially transition into a specialty area of practice. ANCC is proud to accredit APP fellowship programs.

APPFA accreditation is available to any organization that transitions PAs and APRNs within its environment, regardless of size, setting, or location. Programs that use the APPFA framework find value in being able to improve structures and processes by creating robust, comprehensive programs for PAs and APRNs transitioning into and within the profession.

The COA-PTP and the APPFA Team believe that the *Advanced Practice Provider Fellowship Accreditation™ (APPFA) Application Manual* will help grow and strengthen transition-to-practice programs and inspire you on the road to accreditation.

Sheri Cosme DNP, RN, NPD-BC

Director, Practice Transition Accreditation Program® (PTAP)
& Advanced Practice Provider Fellowship Accreditation™ (APPFA)

THE 2023 APPFA STANDARDS RAISE THE BAR AS THE GOLD STANDARD FOR TRANSITION-TO-PRACTICE PROGRAMS FOR ADVANCED PRACTICE PROVIDERS.

Aaron Brown PA-C

Lya M. Cartwright-Stroupe DNP, APRN, CPNP-PC, NEA-BC, NPD-BC

Dawna Cato PhD, RN

Kathy Chappell PhD, RN, FNAP, FAAN

Cory Church PhD, RN, NPD-BC

Melinda Cooling DNP, MBA, APRN, NEA-BC

Sheri Cosme DNP, RN, NPD-BC

Sean DeGarmo PhD, RN, ACNS-BC, FNP-BC, ENP-BC

Kristen Evans MSN-Ed, RN, NPD-BC

Clair Kuriakose MBA, PA-C, FACHE

Michael Le BSN, RN, PHN

Corinne Lee DNP, RN, ACNS-BC, NPD-BC

Whitney Lerch PA-C

Georgia Galanou Luchen, PharmD

Heather Meissen DNP, ACNP, CCRN, FCCM, FAANP

Brandon Sessler MMS, PA-C

Kate Spencer MSN, RN

Amber Thomassen APRN-BC, AOCNP

Christine Young MSN, MBA, RN, NEA-BC

APPFA CONCEPTUAL MODEL
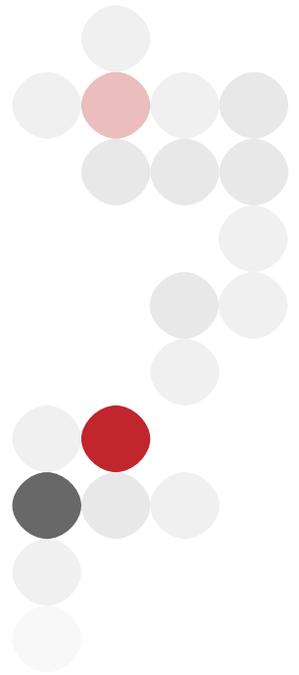
The Advanced Practice Provider Fellowship Accreditation™, or APPFA, conceptual model is based on the Dreyfus framework (Dreyfus & Dreyfus, 1980). An accredited **program**, as depicted by the large circle behind the bidirectional arrow, is designed to successfully transition physician assistants (PAs) or advanced practice registered nurses (APRNs), referred to as **learners** throughout this document.

PAs and APRNs are competent for entry into practice after successfully graduating from an accredited academic program, and passing mandatory licensure and certification exams. An accredited **program** provides a robust infrastructure to expand the knowledge, skills, and attitudes required to move from entry-level **competence** toward proficiency and expertise. The domains of the conceptual model are depicted by the five circles within the larger circle.

AN ACCREDITED PROGRAM PROVIDES A ROBUST INFRASTRUCTURE TO EXPAND THE KNOWLEDGE, SKILLS, AND ATTITUDES REQUIRED TO MOVE FROM ENTRY-LEVEL COMPETENCE TOWARD PROFICIENCY AND EXPERTISE.

CONCEPTUAL MODEL
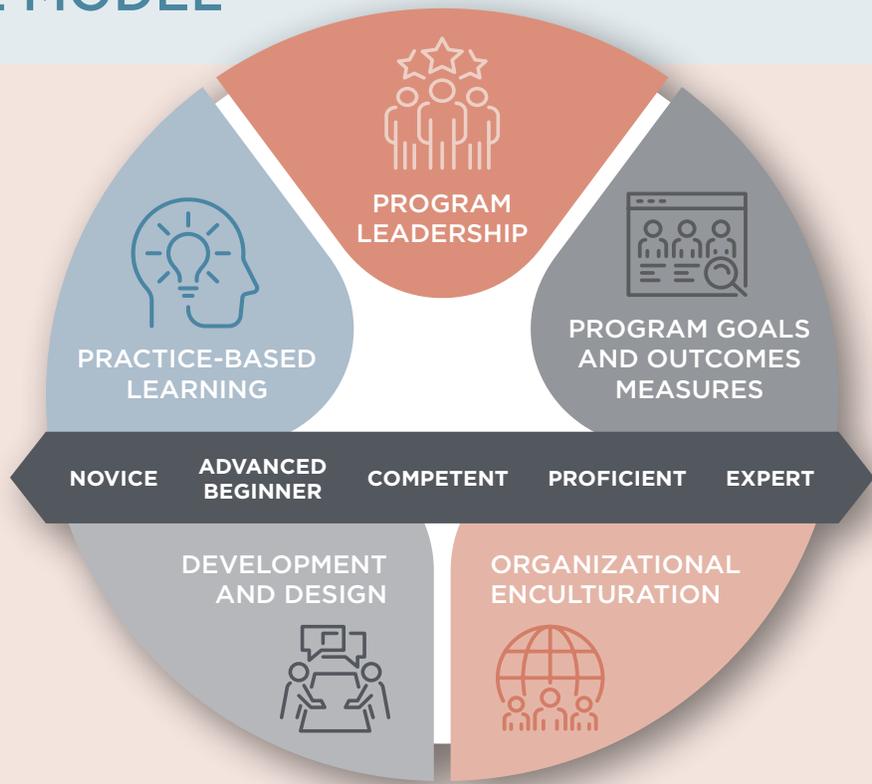
DOMAIN DEFINITIONS

PROGRAM LEADERSHIP refers to the oversight of development, design, implementation, and evaluation of the program by the Program Director and other key stakeholders.

PROGRAM GOALS AND OUTCOMES MEASURES refer to measures of the overall impact of the program in alignment with program **goals**.

ORGANIZATIONAL ENCULTURATION refers to the processes by which learners are **assimilated** into the culture, practices, and values of an organization and each learner's profession.

DEVELOPMENT AND DESIGN refers to the processes of establishing an infrastructure for the program that focuses on **competency** requirements, **curriculum** development, and educational design.

PRACTICE-BASED LEARNING refers to the learning that takes place in the **specialty(ies) practice** under the guidance of **preceptors**, **mentors**, and/or other experienced healthcare professionals. These learning opportunities are designed to facilitate **competence** in the standards of practice and professional performance of the learner.

ELIGIBILITY REQUIREMENTS

Eligibility requirements are outlined in this chapter. Requirements are grouped into seven categories: Program, Program Director, Program Type, **Learner**(s) and **Cohort**, Site(s), **Specialty(ies)**, and Compliance.

> ▶ **Important:** All eligibility requirements must be met **prior** to applying for **accreditation**. Applicants that do not meet eligibility requirements will be rejected without substantive review.

PROGRAM REQUIREMENTS

A transition to practice is a planned, comprehensive period during which PA and/or APRN learners may acquire the knowledge and skills to deliver safe, quality care in their specialty area of practice (*Institute of Medicine*, 2011). The program is the entire transition-to-practice experience, including but not limited to orientation, classroom/didactic lessons, simulation, organizational enculturation, and practice-based learning. The program is consistently operationalized across all participating sites and specialty settings.

Programs are not required to change the name of their program to include the term fellowship in the program name.

Program Eligibility Clarification
APPFA does not accredit transition-to-practice **curriculum vendors**. Programs may choose to utilize curriculum purchased from a vendor company; however, this choice does not impact the APPFA accreditation outcome. Having a curriculum vendor does not equate to having an accredited program.

PROGRAM DIRECTOR REQUIREMENTS

The applicant program must designate one individual as the Program Director, who is accountable for ensuring program compliance with APPFA standards.

The Program Director must meet the following requirements upon program application:

- Possesses a current, unencumbered license as a PA or an APRN (or international equivalent);

- Possesses a national certification as a PA or an APRN (or international equivalent);

- Has education or experience in adult learning principles;

- Maintains accountability and oversight of all participating sites/specialties;

- Maintains accountability for the education design process (development, design, implementation, and evaluation) of the program;

- Agrees to serve as primary point of contact with the APPFA office.

> In some organizations, there may be a PA and APRN Program Director (Co-Director). **ANCC requires that one be designated the primary point of contact with the APPFA office.**

PROGRAM TYPE REQUIREMENT

> An APP fellowship program is open to both PAs and APRNs.

APP Fellowship: A program designed for licensed and certified PAs and APRNs (or international equivalent) to attain the knowledge, skills, and attitudes to meet standards of practice relevant to their specialty(ies).

The duration of the program should be **at least nine months** and **may** include organizational orientation but must include practice-based learning experiences and supplemental activities to promote **professional development**.

LEARNER REQUIREMENTS

The Program Director ensures that learners in the program meet the following requirements upon application:

- Have graduated from an accredited PA or APRN academic program;

- Hold a current, unencumbered license (or international equivalent) as a PA or APRN;

- Hold a national certification as a PA or APRN;

- **Must be paid at least the applicable minimum wage according to federal, state, and local requirements (or international equivalents) as part of their employment;**

- **Cannot be required to pay to participate in the program**.

COHORT REQUIREMENT

The Program Director must verify that a **minimum of one learner** has completed the program in its entirety **prior to applying** for accreditation.

At the time of application submission, applicants will indicate the number of learners who have participated in the program in the **previous 12 months**, referred to as the total number of eligible survey respondents, or "N." (See *Learner Survey* on page 25.)

SPECIALTY(IES) REQUIREMENTS

The Program Director must identify participating **specialty(ies)** where the APP Fellowship is operationalized upon application.

Specialty(ies) are not exclusive to the clinical environment and may include areas of transition such as leadership, management, research, and other identifiable areas. The APPFA office provides a list of approved specialty definitions in *Appendix A* on page 48.

