## ADVANCED PRACTICE PROVIDER FELLOWSHIP ACCREDITATION"' APPLICATION ADDENDUM FORM

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

## PARTICIPATING SITES

List the eligible sites that participate in the Program and corresponding Site Coordinators (SCs), if applicable.

6

> SITE NAME

STREET

CITY
STATE
ZIP
GEOGRAPHIC LOCATION

SC NAME (AS IT APPEARS ON PA/APRN LICENSE) AND CREDENTIALS

LICENSE NUMBER
STATE OF ISSUE

7

> SITE NAME

STREET

CITY
STATE
ZIP
GEOGRAPHIC LOCATION

SC NAME (AS IT APPEARS ON PA/APRN LICENSE) AND CREDENTIALS

8
SITE NAME

STREET

CITY STATE ZIP GEOGRAPHIC LOCATION

SC NAME (AS IT APPEARS ON PA/APRN LICENSE) AND CREDENTIALS

LICENSE NUMBER STATE OF ISSUE

9
SITE NAME

STREET

CITY STATE ZIP GEOGRAPHIC LOCATION

SC NAME (AS IT APPEARS ON PA/APRN LICENSE) AND CREDENTIALS

LICENSE NUMBER
STATE OF ISSUE

10
SITE NAME

STREET

CITY STATE ZIP

SC NAME (AS IT APPEARS ON PA/APRN LICENSE) AND CREDENTIALS

LICENSE NUMBER
STATE OF ISSUE

SITE NAME

STREET

CITY STATE ZIP GEOGRAPHIC LOCATION

SC NAME (AS IT APPEARS ON PA/APRN LICENSE) AND CREDENTIALS

LICENSE NUMBER STATE OF ISSUE

12
SITE NAME

STREET

CITY STATE ZIP GEOGRAPHIC LOCATION

SC NAME (AS IT APPEARS ON PA/APRN LICENSE) AND CREDENTIALS

LICENSE NUMBER
STATE OF ISSUE

13
SITE NAME

STREET

CITY STATE ZIP

SC NAME (AS IT APPEARS ON PA/APRN LICENSE) AND CREDENTIALS

LICENSE NUMBER
STATE OF ISSUE

SITE NAME

STREET

CITY STATE ZIP GEOGRAPHIC LOCATION

SC NAME (AS IT APPEARS ON PA/APRN LICENSE) AND CREDENTIALS

LICENSE NUMBER STATE OF ISSUE

15
SITE NAME

STREET

CITY STATE

SC NAME (AS IT APPEARS ON PA/APRN LICENSE) AND CREDENTIALS

LICENSE NUMBER
STATE OF ISSUE

## NON-PARTICIPATING SITES

List the sites that DO NOT participate in the Program.
6
11
SITE NAME
SITE NAME
7
12
SITE NAME
8
13
SITE NAME
9
14
SITE NAME
10
15
SITE NAME
SITE NAME

## NUMBER OF LEARNERS <br> IN APPLICATION REVIEW TIMEFRAME*

1 List each site included on addendum pages above under the "site name" row in accordance with site names.

2 Denote which specialty or service line(s) are eligible for accreditation review by placing the year the program started for each specialty or service line in the corresponding column of the following tables.
a. Refer to specialty or service line definitions in the APPFA Application Manual to ensure proper classification of units/ practice settings into approved categories.
(3) Indicate how many learners have participated in each specialty or service line 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 workplace 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 specialty or service line during the 48-months (4-year period) prior to the application form submission.
c. All specialty or service line(s) included on the application must have a minimum of one learner participant during the 24- or 48-month timeframe.

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 specialty or service line to be eligible for accreditation.

