CONTINUING EDUCATION (CE) AGREEMENT

This agreement made and entered into this ___ Day of __________, 2021 by and between The University of Tennessee, on behalf of its College of Nursing, hereinafter referred to as "College," and _________________________________, hereinafter referred to as "Agency." The College of Nursing will provide Continuing Nursing Education (CNE) contact hours for the agency’s conference under the direction of the American Nurses Credentialing Center’s Commission on Accreditation.

- Agency will pay a **Program Review Fee** to the College of Nursing in the amount of $500.00 annually.

- Agency OR participant will pay a **Certificate Fee** of $10.00 per participant

- All advertising materials must be reviewed prior to marketing the event (see number 6 below)

**The agency will provide the following documents to the College of Nursing at least 14 days prior to the event:**

1. **Continuing Education Agreement** (available on website)

2. **Activity Application** (available on website)

3. **Co-provider application** (will be provided by Center for Nursing Practice if applicable)

4. **Conflict of Interest Form** – completed by each member of the planning committee and each presenter (available on website)

5. **Educational Planning Form** – completed for each topic presented (available on website)
6. **Brochure/flier** – Materials used to market the event must include the following language: “This program provides ____ contact hours through the University of Tennessee, College of Nursing. The University of Tennessee, College of Nursing is an approved provider of continuing nursing education by American Credentialing Center’s Commission of Accreditation. The specific criteria for awarding contact hours for this include ____*.  

*Criteria for obtaining contact hours is determined by the lead Nurse Planner for the event and may include:  
   Attendance for a specified period of time (100%)  
   Miss no more than 10 minutes of any session  
   Attendance at one of more sessions  
   Other option: describe specific criteria  

60 minutes of program content= 1 Contact Hour for CE  

7. **Event Agenda** - includes specific times for each topic for contact hour calculation. Breaks can only be counted if poster displays are available during the time. Meals are not included in the contact hour calculation unless a presentation occurs during that time. Time used for participants to complete evaluations is considered program content and may be used to calculate contact hours.  

8. **Evaluation** - reflects the event objectives and is driven by the educational planning form. A summary of evaluation responses should be received by the College of Nursing within 30 days following the event in order to comply with the Tennessee Nurses Association continuing education approval process. (template available on the website)  

9. **Documentation of participation** – submit copy of sign-in/check-in sheets verifying registrant attendance (template available on the website)  

The College of Nursing will provide the following:  

- **Approved Tennessee Nurses Association Contact Hours** for each participant who attends program in compliance with criteria (documentation of participation required)  
- **CE Certificates** for each participant reflective of program contact hours after $10.00 payment is received  

The nurse planner will be notified by email when all documentation is complete and has been reviewed for CE. Failure to submit all documentation on time may delay and potentially jeopardize contact hour credit for event participants.
Agency Name: _______________________________________________________________

Nurse Planner/Contact Person (include e-mail, phone, and mailing address)

Name _________________________________________________________________
Email address: ___________________________________________________________
Phone number: __________________________________________________________
Mailing Address: ________________________________________________________

Title of Event(s) _______________________________________________________

Signature of Nurse Planner/Contact Person and Date
_____________________________________________________________________

Signature of College of Nursing Coordinator or Staff and Date
_____________________________________________________________________

Chris Cimino, VC Finance University of Tennessee, Knoxville
_____________________________________________________________________

Date _________________________

For additional information, please contact:

Laurie Acred-Natelson, Faculty Coordinator of Continuing Education  lacredna@utk.edu
Virginia Fowler, Coordinator of Continuing Education  vfowler2@utk.edu
College of Nursing
1200 Volunteer Blvd.
Knoxville, TN 37996-4180
(865) 974-8741
Website for forms and templates:
https://nursing.utk.edu/service-learning/center-for-nursing-practice/educational-outreach/