APPFA recognizes both single and multispecialty applicants. **Prior** to applying for accreditation, applicants must meet these additional requirements:

- Have a standardized educational design across all sites and specialties without program deviation or variability;

- Complete one program cohort in its entirety under the standardized educational design in all participating specialties;

- Maintain integrity of program structures and processes in all participating specialties;

- Maintain a single Program Director with oversight of, and accountability for, the program in all participating specialties.

Specialty Coordinator(s) (SC) (optional) may be utilized within the multispecialty program to ensure program consistency.

If utilized, each SC must maintain a current, valid license and certification as a PA or APRN, and have education or experience in adult learning principles.

The Program Director must verify that all specialties in review have had a learner participant during the following time frames:

- **New Applicant:** A minimum of one learner must have completed the program in each specialty within the 24-month time frame prior to application submission;

- **Reaccrediting Applicant:** A minimum of one learner must have completed the program in each specialty within the 48-month time frame prior to application submission.

Specialty(ies) Eligibility Clarifications

Please contact the APPFA office prior to application at APPFA@ana.org for guidance regarding:

- Reaccrediting programs expanding into new specialties;
- Use of ambulatory, specialty practice, long term care, hospice, home health, centralize functions, all other practice settings not defined in *Appendix A*;
- And to address all other **specialty** related concerns.

SITE REQUIREMENTS

APPFA recognizes both single and multi-site programs. The Program Director must identify participating program site(s) upon application. A site is defined as the location where the APP Fellowship is operationalized.

- **Single Site:** The program is conducted and operationalized in **one location, at one address**, but may have single or multiple specialties or **service lines** located **at this single address**.

- **Multi-site:** The program is conducted and operationalized in **multiple locations, at more than one address**, and may have single or multiple **specialties** or **service lines**. The program is managed through a central office.

Prior to accreditation application, multi-site/multi-**service line** applicants must meet the following additional requirements:

- Have a standardized educational design across all participating sites and specialties without program deviation or variability.

- Complete one program cohort in its entirety under the standardized educational design in all participating sites.

- Maintain integrity of program structures and processes in all participating sites.

- Have a single or dual PA/APRN Program Director with oversight of, and accountability for, the program in all participating sites.

Site Eligibility Clarifications

Please contact the APPFA office prior to application at APPFA@ana.org for guidance regarding:

- Reaccrediting programs expanding into new sites;
- Classification of campuses into APPFA eligible sites;
- Determination of ambulatory/home health/hospice sites;
- **Rotational learning** in relation to participating program sites;
- All other site-related concerns.

Site/Service Line Coordinators (SLCs) may be utilized within a multi-site program to ensure program consistency.

If utilized, SLCs must maintain a current, valid license and certification as a PA or APRN and have education or experience in adult learning principles.

The Program Director must verify that all site(s) in review have had program learners in the following time frame:

- **New Applicant:** A minimum of one learner must have completed the program at each site within the 24-month time frame prior to application submission.

- **Reaccrediting Applicant:** A minimum of one learner must have completed the program at each site within the 48-month time frame prior to application submission.

APPFA recognizes both single site and multi-site programs.

SINGLE SITE
Single specialty or service line at <u>one</u> site
Multiple specialties or service lines at <u>one</u> site

MULTI-SITE
Single specialty or service line at <u>multiple</u> sites
Multiple specialties or service lines at <u>multiple</u> sites

Examples

Single site program with one specialty or service line

Cosme NICU Fellowship
NICU at Cosme Hospital

Single site/single service line program with one specialty or service line that rotates among sites*

APP Critical Care Fellowship Service Line Model
Site A — 50% time here
Site B — 25% time here
Site C — 25% time here
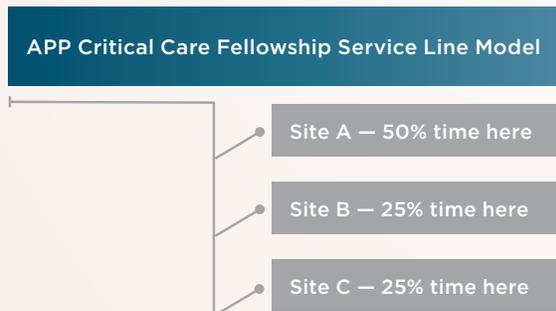
*Learners must spend a majority of their time at one site. Please reach out to APPFA@ana.org with any questions.

Multi-site program with multiple specialties or services lines

Cosme HealthCare APP
Pediatrics Fellowship
Site A
Neurology Fellowship
Site B
Primary Fellowship
Site C
Site D
Site E
Site F

COMPLIANCE REQUIREMENTS

The Program Director maintains oversight over program compliance and is responsible for maintaining communication with the APPFA office.

The Program Director must ensure:

- Disclosure of previous program denials, suspensions, or revocations of any ANCC credential, upon application and during the accreditation term;

- Disclosure of previous denials, suspension, or revocations by any other accrediting bodies, upon application and during the accreditation term;

- Program maintains compliance with APPFA requirements and standards (see *Chapter 6*);

- Compliance with all federal, state, and local laws (or international equivalents) and regulations that pertain to the ability of the site(s) or specialty(ies) to meet the APPFA requirements and standards;

- Compliance with federal, state, and local laws (or international equivalents) pertaining to equal opportunity employment; and

- Compliance with applicable federal, state, and local laws (or international equivalents) and regulations and must not be excluded or barred by federal law.

CHAPTER 3

APPLICATION AND APPRAISAL REVIEW PROCESS

APPFA uses a multifaceted evaluation process to assess applicants. The evaluation begins with the submission of the application form and confirmation of program eligibility. After eligibility confirmation, the applicant submits a written self-study document to describe and demonstrate how all APPFA criteria are addressed within the program. The self-study is reviewed by a peer review team of APPFA appraisers, and the team may ask for additional written documentation prior to conducting the program's virtual visit.

Concurrent with the self-study appraisal, learners from the applicant program are invited to participate in the learner survey that evaluates their experiences within the fellowship. The virtual visit occurs when submitted documentation and learner survey responses meet the threshold of excellence. As the final portion of the appraisal process, the virtual visit is intended to verify, clarify, and amplify what is presented in the applicant's written documentation. Lastly, a summary report of findings is submitted to the COA-PTP for final deliberation and conferral of an accreditation decision.

APPFA USES A MULTI-FACETED EVALUATION PROCESS TO ASSESS APPLICANTS.

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Advance Practice Provider Fellowship Accreditation™

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PHASES OF THE APPFA EVALUATION PROCESS

1 APPLICATION

2 SELF-STUDY SUBMISSION
Documentation preparation, submission, and review

3 APPRAISAL REVIEW
Inclusive of virtual visit

4 LEARNER SURVEY
Concurrent with appraisal review

5 COA-PTP DECISION

⬤ All phases of the application and appraisal review process will be conducted in English.

APPLICATION SUBMISSION AND ELIGIBILITY REVIEW

APPFA conducts four application and appraisal review cycles per year. Application acceptance dates for each document submission cycle* are posted online at nursingworld.org/organizational-programs/accreditation/appfa.

The appraisal process begins when the Program Director submits an APPFA application form for acceptance into one of the four application review cycles. All application documents must be submitted in English.

APPRAISAL REVIEW CYCLE	APPLICATION SUBMISSION	DOCUMENTATION SUBMISSION
FEBRUARY	September	February
MAY	January	May
AUGUST	April	August
NOVEMBER	July	November

*Depending on application volume, a program may be placed into the next available cycle when/if the APPFA review cycle has reached capacity. Notification will be provided on the APPFA website when a cycle is full. Contact the APPFA office with any questions.

⬤ Review the APPFA website and download an up-to-date application form.
nursingworld.org/organizational-programs/accreditation/appfa

Programs must submit demographic and general information about the program to determine an applicant's ability to meet APPFA eligibility requirements. Application documents are essential in determining program eligibility and are used by appraisers during self-study document review.

Application submissions are evaluated by the APPFA Team to verify and confirm program eligibility for accreditation. After evaluation, a program is accepted into the appraisal review cycle through issuance of an eligibility letter. The eligibility letter outlines the scope of the appraisal review and program under accreditation evaluation.

APPFA SUCCESS TIP

Download the application form ahead of submission!

Collect application form data to ensure a smooth submission.

- Collect cohort data and program-specific data.
- Contact the APPFA office with questions ahead of the application submission deadline.

Review and create organizational charts that are required with application form submission.

- Check that charts meet requirements for visualization of organizational leadership and program structure.

Read and review the application form attestation with your organizational leaders.

- Confirm that the program upholds expectations of accreditation.
- The Program Director must sign the application form (digital signatures accepted).

APPLICATION INVESTMENT FEE

Programs are invoiced for an initial application investment fee **after** eligibility determination. All fees and outstanding balances owed to the APPFA office must be paid in full prior to receipt of an accreditation decision. Failure to pay application fees will result in action against a program, up to and including denial of accreditation or suspension of current accreditation status if reaccrediting. For the APPFA investment fee structure, refer to the APPFA website: nursingworld.org/organizational-programs/accreditation/appfa.

NOTIFICATION OF CHANGES

The Program Director must notify the APPFA Team within 10 business days of the occurrence or discovery of:

- Changes that alter organizational/program information, including:
  - Site(s) address/name;
  - Organization/program name; or
  - Listing of participating and nonparticipating site(s) and specialty(ies).
- Changes in program personnel, including:
  - CNO/CMO;
  - Program Director; or
  - SLC/SC (as applicable to program)

CHANGE IN SCOPE OF REVIEW PROCESS

If an applicant program requests a change to any information related to an element of program eligibility, its review will be paused while eligibility is reconfirmed by the APPFA Team. Such changes/events include:

- Loss of license or other disciplinary action for the Chief Nursing Officer (CNO) and/or Chief Medical Officer (CMO), Program Director, or SLC/SC;
- Change in ownership;
- Details regarding any change or event that impairs the ability to meet or continue to meet APPFA requirements or that make the program ineligible for accreditation or reaccreditation;
- Indication of potential instability (e.g., labor strike, reduction in workforce, bankruptcy);

- Change in an organization's status within a system;
- Adverse media coverage related to the program;
- Any finally and fully adjudicated unfair-labor-practice charges or adverse decisions related to discrimination or other legal violations involving registered nurses, practitioners, or physicians in the workplace; and
- Suspension or exclusion from federal or state healthcare programs.

Written notification of such changes and events must be documented on the required change notification form and submitted **within 10 business days** of occurrence. Contact the APPFA Team for the change notification form at APPFA@ana.org.