## ELIGIBILITY VERIFICATION

| SITE NAME | 6. |  | 7. |  | 8. |  | 9. |  | 10. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SPECIALTY <br> OR SERVICE LINE | Year Program Started at Specialty/ Service Line | Number of <br> Learners in <br> Application <br> Review <br> Timeframe | Year Program Started at Specialty/ Service Line | Number of Learners in Application Review Timeframe | Year Program Started at Specialty/ Service Line | Number of Learners in Application Review Timeframe | Year Program Started at Specialty/ Service Line | Number of Learners in Application Review Timeframe | Year <br> Program Started at Specialty/ Service Line | Number of Learners in Application Review Timeframe |
| Medical |  |  |  |  |  |  |  |  |  |  |
| Surgical |  |  |  |  |  |  |  |  |  |  |
| Medical-Surgical |  |  |  |  |  |  |  |  |  |  |
| Oncology |  |  |  |  |  |  |  |  |  |  |
| Step Down |  |  |  |  |  |  |  |  |  |  |
| Critical Care |  |  |  |  |  |  |  |  |  |  |
| Labor \& Delivery |  |  |  |  |  |  |  |  |  |  |
| Ante/Postpartum |  |  |  |  |  |  |  |  |  |  |
| Labor, Delivery, Recovery and Postpartum (LDRP) |  |  |  |  |  |  |  |  |  |  |
| Neonatal Intensive Care Unit (NICU) |  |  |  |  |  |  |  |  |  |  |
| Pediatrics |  |  |  |  |  |  |  |  |  |  |
| Pediatric Intensive Care Unit (PICU) |  |  |  |  |  |  |  |  |  |  |
| Operating Room |  |  |  |  |  |  |  |  |  |  |
| Post Anesthesia Recovery Unit (PACU) |  |  |  |  |  |  |  |  |  |  |
| Same Day/Ambulatory Procedure |  |  |  |  |  |  |  |  |  |  |
| Psychiatric |  |  |  |  |  |  |  |  |  |  |
| Rehabilitation |  |  |  |  |  |  |  |  |  |  |
| Ambulatory |  |  |  |  |  |  |  |  |  |  |
| Emergency Department |  |  |  |  |  |  |  |  |  |  |
| Specialty Practice |  |  |  |  |  |  |  |  |  |  |
| Acuity Adaptable (Universal Bed) |  |  |  |  |  |  |  |  |  |  |
| Long Term Care |  |  |  |  |  |  |  |  |  |  |
| Preoperative |  |  |  |  |  |  |  |  |  |  |
| Home Care |  |  |  |  |  |  |  |  |  |  |
| Hospice |  |  |  |  |  |  |  |  |  |  |
| Centralized Function |  |  |  |  |  |  |  |  |  |  |
| APP Specialty |  |  |  |  |  |  |  |  |  |  |
| Primary Care |  |  |  |  |  |  |  |  |  |  |
| Other - Contact AFFPA Team. |  |  |  |  |  |  |  |  |  |  |
| Total \# of Learners per Specialty or Service Line(s) in Review Timeframe |  |  |  |  |  |  |  |  |  |  |

## ELIGIBILITY VERIFICATION (CONTINUED)

| SITE NAME | 11. |  | 12. |  | 13. |  | 14. |  | 15. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SPECIALTY <br> OR SERVICE LINE | Year <br> Program Started at Specialty/ Service Line | Number of Learners in Application Review Timeframe | Year <br> Program Started at Specialty/ Service Line | Number of Learners in Application Review Timeframe | Year <br> Program Started at Specialty/ Service Line | Number of Learners in Application Review Timeframe | Year <br> Program Started at Specialty/ Service Line | Number of Learners in Application Review Timeframe | Year <br> Program Started at Specialty/ Service Line | Number of Learners in Application Review Timeframe |
| Medical |  |  |  |  |  |  |  |  |  |  |
| Surgical |  |  |  |  |  |  |  |  |  |  |
| Medical-Surgical |  |  |  |  |  |  |  |  |  |  |
| Oncology |  |  |  |  |  |  |  |  |  |  |
| Step Down |  |  |  |  |  |  |  |  |  |  |
| Critical Care |  |  |  |  |  |  |  |  |  |  |
| Labor \& Delivery |  |  |  |  |  |  |  |  |  |  |
| Ante/Postpartum |  |  |  |  |  |  |  |  |  |  |
| Labor, Delivery, Recovery and Postpartum (LDRP) |  |  |  |  |  |  |  |  |  |  |
| Neonatal Intensive Care Unit (NICU) |  |  |  |  |  |  |  |  |  |  |
| Pediatrics |  |  |  |  |  |  |  |  |  |  |
| Pediatric Intensive Care Unit (PICU) |  |  |  |  |  |  |  |  |  |  |
| Operating Room |  |  |  |  |  |  |  |  |  |  |
| Post Anesthesia <br> Recovery Unit (PACU) |  |  |  |  |  |  |  |  |  |  |
| Same Day/Ambulatory Procedure |  |  |  |  |  |  |  |  |  |  |
| Psychiatric |  |  |  |  |  |  |  |  |  |  |
| Rehabilitation |  |  |  |  |  |  |  |  |  |  |
| Ambulatory |  |  |  |  |  |  |  |  |  |  |
| Emergency Department |  |  |  |  |  |  |  |  |  |  |
| Specialty Practice |  |  |  |  |  |  |  |  |  |  |
| Acuity Adaptable (Universal Bed) |  |  |  |  |  |  |  |  |  |  |
| Long Term Care |  |  |  |  |  |  |  |  |  |  |
| Preoperative |  |  |  |  |  |  |  |  |  |  |
| Home Care |  |  |  |  |  |  |  |  |  |  |
| Hospice |  |  |  |  |  |  |  |  |  |  |
| Centralized Function |  |  |  |  |  |  |  |  |  |  |
| APP Specialty |  |  |  |  |  |  |  |  |  |  |
| Primary Care |  |  |  |  |  |  |  |  |  |  |
| Other - Contact AFFPA Team. |  |  |  |  |  |  |  |  |  |  |
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