

Date

Address

Dear:

Your agency's Approved Provider status through The Mississippi Nurses Foundation will expire_____. To renew your Approved Provider status, a new Self-Study application must be submitted. Deadline for submission is _____. Please be sure the application is postmarked or received in the Foundation office no later than _____. The application will be reviewed on _____.

Enclosed are the following:

1. Invoice for the Approved Provider fee
2. Self-Study guidelines
3. Self-Study criteria reflecting the 2008 ANCC Approved Provider criteria
4. Sample Self-Study checklist for your review before submission
5. Planning forms and Checklists for reviewing sample EDI/ EDII included in Self-Study

Your Self-Study will use the most current ANCC criteria. The three sample EDI/ EDII applications required as part of your Self-Study should be the most current activities planned, implemented, and evaluated. I trust you are already using these forms and criteria.

Please contact me at 601-669-0398 or email at hart_don1@bellsouth.net if you have questions. We want to assure your agency a quality review.

Sincerely,

Susan D. Hart, Ph.D., RN
CE Consultant

Enclosures

The Mississippi Nurses Foundation, Inc. is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission Accreditation.