Once the change notification has been submitted, the appraisal process will pause until the change has been vetted by the APPFA Team. All changes requested by an applicant program must meet the eligibility requirements outlined in *Chapter 3*. The APPFA Team will inform the applicant of next steps. The program may be deferred to a later appraisal review cycle during this review.

DOCUMENT LATE SUBMISSION, DEFERRAL, AND WITHDRAWAL

Applicant programs may request late document submission, deferral to a later appraisal review cycle (given requirements are met), or withdrawal prior to or during the appraisal review.

All late submission, deferral, and withdrawal queries must be submitted in writing to the APPFA Team. Requests are reviewed by the APPFA Director for approval. All late submission, deferral, and withdrawal requests are subject to additional fees (see website for fees: nursingworld.org/organizational-programs/accreditation/appfa).

SELF-STUDY (DOCUMENTATION PREPARATION AND SUBMISSION)

The document preparation, submission, and review phase includes:

1 **Preparation** of APPFA self-study, APPFA site and specialty crosswalk (if applicable; provided after eligibility determined), and accreditation with distinction self-study (if applicable);

2 **Submission** of APPFA self-study, APPFA site and specialty crosswalk (if applicable), and accreditation with distinction documents self-study; and

3 All documentation must be provided in English and must be original work of the applicant program under appraisal review.

> Any documentation copied from another organization or program will result in denial and/or revocation of accreditation. Denial and/or revocation can occur at any point of discovery and may occur after program accreditation.

DOCUMENTATION PREPARATION: WRITING IN THE NARRATIVE FORMAT

Both APPFA self-study and accreditation with distinction self-study documents (defined in *Chapter 5*) require written narrative responses to APPFA criterion. Narrative responses require a description and demonstration to address the expectations of each criterion. Responses should be clear, concise, and complete.

Description

- A narrative response that includes a succinct description of the programmatic structures and processes to address the expectations of the APPFA criteria.
  - **Only one narrative description** is allowed per criterion — all participating sites and specialties are evaluated for consistency to operationalize the program under one structure and process.

> A minimum of one paragraph per narrative component (description and demonstration) is required. Consideration should be given to length of narrative response, as minimal responses with only a few sentences fail to provide sufficient details about structures and processes.

APPFA SUCCESS TIP

The description should be a general overview of the structures, processes, or policy(ies) used by the applicant program to meet the criterion requirement. Tell the who, what, where, when, how, and why (as applicable). Who is involved or responsible (identified by role, not by name)? When and how does the process occur? Descriptions provide an instruction guide for running the program.

Demonstration

- A narrative response that verifies how the described structure and processes were operationalized in the program through a specific event or lived experience.
  - **Only one narrative demonstration** is allowed per criterion. All participating sites and specialties must be represented in a minimum of one demonstration within the entirety of the APPFA self-study.
  - Demonstrations **must** include names, roles, and credentials (if applicable) for any individual program stakeholder or learner. Narrative demonstrations cannot be redacted.
  - The narrative demonstration should be congruent with the processes included in the description.

APPFA SUCCESS TIP

The demonstration should be specific, as it tells a story that substantiates the structures, processes, or policy(ies) described above. **Do not** reference a document or additional supporting evidence in place of a narrative demonstration. **Written narrative demonstrations should bring the program to life!**

Demonstration Timeframe
- For **new programs** seeking accreditation, the demonstration must have occurred within the 24-month time frame prior to self-study submission.
- For **reaccrediting programs**, the demonstration must have occurred within the 48-month time frame prior to self-study submission.

Additional Supporting Evidence
- Applicants **may choose** to use data, graphs, tables, diagrams, and/or organizational documents to supplement, support, or amplify narrative writing.
- No more than **two items of additional supporting evidence** can be included in the APPFA self-study or accreditation with distinction self-study.
- Additional supporting evidence must be bookmarked under any given APPFA criterion response.

DOCUMENTATION PREPARATION: FORMATTING REQUIREMENTS

All documentation must be submitted in English and meet formatting requirements described below. **Applicants are required to utilize APPFA document templates for the APPFA self-study and accreditation with distinction self-study** (as applicable).

APPFA templates:

- Are provided **after** application submission and eligibility determination;
- May not be altered;
- Are for narrative writing and will only accept text;
- Require use of a 12-point font such as Arial or Times New Roman;
- **Must be submitted without any videos, pictures, or hyperlinks to websites or documents.**

- Data, graphs, tables, diagrams, and/or organizational documents **cannot** be inserted as JPEGs/pictures within the APPFA templates.
- Data, graphs, tables, diagrams, and/or organizational documents are considered additional supporting evidence.
- Applicants are limited to **no more than two items of additional supporting evidence** per APPFA criterion response.

Document Length
- The APPFA self-study may not exceed 500 pages.
- The APPFA accreditation with distinction self-study may not exceed 30 pages.
- If either document exceeds its page limit, it will be returned to the applicant.

PDF bookmarking is required for all APPFA documentation:
- The APPFA self-study must be submitted as a single bookmarked PDF file.
- The APPFA accreditation with distinction self-study (as applicable) must be submitted separately from the APPFA self-study, as a single bookmarked PDF file.
- If requested, additional documentation responses must be submitted as a single bookmarked PDF file.

CONFIDENTIAL INFORMATION

APPFA will not accept applications or APPFA self-study documents and APPFA accreditation with distinction self-study documents (as applicable) containing information that is confidential under the Health Insurance Portability and Accountability Act (HIPAA) or other laws and regulations, including international equivalents. Applications, APPFA self-study documents, and APPFA accreditation with distinction self-study documents containing confidential information will be rejected. If confidential information is used anywhere in written documentation, all identifying information must be redacted for compliance with such laws.

If, at any time, confidential information is identified during the appraisal review cycle, the appraisers will stop their review of the self-study documents. The program will be notified upon discovery and given five business days to notify the program's Privacy Officer to review the entire self-study document submission for removal/redaction of any additional confidential information. All identified confidential information must be removed. If the confidential information redaction deadline is not met within five business days, the review will conclude and result in denial of accreditation.

DOCUMENTATION SUBMISSION AND QUANTITATIVE REVIEW INITIAL REVIEW (QRIR)

All files must be compatible with Microsoft Office applications. Electronic submission of the APPFA self-study and accreditation with distinction self-study occur through the ANCC file sharing platform.

The applicant organization uploads electronic document files by the documentation due date assigned to the appraisal review cycle. The APPFA Team conducts a QRIR to verify documentation meets all formatting requirements.

Failure to comply with any of the above formatting requirements will result in return of documentation to the applicant. Applicants are provided a **maximum of two business days** to remedy formatting errors. Failure to comply will result in denial of accreditation.

APPRAISAL REVIEW

APPFA utilizes PA and APRN appraisers who are experts in transition to practice to conduct the appraisal review. APPFA appraisers use established APPFA criteria to review and appraise program documentation submission, conduct virtual visits, and prepare final reports for the COA-PTP. APPFA appraisers are required to maintain full confidentiality of all communication with the APPFA Team and with programs engaged in the APPFA appraisal process.

The appraisal review includes:

1. Self-study documentation review and evaluation by the appraiser team;

2. Request for additional documentation, as applicable; and

3. Virtual visit.

Assignment of Appraisers

A minimum of two appraisers are assigned per review. The applicant Program Director will receive an appraiser team assignment communication prior to the cycle's documentation due date. The program is provided **seven business days** to review the proposed appraiser team and notify the APPFA Team of any potential conflicts of interest for evaluation. If a conflict of interest exists, an alternate appraiser or appraisers will beassigned.

SELF-STUDY DOCUMENTATION REVIEW

The appraisal review process is initiated by document submission and completion of the QRIR processes described previously. APPFA appraisers begin their review of the self-study document upon the scheduled start date of the review cycle. Appraisers typically require two to six weeks to review and evaluate an applicant's self-study, depending on the scope of the accreditation review. At the conclusion of the initial documentation review period, appraisers may request additional documentation.

Additional Documentation

The APPFA appraiser team may request additional written documentation after the initial self-study review. If additional documentation is requested, the applicant has **up to 10 business days** to submit the requested information and/or documents. Failure to submit responses to additional documentation requests will result in withdrawal from the review process.

> All formatting requirements for APPFA documents apply to additional documentation.

VIRTUAL VISIT

Once it is established that the written documentation submission and learner survey thresholds of excellence have been met, the applicant progresses to the final phase of the appraisal review, the virtual visit.

The virtual visit consists of a videoconference between the applicant and APPFA appraiser team. The purpose of the virtual visit is to clarify, verify, and amplify program adherence to APPFA criteria. APPFA appraisers utilize the virtual visit to determine operational consistency of the program across all participating sites and specialties.

> Appraisers may request additional documentation to be submitted **after** the virtual visit. Such instances may arise given the nature of the discovery process of the virtual visit. APPFA appraisers will notify the Program Director regarding additional documentation requests after the virtual visit and will communicate via summary email. Applicants are given **up to 72 hours** to provide additional evidence after the virtual visit. Failure to submit additional evidence within the time frame will be documented on the final report for COA-PTP review.

SCHEDULING THE VIRTUAL VISIT

APPFA appraisers will propose three dates for the applicant to choose from for the virtual visit. Date selection occurs at the beginning of the review cycle to provide applicants and APPFA appraisers adequate planning time. Typically, the virtual visit is scheduled between five and eight weeks after document submission. Visits are usually scheduled for three to four hours on one day; however, depending on the number of sites in a multi-site review, the APPFA appraiser team may request more time or an additional visit date.

Applicants are responsible for arranging a method for conducting the virtual visit, at their organization's expense. The visit must be conducted on conferencing technology with both audio and video capabilities.

PREPARING FOR THE VIRTUAL VISIT

The purpose of the visit is to bring the program to life. The virtual visit will focus on the processes, structures, and key stakeholders of the program. The APPFA appraisers will send an agenda **a minimum of two weeks prior to the selected virtual visit date**, but earlier preparation is key to organizational success.

PARTICIPATING IN THE VIRTUAL VISIT

Requirements

- Recording of the virtual visit video call is **prohibited**.
- Invited attendees will be identified by APPFA appraisers on the virtual visit agenda.
- Outside vendors (e.g., transition-to-practice or writing consultants, curriculum vendors) are **not allowed** to participate in or observe any portion of the visit.
- See planning guidance and participant requirements below to ensure a welcoming visit environment and productive final evaluation phase of the appraisal review.

Upon completion of the virtual visit, the APPFA appraisers submit a final report to the APPFA Team and the COA-PTP. The final report is a summary of the APPFA appraiser's evaluation of the program against the APPFA standards.

