nursingworld.org/organizational-programs/accreditation/appfa

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## COMPLAINTS AGAINST APPLICANT OR ACCREDITED PROGRAMS GUIDELINES

## **Submission**

- A written complaint form must be submitted to the Advanced Practice Provider Fellowship Accreditation™ office at <u>APPFA@ana.org</u>.
- Anonymous complaints will not be investigated.
- Complaints submitted must be related to the APPFA eligibility or APPFA standards.

## Review

- 1. Individuals filing a complaint against an accredited program will be informed that their name and the nature of the complaint may be released.
- 2. All complaints against an applicant or accredited program must be related to the organization's adherence to Advanced Practice Provider Fellowship Accreditation Standards or eligibility.
- 3. The Director of Accreditation or designee will investigate and respond to all official complaints pertaining to accredited and applicant programs.
- 4. The name of the complainant and the nature of the complaint will be disclosed to the affected program and the affected program will be given an opportunity to respond and provide relevant evidence supporting its response within a designated time period.
- 5. Programs against which a complaint has been filed are expected to comply with all requests for information by ANCC PTAP/APPFA Team in a timely manner.
- 6. Programs against which a complaint has been filed are expected to respond professionally and not take any retaliatory action against a complainant.
- 7. Failure to comply with items 5-6 may result in suspension, probation, or loss of accreditation.
- The complaint and resolution will be recorded in the issues and improvement log as per ISO standards.
- 9. An executive summary of the complaint investigation and resolution will be provided to the individual who initiated the complaint.

- 10. In the event that the complaint cannot be resolved or may require action by the Commission on Accreditation in Practice Transition Programs, the Director of Accreditation or designee will inform the Executive Committee of the COA-PTP of the nature of the complaint and place the item on the agenda for the next conference call or hold an ad hoc call as needed. In accordance with the applicable terms and provisions in the Advanced Practice Provider Fellowship Accreditation and any other applicable Practice Transition Program policies and procedures, the Executive Committee will determine the appropriate action.
- 11. Organizations that are the subject of a complaint will be notified of the outcome of the Executive Committee review.
- 12. Issues related to substantiated complaints about a program may be re-evaluated for continued resolution or compliance with any requirements imposed by APPFA when the program applies for reaccreditation by the COA-PTP.

## Advanced Practice Provider Fellowship Accreditation™ Complaint form

Date:				
Name				
Address				
City	State	Zip/Postal Code	Country	
Phone		E-Mail		
Name of appli	cant or accredited progra	ım:		
Nature of problem/inquiry: Eligibility		Standards		
Description of	problem/inquiry:			
Have you cont	tacted the program?			
Name of person contacted:		Date cont	Date contacted:	
If yes, what wa	as the outcome?			

**Questions:** Call Sheri Cosme, Director, Advanced Practice Provider Fellowship Accreditation at (301) 628-5377 or E-mail APPFA@ana.org