

PRACTICE TRANSITION ACCREDITATION PROGRAM®

APPLICATION ADDENDUM FORM

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

PARTICIPATING SITES

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

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

MULTISITE, MULTI-PRACTICE SETTING PROGRAMS 2-10 SITES, EACH SITE MAY HAVE A SITE COORDINATOR.

6

SITE NAME

STREET

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

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

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

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

Yes No

LICENSE NUMBER

STATE OF ISSUE

HIGHEST DEGREE (CREDENTIALS CONFERRED)

DATE CONFERRED

7

[Redacted]

SITE NAME

[Redacted]

STREET

[Redacted]

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

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

[Redacted]

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

Yes

No

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

[Redacted]

LICENSE NUMBER

[Redacted]

STATE OF ISSUE

[Redacted]

HIGHEST DEGREE (CREDENTIALS CONFERRED)

[Redacted]

DATE CONFERRED

8

[Redacted]

SITE NAME

[Redacted]

STREET

[Redacted]

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

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

[Redacted]

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

Yes

No

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

[Redacted]

LICENSE NUMBER

[Redacted]

STATE OF ISSUE

[Redacted]

HIGHEST DEGREE (CREDENTIALS CONFERRED)

[Redacted]

DATE CONFERRED

9

[Redacted]

SITE NAME

[Redacted]

STREET

[Redacted]

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

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

[Redacted]

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

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

Yes

No

[Redacted]

LICENSE NUMBER

[Redacted]

STATE OF ISSUE

[Redacted]

HIGHEST DEGREE (CREDENTIALS CONFERRED)

[Redacted]

DATE CONFERRED

10

[Redacted]

SITE NAME

[Redacted]

STREET

[Redacted]

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

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

[Redacted]

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

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

Yes

No

[Redacted]

LICENSE NUMBER

[Redacted]

STATE OF ISSUE

[Redacted]

HIGHEST DEGREE (CREDENTIALS CONFERRED)

[Redacted]

DATE CONFERRED

11

[Redacted]

SITE NAME

[Redacted]

STREET

[Redacted]

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

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

[Redacted]

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

Yes No

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

[Redacted]

LICENSE NUMBER

[Redacted]

STATE OF ISSUE

[Redacted]

HIGHEST DEGREE (CREDENTIALS CONFERRED)

[Redacted]

DATE CONFERRED

12

[Redacted]

SITE NAME

[Redacted]

STREET

[Redacted]

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

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

[Redacted]

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

Yes No

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

[Redacted]

LICENSE NUMBER

[Redacted]

STATE OF ISSUE

[Redacted]

HIGHEST DEGREE (CREDENTIALS CONFERRED)

[Redacted]

DATE CONFERRED

13

[Redacted]

SITE NAME

[Redacted]

STREET

[Redacted]

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

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

[Redacted]

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

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

Yes

No

[Redacted]

LICENSE NUMBER

[Redacted]

STATE OF ISSUE

[Redacted]

HIGHEST DEGREE (CREDENTIALS CONFERRED)

[Redacted]

DATE CONFERRED

14

[Redacted]

SITE NAME

[Redacted]

STREET

[Redacted]

CITY

STATE

ZIP

GEOGRAPHIC LOCATION

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

[Redacted]

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

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

Yes

No

[Redacted]

LICENSE NUMBER

[Redacted]

STATE OF ISSUE

[Redacted]

HIGHEST DEGREE (CREDENTIALS CONFERRED)

[Redacted]

DATE CONFERRED

15

[Redacted text box]

SITE NAME

[Redacted text box]

STREET

[Redacted text box]

CITY

[Redacted text box]

STATE

[Redacted text box]

ZIP

[Redacted text box]

GEOGRAPHIC LOCATION

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

[Redacted text box]

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

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

Yes

No

[Redacted text box]

LICENSE NUMBER

[Redacted text box]

STATE OF ISSUE

[Redacted text box]

HIGHEST DEGREE (CREDENTIALS CONFERRED)

[Redacted text box]

DATE CONFERRED

NON-PARTICIPATING SITES

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

6

[Redacted text box]

SITE NAME

7

[Redacted text box]

SITE NAME

8

[Redacted text box]

SITE NAME

9

[Redacted text box]

SITE NAME

10

[Redacted text box]

SITE NAME

11

[Redacted text box]

SITE NAME

12

[Redacted text box]

SITE NAME

13

[Redacted text box]

SITE NAME

14

[Redacted text box]

SITE NAME

15

[Redacted text box]

SITE NAME

ADDENDUM FOR MULTI-SITE PROGRAMS ONLY

NUMBER OF LEARNERS IN APPLICATION REVIEW TIMEFRAME*

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

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

SECTION II: ELIGIBILITY VERIFICATION (CONTINUED)

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

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

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

SECTION II: ELIGIBILITY VERIFICATION (CONTINUED)

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

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

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

SECTION II: ELIGIBILITY VERIFICATION (CONTINUED)

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

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

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

SECTION II: ELIGIBILITY VERIFICATION (CONTINUED)

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

SITE NAME	14.		15.		Practice Setting Coordinator (PSC)		
	Year Program Started at Practice Setting	Number of Learners in Application Review Timeframe	Year Program Started at Practice Setting	Number of Learners in Application Review Timeframe	Does this practice setting function in more than one location? (Y/N)	PSC Name and Credentials (Only one PSC allowed per practice setting)	PSC meets eligibility requirements and has expertise in specialty they represent
Medical							Yes
Surgical							Yes
Medical-Surgical							Yes
Oncology							Yes
Step Down							Yes
Critical Care							Yes
Labor & Delivery							Yes
Ante/Postpartum							Yes
Labor, Delivery, Recovery and Postpartum (LDRP)							Yes
Neonatal Intensive Care Unit (NICU)							Yes
Pediatrics							Yes
Pediatric Intensive Care Unit (PICU)							Yes
Operating Room							Yes
Post Anesthesia Recovery Unit (PACU)							Yes
Same Day/Ambulatory Procedure							Yes
Psychiatric							Yes
Rehabilitation							Yes
Ambulatory							Yes
Emergency Department							Yes
Acuity Adaptable (Universal Bed)							Yes

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