{plan ahead}

Program Director: Prepare Your Team!

Select your virtual visit date appropriately from the options provided:

- Engage **key stakeholders** in date selection and create "calendar holds" for all anticipated attendees;

- Remember that a typical virtual visit lasts three to four hours, with invited attendees rotating on/off the call for interview.

Review your virtual visit agenda, complete any requests made by the appraiser team lead, and communicate issues/concerns:

- The Program Director will be required to track virtual visit attendance and may be asked to either create or complete an attendance roster verifying individual representation;

- The APPFA appraiser team lead may ask for a virtual visit planning call, especially for programs with multiple sites and/or specialties:

  ‣ Participate in the call, and be prepared to lead logistics for your organization;

- Review the list of required attendees from the agenda and communicate any questions/concerns to the appraiser team lead ahead of the virtual visit — there may be opportunities to exchange requested individuals for other stakeholders in the same role given availability concerns.

Prepare Attendees

- Ensure that **key stakeholders** from the organization understand the purpose of the virtual visit and are familiar with the program's structures, processes, and self-study responses;

- Help set the tone for an open, positive, respectful, and engaged visit as attendees answer appraiser questions using their unique experiences and vantage points.

Test videoconferencing equipment and processes to ensure organizational attendees are prepared to utilize systems:

- Virtual visit attendees are not expected to be in the same location during their interviews — the conference technology and virtual nature of the event allow for attendees to join from varying locations;

- All virtual visit attendees are expected to participate with video and audio; APPFA appraisers may elect to stop their video to aid in notetaking during the visit.

{plan ahead}

Understand Who Will Be Required for the Virtual Visit

> If essential attendees identified and planned for on the virtual visit agenda are **not available** for interview during the visit, the APPFA Director **may require** that the virtual visit be rescheduled. Rescheduling of the virtual visit may delay the accreditation decision timeline.

- **Program Director:** Required to participate for the full length of the virtual visit. APPFA appraisers will identify this individual by name/role on the agenda. **The visit will not be held if the Program Director does not participate.**

- **Executive Leadership:** Required to participate for a brief interview, typically requested on the virtual visit agenda at the beginning of the visit. APPFA appraisers will identify the individuals by name/role on the agenda — CNO (at system level if multi-site program) and CMO (as applicable).

- **Directors/Managers of Practice Settings:** Required to participate for various interviews based on structures and processes described in the self-study. APPFA appraisers will select individuals by name/role if mentioned in the self-study or will identify specific sites/practice settings for the applicant to select.

- **Preceptors/Faculty:** Required to participate for various interviews based on structures and processes described in the self-study. APPFA appraisers will select individuals by name/role if mentioned in the self-study or will identify specific sites/practice settings for applicant to select.

- **Learners:** Required to participate for various interviews. Program should select current learners for interviews. APPFA appraisers will select individuals by name/role if mentioned in the self-study or will identify specific sites/practice settings for the applicant to select.

- **Any other key stakeholder** mentioned in the self-study document.

> For programs with multiple sites and/or specialties, SLCs, SCs, or designated representatives from each site/specialty will be required to participate in the virtual visit. APPFA appraisers will utilize the virtual visit agenda to ensure the full program under accreditation review is represented and interviewed.

LEARNER SURVEY

Upon submission of the self-study, the applicant is required to administer the learner survey. The learner survey is an integral part of the assessment process for programs applying for accreditation. The learner survey invites learners who are currently in the program or who have participated in the program in the 12 months preceding the application submission to share their perceptions of the program. Responses from the learner survey provide additional evidence to inform the COA-PTP decision.

> ▶ **ANCC owns the copyright to the APPFA learner survey.**

Learners who have completed the program, are currently in the program, or have left without completing the program within that time frame are to be included in the total number of eligible survey respondents ("N"). It is important to prepare **learners** because their input is instrumental to achieving program accreditation. The following are some suggested ways to achieve this:

- Inform learners that a survey will be conducted as part of the APPFA application process;
- Share with learners their role in achieving program accreditation;
- Educate learners about the APPFA criteria;
- Assure learners that the survey is confidential;
- Provide learners with the APPFA survey FAQs upon receiving the survey instructions from the Program Director;
- Ensure that the computers used to administer the survey have Internet access;
- Use creative strategies to encourage participation; and
- Do not mandate participation or use coercion in administration of the survey.

PLANNING THE SURVEY

At the time of application submission, applicants will indicate the number of learners who have participated in the program in the previous 12 months, referred to as the total number of eligible survey respondents, or "N." At least 51% of learners who have participated in the program in the previous 12 months must respond to the survey in order for the applicant to move forward in the accreditation process. **If a program does not meet the survey threshold, the applicant will need to reapply for accreditation**.

WHAT IS ON THE LEARNER SURVEY

The learner survey asks questions relevant to the presence of essential elements of a practice transition program. It covers the following topics:

- **Mentor(s)**
- **Preceptor(s)**
- Program Director
- Resource allocation

- Orientation process
- Program **curriculum**
- **Professional development**
- **Program goals** and **outcome measures**

ADMINISTERING THE SURVEY

The APPFA Team will provide the applicant Program Director with learner survey instructions once the completed self-study package has been received. **Learners** will have **30 calendar days** to complete the learner survey once it has been distributed to the applicant from the APPFA office.

> Distributing the **learner** survey to individuals not included in the total number of eligible survey participants ("N") is prohibited. Violation will result in the termination of the appraisal review process.

> Printing or screen-capturing the learner survey is prohibited. Violation will result in the termination of the appraisal review process.

Programs should provide each learner with the following resources:

- Use of the organization's computers; and
- Instructions on how to access and complete the survey.

Learner participants will need to input the last four digits of their PA or APRN license number. This identifier allows the APPFA Team and survey system to eliminate duplicate submissions. Individual survey responses will remain confidential, as the applicant program and the COA-PTP receive survey data in aggregate.

Throughout the survey period, the APPFA Team will send weekly response rates to the Program Director by email, sharing progress toward the required number of participants.

At least 51% of the learners who have participated in the program in the previous 12 months must respond to the learner survey for the applicant to move forward in the accreditation process.

Aggregate learner survey results are shared with the applicant at the time of the accreditation decision. All individual survey responses will remain confidential.

COMMISSION ON ACCREDITATION IN PRACTICE TRANSITION PROGRAM (COA-PTP) DECISION

The COA-PTP conducts a thorough, evidence-based analysis of the appraiser final report and learner survey results. Following review, the COA-PTP votes on whether to award accreditation to the applicant. The five potential accreditation decisions are:

- Accredited with Distinction;
- Accredited;
- Accredited with Progress Reports (not publicly reported);
- Accredited with Provisional Status (not publicly reported); or
- Denied (not publicly reported).

Once the APPFA Director receives notification of the final COA-PTP decision, the APPFA Director will set up a decision call with the applicant Program Director.

ACCREDITATION TERM

The accreditation is awarded for a period of four years.

APPFA DECISION LETTER

The APPFA decision letter states the following details:

- Accreditation term;
- Identification of accredited site(s) and specialty(ies);
- Annual investment fee due dates; and
- Accreditation statements.

Multi-site Program Accreditation
If any site within an applicant's multi-site program fails to meet APPFA requirements, the program will not be accredited.

APPFA Award and Certificate
After the decision call is conducted, the accredited APPFA program will receive an award and certificate.

Accreditation Statements
All communications, marketing materials, certificates, websites, and other documents that refer to the APPFA accreditation status must contain the official accreditation statements as provided in the decision letter.

Accredited Program Directory
Names of accredited programs are posted on the APPFA website. The website posting includes the program name, site address, and dates of accreditation.

APPEALING AN ADVERSE ACCREDITATION DECISION

The COA-PTP ensures that applicants seeking accreditation can appeal an adverse accreditation decision. An adverse accreditation decision may include probation, suspension, revocation, or denial of accreditation. Programs wishing to appeal must have completed the accreditation process. Applicants may not appeal eligibility requirements, criteria on which APPFA is based, the scoring rubric, the setting of passing scores, appraisers' evaluation of the applicant's self-study documentation and virtual visit, or COA-PTP accreditation with distinction review.

The applicant must submit an appeal in writing within 10 business days following notification of the adverse decision. The appeal must briefly state the reason(s) the applicant contests the decision.

There is a nonrefundable appeal fee. For further information regarding the appeal process, please contact the APPFA Team.

LEGAL AND REGULATORY COMPLIANCE

Applicant programs must comply with all federal, state, and local laws (or international equivalents) and regulations that affect the ability of the program to meet APPFA criteria. Violations of such laws or regulations render a program ineligible for accreditation or to reapply to maintain accreditation. Accreditation may be suspended or revoked if an accredited organization is found to be in violation of such laws or regulations.

DATA USE

By signing the application form attestation, applicants give the APPFA Team permission to utilize demographic and outcome data. All data received by the APPFA Team will remain confidential and will be reported only in aggregate form. Data use may include but is not limited to the following:

- Describing characteristics of applicants or accredited programs (anonymously and/or in aggregate);
- Identifying programmatic benchmarks to inform future applicant requirements; or
- Analyzing trends or addressing other ANCC-defined or ANCC-approved research questions.

