

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 text box]

SITE NAME

[Redacted text box]

STREET

[Redacted text box]

CITY

STATE

ZIP

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

8

[Redacted text box]

SITE NAME

[Redacted text box]

STREET

[Redacted text box]

CITY

STATE

ZIP

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

9

[Redacted text box]

SITE NAME

[Redacted text box]

STREET

[Redacted text box]

CITY

STATE

ZIP

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

10

[Redacted text box]

SITE NAME

[Redacted text box]

STREET

[Redacted text box]

CITY

STATE

ZIP

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

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]

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

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]

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

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]

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

STATE OF ISSUE

[Redacted]

HIGHEST DEGREE (CREDENTIALS CONFERRED)

DATE CONFERRED

NON-PARTICIPATING SITES

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

6

[Redacted]

SITE NAME

7

[Redacted]

SITE NAME

8

[Redacted]

SITE NAME

9

[Redacted]

SITE NAME

10

[Redacted]

SITE NAME

11

[Redacted]

SITE NAME

12

[Redacted]

SITE NAME

13

[Redacted]

SITE NAME

14

[Redacted]

SITE NAME

15

[Redacted]

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 the name of the Practice Setting Coordinator (PSC), if applicable. In a multisite, multi-practice setting program, each eligible practice setting **must** have a centralized person, called the Practice Setting Coordinator (PSC), coordinating the practice setting curriculums across all sites within the program.
- 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 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.

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.

Only add numbers under eligible practice settings.
If ineligible, please keep the box blank. Do not put "N/A" or "0".

SECTION II: ELIGIBILITY VERIFICATION (CONTINUED)

MULTISITE, MULTI-PRACTICE SETTING PROGRAMS MUST HAVE AN IDENTIFIED PRACTICE SETTING COORDINATOR AT EACH PRACTICE SETTING

SITE NAME		6.		7.		8.		9.		10.	
PRACTICE SETTINGS (PS)	PRACTICE SETTING COORDINATOR <small>Required for multisite, multi-practice setting programs</small>	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	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
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											

PRACTICE SETTINGS (PS)	PRACTICE SETTING COORDINATOR <small>Required for multisite, multi-practice setting programs</small>	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	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
Preoperative											
Home Care											
Hospice											
Centralized Function											
Other — Contact PTAP/AFFPA Team.											
Total # of Learners per Practice Setting(s) in Review Timeframe											

Only add numbers under eligible practice settings.
If ineligible, please keep the box blank. Do not put "N/A" or "0".

SECTION II: ELIGIBILITY VERIFICATION (CONTINUED)

MULTISITE, MULTI-PRACTICE SETTING PROGRAMS MUST HAVE AN IDENTIFIED PRACTICE SETTING COORDINATOR AT EACH PRACTICE SETTING

SITE NAME		11.		12.		13.		14.		15.	
PRACTICE SETTINGS (PS)	PRACTICE SETTING COORDINATOR <small>Required for multisite, multi-practice setting programs</small>	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	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
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											

PRACTICE SETTINGS (PS)	PRACTICE SETTING COORDINATOR	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	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
	<small>Required for multisite, multi-practice setting programs</small>										
Preoperative											
Home Care											
Hospice											
Centralized Function											
Other — Contact PTAP/AFFPA Team.											
Total # of Learners per Practice Setting(s) in Review Timeframe											