



## NOTIFICATION OF INTENT TO APPLY FOR ACCREDITATION OF A NURSE PRACTITIONER RESIDENCY OR FELLOWSHIP TRAINING PROGRAM

The NNPRFTC exists to support new and ongoing postgraduate training programs for nurse practitioners in the achievement and maintenance of the highest standards of rigor and quality, consistent with achieving the goal of an expert healthcare workforce prepared to meet the needs of patients and the society as a whole.



**This form must be completed and submitted to NNPRFTC's Accreditation Services Division prior to submitting an application for accreditation of a nurse practitioner residency or fellowship training program.**

### ORGANIZATION INFORMATION:

Name Of Organization:					
Address:					
City:		State:		Zip Code:	
Phone:		Fax:			
Website:					

### NURSE PRACTITIONER RESIDENCY OR FELLOWSHIP PROGRAM DIRECTOR INFORMATION:

Name:				
Title:				
Phone:		Fax:		
Email:				

### CHIEF CLINICAL OFFICER INFORMATION:

Name:				
Title:				
Phone:		Fax:		
Email:				



**NOTIFICATION OF INTENT TO APPLY FOR ACCREDITATION  
OF A NURSE PRACTITIONER RESIDENCY OR FELLOWSHIP  
TRAINING PROGRAM**

**TERMS AND INFORMATION REQUIREMENTS**

1. The above organization is notifying the National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC) of its intent to apply for accreditation as an NNPRFTC recognized nurse practitioner residency or fellowship training program. This initial form must be completed in full; signed by the director of the nurse practitioner residency or fellowship training program and the senior clinical administrator or manager to whom the program director reports; and accepted by the NNPRFTC Accreditation Services Division before any further actions will occur on the application.

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

3. There is a non-refundable \$10,000 fee for the accreditation review. The fee is paid in 3 installments. The first installment of \$1,000 is due with the application. The second installment of \$4,500 is due with the submission of the Self Study. The third and final installment of \$4,500 is due when the date for the site visit is finalized. The costs for the site visit are included in the accreditation fee.

4. The organization named above accepts and understands that the sole basis for accreditation is the program's adherence to the NNPRFTC Postgraduate Nurse Practitioner Training Standards ([www.nppostgradtraining.com](http://www.nppostgradtraining.com)).

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

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

7. All decisions to accredit a nurse practitioner residency or fellowship training program are determined solely through the NNPRFTC's Accreditation Committee as authorized by the NNPRFTC's Board of Directors.

8. The nurse practitioner residency and fellowship training program for which accreditation is being sought has been in existence for \_\_\_\_\_ years.

9. This organization conducts other NNPRFTC-accredited or candidate status nurse practitioner residency or fellowship training programs.	Yes:		No:	
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If yes, please list other program(s):

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

**Signature:**

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

**Director Signature:**

**Date:**

**CCO Signature:**

**Date:**