APPFA STANDARDS
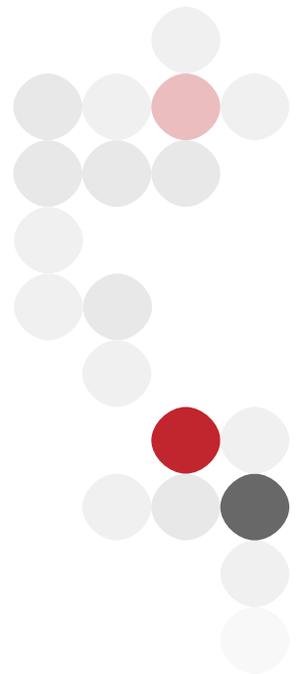
ADVANCED PRACTICE PROVIDER
FELLOWSHIP ACCREDITATION™ (APPFA)

CONCEPTUAL MODEL

PROGRAM LEADERSHIP

PRACTICE-BASED LEARNING

PROGRAM GOALS AND OUTCOMES MEASURES

NOVICE   ADVANCED BEGINNER   COMPETENT   PROFICIENT   EXPERT

DEVELOPMENT AND DESIGN

ORGANIZATIONAL ENCULTURATION
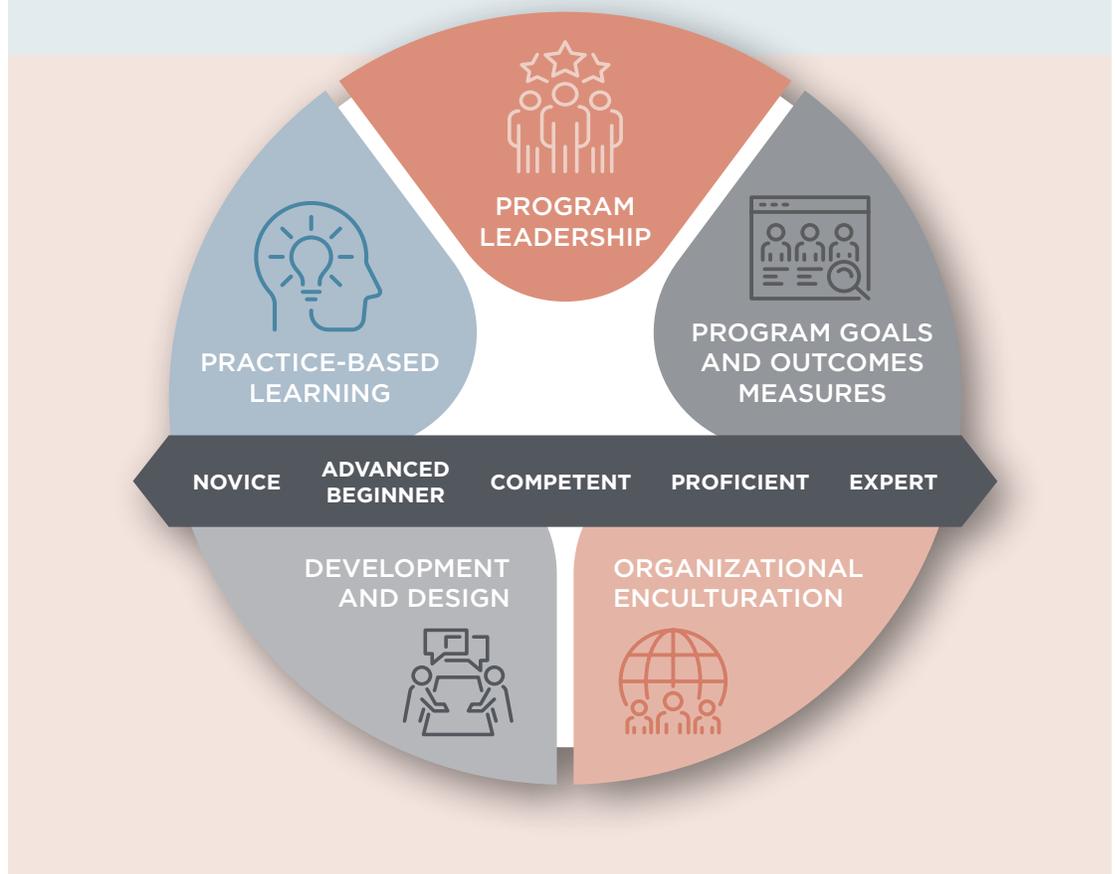
PROGRAM LEADERSHIP (PL)

Program Leadership refers to the oversight of development, design, implementation, and evaluation of the program by the Program Director and other key stakeholders.

PL 1   Describe and demonstrate how the Program Director is **accountable** for ensuring that the program is consistently operationalized throughout all sites and/or service lines and specialty(ies).

PL 2   Describe and demonstrate how the Program Director is **accountable** for **orienting** all **key stakeholders** to the program.

PL 3   Describe and demonstrate how **key stakeholders** contribute to the program.

PL 4   Describe and demonstrate how the Program Director has fiscal **accountability** for the program.

PL 5   Describe and demonstrate how the Program Director advocates to **executive leadership** for material, financial, and **programmatic workforce** resources.

PL 5. Supporting Documentation (PL 5 SD)

a. Submit a written letter of support from the site or multi-site Organizational/ System **APP Executive Leader** (if not available, the CNO or CMO) explaining how the organizational leadership supports the program through material, **financial**, and **programmatic workforce** resources.

PL 6   Describe and demonstrate how the Program Director is engaged in **strategic planning** for the fellowship program that aligns with the organizational **strategic plan**.

PL 6. Supporting Documentation (PL 6 SD)

a. Submit the organizational **strategic plan**.
b. Submit the fellowship program **strategic plan**.

PL 7   Describe and demonstrate how the Program Director and executive leadership engage in **succession planning** for the Program Director role.

PROGRAM GOALS AND OUTCOMES MEASURES (PG/OM)

Program Goals and Outcomes Measures refer to measures of the overall impact of the program in alignment with **program goals**.

PG/OM 1   Describe and demonstrate how the Program Director identifies **program goals** and **outcome measures**.

PG/OM 1. Supporting Documentation (PG/OM 1 SD)

a. Submit five **program goals** in **SMART goal** format with associated **outcome measures** and data for each of the following categories:

For each goal, include:

- *A brief description of the **outcome measure**;*
- *A target benchmark;*
- *Aggregate outcome measure data representing 24 months of data prior to self-study submission or from initiation of program to self-study submission for new programs operating less than 24 months.*

Required categories:

1. **Learner Professional Development**
2. **Learner Competency**
3. **Self-Reported Measure** (learner focused)
4. **Key Stakeholder Evaluation**
5. **Financial**

PG/OM 2   Describe and demonstrate how the Program Director or designee evaluates and analyzes trends in **outcome measures** data identified in PG/OM 1 SD.

PG/OM 3   Describe and demonstrate how the program is revised based on **outcome measures** to achieve **program goals** identified in PG/OM 1 SD.

PG/OM 4   Describe and demonstrate how **outcome measures** identified in PG/OM 1 SD are shared with **key stakeholders**.

ORGANIZATIONAL ENCULTURATION (OE)

Organizational Enculturation refers to the processes by which PA and APRN learners are **assimilated** into the culture, practices, and values of an organization and each learner's profession.

OE 1 Describe and demonstrate how **learners** are appropriately oriented to the program.

   OE 1. Supporting Documentation (OE 1 SD)

   a. Submit an outline of the **program orientation**.

OE 2 Describe and demonstrate how learners are introduced to **state and regulatory requirements** related to APP practice.

OE 3 Describe and demonstrate how learners are introduced to how the organization interprets and applies the **state and regulatory requirements** for APPs to practice at the top of the learners' licensure.

OE 4 Describe and demonstrate how learners are introduced to **specialty-specific standards of practice**.

OE 5 Describe and demonstrate how learners are introduced to APP **care model(s)** at the organization.

OE 6 Describe and demonstrate how learners are introduced to the principles of **provider performance metrics**.

OE 7 Describe and demonstrate how learners are introduced to the **credentialing** and **privileging** process.

OE 8 Describe and demonstrate how learners are introduced to the application of **legal requirements**.

DEVELOPMENT AND DESIGN (DD)

Development and design refers to the processes of establishing an infrastructure for the program that focuses on **competency** requirements, curriculum development, and educational design.

DD 1 Describe and demonstrate how **learner evaluation tools** integrate applicable **specialty-specific Standards of Practice**.

DD 1. Supporting Supporting Documentation (DD 1 SD)

a. Submit learner evaluation tools with **competency statements** that reflect applicable **specialty-specific Standards of Practice**.

DD 2 Describe and demonstrate how **formative feedback** and **summative feedback** are given to the learner when evaluating competence.

DD 3 Describe and demonstrate how a gap in **learner competency** is self-identified and/or identified by the **preceptor**.

DD 4 Describe and demonstrate how **learning needs** are addressed when a gap in competence is identified.

DD 1–4. Supporting Supporting Documentation (DD 1-4 SD)

a. Submit the blank evaluation tool used to assess learner competency for each participating service line/specialty(ies).

b. Submit one completed example of all tools for one learner that demonstrates **formative feedback** and **summative feedback** over the course of the program.

DD 5 Describe and demonstrate how the **program curriculum** is developed and maintained to address competencies.

DD 5. Supporting Documentation (DD 5 SD)

a. Submit an outline of the program curriculum, including both general and specialty-specific **curriculum**.

DD 6 Describe and demonstrate how **interprofessional team** members are integrated into the **program**.

DD 7 Describe and demonstrate how the Program Director or designee selects **faculty** based on their expertise in adult education, program development, and/or content.

DD 8   Describe and demonstrate how the Program Director or designee evaluates faculty.

DD 8. Supporting Supporting Documentation (DD 8 SD)

a. Submit tool(s) used to evaluate the performance of faculty.

b. Submit a completed example of all tools provided for one faculty member.

DD 9   Describe and demonstrate how the Program Director or designee selects **preceptors**.

DD 10   Describe and demonstrate how the Program Director or designee educates preceptors on how to assess, validate, and remediate competency of learners.

DD 10. Supporting Documentation (DD 10 SD)

a. Submit the outline used to educate **preceptors**.

DD 11   Describe and demonstrate how the Program Director or designee evaluates **preceptors**.

DD 11. Supporting Documentation (DD 11 SD)

a. Submit tool(s) used by the Program Director or designee to **evaluate preceptor(s)**.

b. Submit a completed example of all tools for one **preceptor**.

DD 12   Describe and demonstrate how the learner evaluates the **preceptor(s)**.

DD 12. Supporting Documentation (DD 12 SD)

a. Submit tool(s) used by the learner to **evaluate preceptor(s)**.

b. Submit a completed example of all tools for one **preceptor**.

PRACTICE-BASED LEARNING (PBL)

Practice-based learning refers to the learning that takes place in the **practice setting(s)** under the guidance of **preceptors**, **mentors**, and/or other experienced healthcare professionals. These learning opportunities are designed to facilitate **competence** in the standards of practice and professional performance of the **learner**.

PBL 1	Describe how **mentorship** is integrated throughout the **program**, and demonstrate how the learner engages in a mentor/mentee relationship.
PBL 2	Describe how **peer support** is integrated throughout the **program**, and demonstrate how the learner engages in peer support.
PBL 3	Describe how **learner well-being initiatives** are integrated throughout the **program**, and demonstrate how the learner applies this acquired knowledge.
PBL 4	Describe how the concept of **professionalism** is integrated throughout the **program**, and demonstrate how the learner applies this acquired knowledge in the practice setting.
PBL 5	Describe how the concept of **practice efficiency** is integrated throughout the **program**, and demonstrate how the learner applies this acquired knowledge in the practice setting.
PBL 6	Describe how the concept of **communication** is integrated throughout the **program**, and demonstrate how the learner applies this acquired knowledge in the practice setting.
PBL 7	Describe how the concept of **critical thinking** is integrated throughout the **program**, and demonstrate how the learner applies this acquired knowledge in the practice setting.
PBL 8	Describe how the concept of **ethics** is integrated throughout the **program**, and demonstrate how the learner applies this acquired knowledge in the practice setting.
PBL 9	Describe how the concept of **interprofessional teaming** is integrated throughout the **program**, and demonstrate how the learner applies this acquired knowledge in the practice setting.
PBL 10	Describe how the concept of **social determinants of health** is integrated throughout the **program**, and demonstrate how the learner applies this acquired knowledge in the practice setting.
PBL 11	Describe how the principles of **billing compliance** are integrated throughout the **program**, and demonstrate how the learner applies this acquired knowledge in the practice setting.

APPFA ACCREDITATION WITH DISTINCTION STANDARDS

The Advanced Practice Provider Fellowship Accreditation™ (APPFA) is committed to excellence. As transition-to-practice programs evolve, the Commission on Accreditation in Practice Transition Programs (COA-PTP) has developed accreditation with distinction (AWD) criteria for APPFA applicants/reaccrediting programs to achieve. AWD criteria for APPFA will require demonstration of exemplary and innovative practice in the domains of program leadership, program goals and outcome measures, organizational enculturation, development and design, and practice-based learning.

ELIGIBILITY

All programs are eligible to apply for accreditation with distinction.

*The COA-PTP will **only** review submissions if the applicant/reaccrediting program meet the below criteria:*

- The program is in full compliance with **all** APPFA accreditation criteria in program leadership, program goals and outcome measures, organizational enculturation, development and design, and practice-based learning.

- No deficiencies are identified during the accreditation review that require a progress report submission.

- The organization is in good standing.

PROCESS

The COA-PTP is responsible for all accreditation and accreditation with distinction decisions.

- Applicant/reaccrediting programs will notify to the APPFA Team in writing their intent to apply for APPFA accreditation with distinction prior to self-study submission.

- The APPFA accreditation with distinction self-study **must** be submitted as a separate PDF at the time the APPFA self-study is submitted.
  - The formatting requirements given in *Chapter 3* must be followed.
  - **No edits** can be made to the APPFA accreditation with distinction self-study **after** submission.

- The COA-PTP will conduct an independent review of all materials (final report) submitted by the appraiser team on the applicant/reaccrediting program.
  - The APPFA appraiser team does not have access to the APPFA accreditation with distinction self study. The APPFA appraiser team **will not** review or provide comments on the APPFA accreditation with distinction self-study.

- The COA-PTP will determine whether the applicant/reaccreditation program meets the eligibility requirements for review of the APPFA accreditation with distinction submission.

- The COA-PTP will independently conduct a thorough review of the submitted accreditation with distinction self-study.
  - There is **no opportunity** for additional documentation submission during this phase of the review process on the APPFA accreditation with distinction self-study.

- The COA-PTP will vote to determine whether the program has met the APPFA accreditation with distinction criteria.

- The applicant program will be notified of the APPFA accreditation decision.
  - Provided the applicant meets the APPFA accreditation with distinction criteria set forth herein, accreditation with distinction is awarded for four years.

ACCREDITATION WITH DISTINCTION CRITERIA

Applicant and reaccrediting programs seeking APPFA accreditation with distinction must demonstrate evidence of exemplary and-innovative practice in **four** APPFA accreditation with distinction criteria.

COMMISSIONER-REQUIRED STANDARD

All programs must provide a written response to CR 1 **and** CR 2a **or** CR 2b.

CR 1   Describe and demonstrate how the program contributes to **organizational goals** or **strategic priorities**.

    a. Submit the organizational **strategic plan**.

    b. Submit the fellowship program **strategic plan**.

COMMISSIONER-REQUIRED STANDARD (PICK ONE OPTION):

CR 2A   Describe and demonstrate how the Program Director is **required** to have advanced education in adult learning (e.g., nationally recognized certification in adult learning, PhD, EdD, or DNP).

    a. Submit evidence of current Program Director's advanced education in adult learning (e.g., nationally recognized certification in adult learning, PhD, EdD, or DNP).

<div align="center">— OR —</div>

CR 2B   Describe how the Program Director publishes **or** presents about fellowships.

    a. Submit evidence of one publication or presentation (state, national, or international level) of the Program Director within the last 24 months (new applicant) or 48 months (reaccrediting applicant).

PROGRAM CHOICE STANDARDS

All programs must **choose two** of the below standards:

PC 1 Describe and demonstrate how the program utilizes an **advisory board** and/or **academic partnership** to achieve program goals.

   a. Submit a list of members (advisory board or academic partner and their current roles, as applicable).

PC 2 Describe and demonstrate the development of learner knowledge of the **foundations of safety science** and the application (i.e., practice and habit formation) of **universal nontechnical skills** for human performance reliability in the practice setting.

   a. Submit a curriculum outline for **foundations of safety science** education and training.

PC 3 Describe and demonstrate how diversity, equity, and inclusion **initiatives** are integrated throughout the **program** and demonstrate how the learner applies this acquired knowledge in the practice setting.

PC 4 Describe how the National Collaborative for Improving the Clinical Learning Environment *National Collaborative for Improving the Clinical Learning Environment (NCICLE) Pathways to Excellence: Expectations for an Optimal Interprofessional Clinical Learning Environment to Achieve Safe and High-Quality Patient Care* is integrated throughout the program, and demonstrate how the learner applies this acquired knowledge in the practice setting.

PC 5 Describe and demonstrate how learners engage in evidence-based practice, quality improvement, or research projects with interprofessional teams that result in practice change.

   a. Submit evidence demonstrating how a learner impacted the organization through the practice change using pre-intervention data, intervention data, and post-intervention data.

CONTINUED COMPLIANCE WITH APPFA ELIGIBILITY & STANDARDS
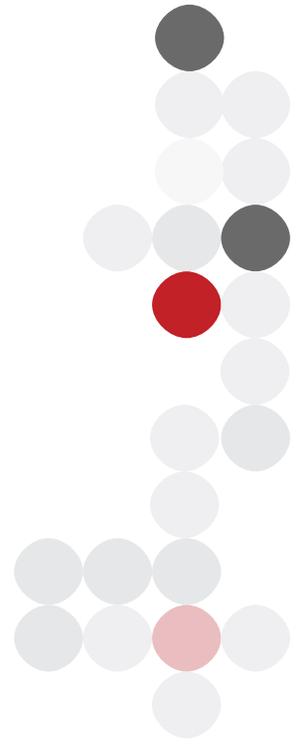
To maintain APPFA accreditation, programs must adhere to all requirements and policies of APPFA. After accreditation, the program moves into a monitoring and evaluation phase, which includes submission of annual reports and annual investment fees.

APPFA ACCREDITED PROGRAM RESOURCES

The APPFA Team is proud to provide ongoing support throughout a program's accreditation term. The following resources will be provided after the program receives a positive accreditation decision:

- Program Director access to the APPFA Learning Community
- APPFA Accredited Program Guide
    - Access to APPFA logos
    - Marketing materials
    - Completion certificates
- Quarterly APPFA accredited program calls

Accreditation Statement Usage

All communications, marketing materials, certificates, websites, and other documents that refer to the APPFA accreditation status must contain the official accreditation statements as provided in the decision letter. Logos and branding guidelines are described in the *APPFA Accredited Program Guide*, which is sent after a program has been accredited.

Option of Adding Sites or Specialties

Eligible accredited programs can add sites and specialties to the accredited program through a mini-application and review process. Please contact the APPFA Team with questions.

ANNUAL INVESTMENT FEES

For the program to maintain its accredited status, the organization must pay the annual investment fee. See the APPFA website for the annual investment fee: nursingworld.org/organizational-programs/accreditation/appfa. The accreditation decision letter states the month when the program will be invoiced the annual fee during the accreditation term.

	FEBRUARY CYCLE	MAY CYCLE	AUGUST CYCLE	NOVEMBER CYCLE
APPLICATION FEE / YEAR 1	September	January	April	July
ANNUAL FEE / YEAR 2	August	February	February	August
ANNUAL FEE / YEAR 3	August	February	February	August
ANNUAL FEE / YEAR 4	August	December	February	August

If the Program Director is unable to submit payment within the required time frame, the Program Director must contact the APPFA Team as soon as possible. If the payment is not rendered by the due date and the Program Director fails to notify the APPFA Team, the accreditation status may be suspended or revoked. The Program Director will receive written notification of the suspension or revocation decision from the COA-PTP.

ANNUAL REPORT

For the program to maintain its accredited status, the Program Director must submit an annual report, along with any additional documents requested by the APPFA Team, and comply with APPFA policies and procedures.

> The reporting period for the annual report is October 1, 20YY, to September 30, 20YY.

The annual report includes but is not limited to items related to the following:

- Program demographic information
- Compliance with requirements and change notification elements
- Aggregate cohort learner demographic data, including but not limited to ethnicity, academic preparation, race, and age

- Program goals and outcome measures
- Retention data (based on aggregate and cohort information)
- Return on investment and training costs
- Aggregate learner annual salary data
- Impact of accreditation on organization

Information regarding the specific details of the annual report will be sent to the Program Director in June. The annual report is conducted through a survey tool and is open for one calendar month. The annual report will open on September 1, 20YY, and will close on September 30, 20YY.

- A **unique link** will be sent to the Program Director through the survey tool on September 1.

- All annual report submissions **must** be completed through the survey tool.

> If the Program Director is unable to submit the required annual report within the required time frame, the Program Director must contact the APPFA Team as soon as possible. If the annual report is not submitted by the due date and the Program Director fails to notify the APPFA Team, accreditation status may be suspended or revoked. The Program Director will receive written notification of the suspension or revocation decision from the COA-PTP.

The following actions will be taken for programs failing to submit the annual report on time:

- Programs failing to submit the annual report by September 30 will be sent one late reminder letter. The due date for all late submissions is October 15, 20YY.

- Accredited programs failing to submit the annual report by October 15, 20YY, will not be considered a program in good standing. Only accredited programs in good standing are listed on the APPFA Directory.

- Accreditation status will be suspended if programs do not submit an annual report or make arrangements to submit their annual report within 45 days of the due date.

- Programs suspended for failure to submit an annual report may apply for reinstatement. The request for reinstatement must be accompanied by the annual report and reinstatement fee.

- Accredited status will be revoked if suspended programs do not reinstate within 120 days of the due date.

LEGAL AND REGULATORY COMPLIANCE

Accredited programs must comply with all federal, state, and local laws (or international equivalents) and regulations that affect the ability of the program to meet APPFA criteria. Violations of such laws or regulations render a program ineligible for accreditation or to reapply to maintain accreditation. Accreditation may be suspended or revoked if an accredited organization is found to be in violation of such laws or regulations.

MONITORING COMPLIANCE WITH PROGRAM REQUIREMENTS

Program Director are expected to notify the APPFA Team of changes or events that might affect their ability to meet or continue to meet APPFA requirements. Changes must be reported throughout all phases of the appraisal process or at any point during the four-year accreditation period.

NOTIFICATION OF CHANGES

Accredited Program Director must notify the APPFA Team **within 10 business days of the occurrence or discovery of:**

- Changes that alter the information provided in the current accreditation, including:
  - Site(s) address;
  - Organization name;
  - Program name.
- Change in CNO/CMO, Program Director, or SLC/SC (as applicable to practice setting);

  Note: The new Program Director or SLC/SC must comply with requirements of APPFA eligibility.
- Loss of nursing license or other disciplinary action for the CNO and/or CMO, Program Director, or SLC/SC (as applicable to practice setting);
- Change in ownership;
- Changes or events that impair the ability to meet or continue to meet

APPFA requirements or that make the program ineligible for accreditation or reaccreditation;

- Indication of potential instability (e.g., labor strike, reduction in workforce, bankruptcy);
- Change in an organization's status within a system;
- Adverse media coverage related to the program;
- Any finally and fully adjudicated unfair-labor-practice charges or adverse decisions related to discrimination or other legal violations involving registered nurses, practitioners, or physicians in the workplace; and
- Suspension or exclusion from federal or state healthcare programs.

Written notification of such changes and events must be documented on the required change notification form and submitted **within 10 business days** of occurrence.

Please reach out to APPFA@ana.org for the change notification form.

VOLUNTARY TERMINATION

The Program Director may voluntarily terminate the program's accreditation at any time. To electively terminate accreditation, the Program Director must notify the APPFA Team in writing.

The written notice of voluntary termination must contain:

- Effective date of voluntary termination, which must be at least 30 days after the date that appears on the written notice;
- Reason for voluntary termination; and
- Copy of notification provided to learners currently participating or accepted in the program.

This notice may be sent by email with confirmation of receipt to APPFA@ana.org.

On or before the date on which voluntary termination is effective, the accredited program and Program Director must cease:

- Referring to the program in any way as APPFA accredited;
- Using the APPFA accreditation statement; and
- Using ANCC intellectual property, including but not limited to trademarks, trade names, and logos.

Programs that voluntarily terminate accreditation in good standing with ANCC may reapply at any time.

PROBATION, SUSPENSION, REVOCATION

An accredited program may be placed on probation or its accreditation may be suspended and/or revoked as a result of any of these actions:

- Violation of any federal, state, or local laws (or international equivalents) or regulations that affect the program's ability to adhere to APPFA accreditation criteria;
- Failure to maintain compliance with accreditation criteria;
- Failure to pay outstanding investment fees;
- Failure to submit the annual report;

- COA-PTP investigation and verification of written complaints or charges by consumers or others;
- Refusal to comply with a COA-PTP investigation;
- Misrepresentation;
- Misuse of the APPFA accreditation statement; or
- Misuse of ANCC intellectual property, including but not limited to trademarks, trade names, and logos.

PROBATION

The COA-PTP, at its discretion, may decide to place an accredited program on probation for a defined period of time when it deems a violation or misconduct to be curable. An accredited program that is placed on probation will still be able to state that it is accredited during the probationary period; however, during the probationary period, the accredited program is expected to take steps to correct the issues giving rise to the decision to place the accredited program on probation. A program placed on probation will be notified in writing by the APPFA Director of the cause for probation, the duration of the probation, and the required corrective action. If, at the conclusion of the probationary period, the accredited program cannot demonstrate that sufficient corrective action has taken place, the COA-PTP reserves the right to suspend or revoke accreditation.

Suspended or revoked programs must immediately cease:

- Referring to themselves in any way as APPFA accredited;
- Using the APPFA accreditation statement; and
- Using ANCC intellectual property, including but not limited to trademarks, trade names, and logos.

Suspended or revoked programs will be considered not in good standing with ANCC. The APPFA Director will notify the accredited program in writing of probation, suspension, or revocation of accreditation. Neither probation nor suspension is a prerequisite to revocation. At its sole discretion, the COA-PTP may revoke accreditation without first suspending accreditation.

Suspended programs may apply for reinstatement within 120 days of the suspension date. To apply for reinstatement of accreditation, the accredited program must submit the applicable reinstatement fee and documentation demonstrating violation correction. Reinstatement may be granted if the suspended program adequately demonstrates that it will fully adhere to the APPFA criteria and requisites upon reinstatement. Accredited programs that have been reinstated may be required to submit progress reports to the COA-PTP. Suspended programs that fail to apply for reinstatement within 120 days shall have their accreditation revoked.

Accredited programs that have had their accreditation status revoked may not apply for ANCC accreditation for two years from the date of revocation. Programs seeking accreditation after revocation are considered new applicants.

Programs that have had their accreditation status suspended or revoked will be removed from the APPFA Directory. If an accredited program believes that its suspension or revocation is improper, the program (appellant) may submit an appeal in writing and pay the associated fee. Please contact the APPFA Team for further information regarding the appeal process. The appellant will retain the accreditation status held prior to the COA-PTP decision that it appeals.

SPECIALTY DEFINITIONS
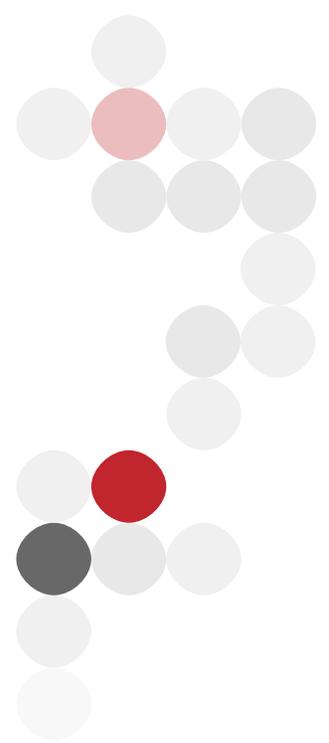
QUESTION	ANSWER
What is a Medical specialty?	In an acute care organization, this is a specialty serving predominantly adult populations requiring medical services.
What is a Surgical specialty?	In an acute care organization, this is a specialty serving predominantly adult populations requiring surgical services.
What is a Medical-Surgical specialty?	In an acute care organization, this is a specialty serving predominantly adult populations requiring either medical or surgical services.
What is an Oncology specialty?	A specialty serving populations requiring non-surgical oncology services.
What is a Step-Down specialty?	A specialty serving populations requiring a higher level of service than that provided in medical and/or surgical units but a lower level of service than that provided in critical care units.

QUESTION	ANSWER
What is a Critical Care specialty?	A specialty serving predominantly adult populations requiring a higher level of service than that provided in step down units. **Pediatric organizations should categorize their critical care units as either Pediatric Intensive Care Unit (PICU) or Neonatal Intensive Care Unit (NICU) units.**
What is a Labor and Delivery specialty?	A specialty serving intrapartum patients.
What is an Ante/Postpartum specialty?	A specialty serving antepartum and/or postpartum patients.
What is a Neonatal Intensive Care Unit (NICU)?	A specialty serving neonates at the highest level of service.
What is a Pediatric specialty?	In an acute care organization, this is a specialty serving medical-surgical patients who are older than neonates but less than 18 years of age. **Pediatric organizations should categorize their noncritical care/non step down units in other available unit types (medical, surgical, orthopedic, oncology, etc.).**
What is a Pediatric Intensive Care Unit (PICU)?	A specialty serving patients who are older than neonates but less than 18 years of age at the highest level of service.
What is an Operating Room Suite?	An area in which intraoperative care is provided.
What is a Post-Anesthesia Recovery Unit (PACU)?	A specialty serving patients recovering from anesthesia.
What is a Same-Day/Ambulatory Procedure specialty?	A specialty serving patients receiving preoperative and postoperative care for less than 24 hours.

QUESTION	ANSWER
What is a Psychiatric specialty?	A specialty serving populations requiring psychiatric services.
What is a Rehabilitation specialty?	A specialty serving populations requiring rehabilitative services.
What is an Ambulatory specialty?	An outpatient area accommodating provider visits and related support services such as patient education. Inpatients may be seen. **Please contact the APPFA Program office at APPFA@ana.org for guidance before using this specialty type.**
What is an Emergency Department specialty?	A specialty serving patients with emergent and/or urgent conditions.
What is a Specialty Practice specialty?	A specialty providing a higher level of intensity of nursing practice than that seen in a typical ambulatory clinic supporting provider visits. Wound-care, ostomy, diabetic education, interventional radiology, cardiac catheterization laboratory, etc., fit in this specialty type.
What is an Acuity Adaptable (universal bed) specialty?	A specialty standardized in design with characteristics to accommodate a wide variety of patient conditions, needs, and staffing during changes in patient acuity.
What is a Long Term Care specialty?	A specialty serving both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods of time. **Please contact the APPFA Program office at APPFA@ana.org for guidance before using this specialty type.**
What is a Preoperative specialty?	A specialty serving patients (preparation and management) prior to surgery.
What is a Labor, Delivery, Recovery, and Postpartum (LDRP) specialty?	A specialty serving families throughout the entire stay from labor through birth and post-delivery care.

QUESTION	ANSWER
What is Home Care?	Healthcare or supportive care provided in the patient's home by healthcare professionals. **Please contact the APPFA Program office at APPFA@ana.org for guidance before using this specialty type.**
What is a Hospice specialty?	A specialty serving the physical and emotional needs of dying patients in their home or in a healthcare facility. **Please contact the APPFA Program office at APPFA@ana.org for guidance before using this specialty type.**
What is a Centralized Function?	This specialty type accommodates roles, such as informatics, educators, wound care, etc., that cross multiple specialties or are organization wide and not associated with a specialty type.
What is Primary Care?	This specialty type refers to a practice that assesses a patient's health, administers preventive care, and helps to treat and manage general conditions.
What is an APRN specialty?	This specialty type is reserved for APRN specialty programs that do not fit into any of the other categories provided. **Please contact the APPFA Program office at APPFA@ana.org for guidance before using this specialty type.**
What is an All Others specialty type?	This specialty type is reserved for emerging unit types that do not fit into any of the other categories provided. **Please contact the APPFA Program office at APPFA@ana.org for guidance before using this specialty type.**

TERM	DEFINITION
Accountable(ability)	Describes the person who has authority, responsibility, and decision-making capabilities related to the program.
Accreditation	The voluntary process by which a "nongovernmental agency or organization appraises and grants accredited status to institutions and/or programs or services that meet predetermined structure, process, and outcome criteria" (American Nurses Association, 1979). Time limitations ensure periodic assessment.
Adult learning principles	The basis for or the beliefs underlying the teaching and learning approaches to adults as learners based on recognition of the adult individual's autonomy and self-direction, life experiences, readiness to learn, and problem orientation to learning. Approaches include mutual, respectful collaboration of educators and learners in the assessment, planning, implementation, and evaluation of educational activities (ANPD, 2022).
APP Executive Leader	The person who is identified as the top-ranking APP leader at the organization or system.
Application	Putting the knowledge, skills, theories, and practice learned in the classroom, through didactic experience, or via simulation into direct, hands-on practice in the clinical learning environment or practice setting (ANPD, 2022).
Assimilate	To welcome and socialize new learners into the culture of an organization and practice setting, which includes an organization's expectations, experiences, and philosophy, as well as its values.
Billing compliance	The intentional application of ethics and integrity to ensure accurate billing and coding practices.
Care model	The delivery of care as determined by the organization, which may include consideration of scope of practice, state regulations, internal policy, experience, and other factors to ensure quality patient care.

TERM	DEFINITION
Communication	The verbal and nonverbal exchange of information between individuals that reflects cultural humility, professionalism, and respect and conveys caring, respect, active listening, authenticity, and trust (American Nurses Association 2021, pp. 94–95).
Competence/competency	"The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individuals and community being served" (Epstein & Hundert, 2002). An expected level of performance that integrates knowledge, skills, abilities, and judgment (American Nurses Association, 2021, p. 52).
Competency statement(s)	The delineation of the specific competencies within a competency framework, which is an organized and structured representation of a set of interrelated and purposeful competencies (Englander, et al., 2013, p. 1089).
Credentialing	The verification of qualifications of the learner.
Critical thinking	The skill of logic and reasoning applied to clinical or practice problems.
Curriculum	The comprehensive multitude of learning experience provided by the program, including but not limited to orientation, classroom/didactic lessons, simulation, enculturation, and practice-based learning.
Curriculum vendors	Third parties that develop and sell transition-to-practice products, services, or curriculum.
Development	The process of building the infrastructure, processes, and competency requirements for didactic, classroom, and/or simulation learning to meet a program's defined objectives, requirements, and goals.
Educates	Provides activities, such as formal instruction and supervised practice, that are designed to improve professional practice, ensure the provision of quality patient care, and achieve specific outcomes related to identified deficits or opportunities for improvement in knowledge, skill, or practice (adapted from ANPD, 2022).

TERM	DEFINITION
Education design process	A process for designing educational activities that includes use of quality improvement strategies to identify practice gaps; incorporation and/or integration of competencies; active engagement of learners in the learning environment; use of summative evaluation data to make improvements with reevaluation of effectiveness; and measurement of change in knowledge, skills, practice, team performance, and/or impact on practice and patient outcomes (ANCC, 2021b).
Ethics	The provisions that address the nurse's fundamental values and commitments, accountability and duties to self and others, and aspects of obligations at the professional and societal levels (ANA, 2021, p. 13).
Evaluation tool	A tool to evaluate and document knowledge, skill, or ability of the subject or the individual being evaluated.
Executive leadership	Individuals who have terminal authority over the organization and decision-making power.
Faculty	Professionals with an area of expertise in the clinical learning environment who participate in educating learners of the interprofessional team.
Financial	Related to costs or expenses of the program.
Formative feedback	Evaluative information provided to the learner with an emphasis on monitoring student learning and providing feedback that is embedded in the educational process as an assessment for learning and supports learners longitudinally toward competency-based advancement (Holmboe, 2021 pp. 478–479).
Goals	Statements of long-range intended outcomes of the program.
Initiatives	Process or interventions implemented with a goal to explore and solve an identified problem or potential problem.

TERM	DEFINITION
Interprofessional team	Members of different professions who cooperate, coordinate, and collaborate in delivering patient-centered care collectively.
Interprofessional teaming	The concept of teaming recognizes the dynamic and fluid nature of the many individuals of the clinical care team who come together while providing patient care to achieve a common vision and goals. Teaming recognizes the benefits of purposeful interactions in which team members quickly identify and capitalize on their various professional strengths — coordinating care that is both safe and efficient. The team members collaborate and share accountability to achieve outstanding results.
Key stakeholder	An individual or group with a vested interest in the program. Examples include executive leadership, faculty, fellows, preceptors, interprofessional team members, local academic institutions, and all others identified by the program.
Learner	The PA or APRN participating in the fellowship program.
Learning needs	"Learning needs are personal, specific, and identified by the individual learner through practice experience, reflection, questioning, practice audits, self-assessment tests, peer review, and other sources" (Pitcher, 2016).
Legal requirements	The scope and standards set for the profession by the healthcare organization, professional organizations, state boards, and local, state, and federal law (or international equivalent).
Materials	The supplies needed to operate the program (copies, awards, pagers, lab coats, badges, etc.).
Mentor	An experienced healthcare professional who has developed expertise and can be a strong force in shaping a nurse's identity as a professional (Anthony, 2006, p. 73).

TERM	DEFINITION
Mentorship	A confidential relationship between an experienced professional and a novice where the experienced professional provides information, advice, support, and ideas. Ideally, mentors and mentees have long-lasting relationships.
Orienting/oriented/orientation	The educational process of introducing individuals to the philosophy, goals, policies, procedures, role expectations, program, and other factors needed to function in a specific work setting.
Outcome measure(s)	Measurable quantitative and/or qualitative evidence indicating a change.
Practice-based learning	Refers to the learning that takes place in the **practice setting(s)** under the guidance of **preceptors**, **mentors**, and/or other experienced healthcare professionals. These learning opportunities are designed to facilitate **competence** in the standards of practice and professional performance of the learner.
Practice setting(s)	The area in which a PA or an APRN practices.
Peer support	Intentional support offered from another APP in the organization to a current learner who has knowledge from their own experiences or similar situations. This can be social, practical, or emotional support.
Practice efficiency	The process of planning, prioritizing, and executing work activities in a manner that optimizes work effort.
Preceptors	Experienced practitioners who teach, guide, and assist another who is learning a role. "The preceptor relationship often has a specific time limitation, and specific responsibilities of the preceptor and preceptee are clearly outlined" (Grossman & Valiga, 2005).
Privileging	Privileging is the authorization to do certain tasks within the scope of an individual's practice.
Professional development	The lifelong process of active participation by PAs and APRNs in learning experiences to develop and maintain continuing competence, enhance professional practice, and support achievement of career goals along the continuum from advanced beginner to expert.

TERM	DEFINITION
Professionalism	A set of behaviors a learner exhibits that includes but is not limited to accountability, respect, integrity, ethics, and advocacy within the practice setting.
Program	An organized, time- or competency-bound, and consistently run plan during which PAs and/or APRNs may acquire and demonstrate the knowledge and skills to deliver safe and quality care.
Program goals and outcomes measures	Refer to measures of the overall impact of the program in alignment with program **goals**.
Programmatic workforce	The individuals needed to support and conduct the program.
Provider performance metrics	Data evaluation of a provider's performance, including the following areas: productivity, patient satisfaction, patient experience, financial impact on organization goals, patient outcomes, and other measures as appropriate.
Remediate/remediation process	Remediation is a systematic approach to solving a problem in which the learner is not achieving an identified competency or competencies. The process is criteria based and includes identifying and verifying the problem, assessing the learning, implementing interventions for improvement, and the evaluation of a successful or unsuccessful outcome (Holmboe, 2021, pp. 1121–1122).
Self-reported measure	Individually disclosed data directly related to the learner's own knowledge, skills, attitudes, beliefs, or behaviors.
Service line	A central department where the learners move between sites within the same specialty.
Site/Service Line Coordinator (SLC)	A PA or an APRN with a current, valid license; certification; and education or experience in adult learning who acts as the site representative for a multisite program and who has responsibility for ensuring that all components of the program are consistently operationalized within the assigned site.
Site(s)	The physical location(s) where the APP Fellowship is operationalized.

TERM	DEFINITION
SMART goal	A specific, measurable, attainable, realistic, and time-sensitive goal.
Social determinants of health (SDOH)	The conditions of the environments in which "people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." These conditions include education, employment, health systems and services, housing, income and wealth, the physical environment, public safety, the social environment (including structures, institutions, and policies), and transportation at the population level. SDOH are sometimes called social influences or social factors (HHS, 2020).
Specialty	The area in which a PA or an APRN in a fellowship program practices.
Specialty Coordinator (SC)	A PA or an APRN with a current, valid license; certification; and education or experience in adult learning who acts as the practice-setting representative for either a single or a multisite program and who has responsibility for ensuring that all components of the program are consistently operationalized within the assigned practice setting.
Specialty-specific standards of practice	Competencies as defined by PAs and APRNs.
Stakeholder evaluation	The process by which a stakeholder group provides feedback on the program.
State and regulatory requirements	Requirements for the APP that are delineated in state laws and other regulations. Statutory and regulatory requirements are those that are required by law.
Strategic plan/planning	A plan resulting from a process of "reviewing the mission, environmental surveillance, and previous decision used to establish major goals and nonrecurring resource allocation decisions" (Griffith & White, 2002, p. 683).
Succession planning	"A strategic process involving identification, development and evaluation of intellectual capital, ensuring leadership continuity within an organization" (Titzer & Shirey, 2013, p. 158).

TERM	DEFINITION
Summative feedback	A final evaluation that determines the proficiency of a learner against an established standard.
Technology	Applications or tools (robots, computers, artificial intelligence, simulation, mobile technologies, etc.) used to enhance the learning experience.
Time management	The process of organizing and planning work activities.
Well-being initiatives	Efforts that ultimately contribute to enhancing the ability of learners to remain engaged and healthy in the workplace, with their families, and in their communities.

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APPFA

ADVANCED PRACTICE
PROVIDER FELLOWSHIP
ACCREDITATION