

**National Association of
Health Unit Coordinators, Inc.**

**Institutional
Provider
Application Packet**



1947 Madron Road, Rockford, IL 61107

888-22-NAHUC or 815-633-4351

Fax: 815-633-4438

www.nahuc.org



NAHUC Institutional Providership Guidelines

**** PLEASE READ ****

Membership as an Institutional Provider of the National Association of Health Unit Coordinators, Inc. (NAHUC), is open to health care facilities and educational institutions and chapters. An Institutional Provider shall have the right to award contact hours on behalf of NAHUC. Institutional Providers may award contact hours for programs they present or directly sponsor. At no time should an Institutional Provider use their status for individual, group and/or company gain. (this statement does not apply to NAHUC affiliated chapters).

A. General Information

1. The Institutional Provider must designate a qualified designated educator within their organization to be responsible for coordinating or presenting the programs. The minimum qualifications for the designated educator are one or more years experience in educational activities such as presenting, coordinating, and facilitating and/or an equivalent education degree. The designated educator is also responsible for the issuance and documentation of NAHUC contact hour certificates.
2. The Institutional Provider will notify the NAHUC Education Board of any change in the designated educator.
3. The Institutional Provider will agree to follow the NAHUC Education Board procedures set forth in these guidelines.
4. Programs presented by Institutional Providers do not need prior approval of the NAHUC Education Board.

B. Contact Hours

1. NAHUC will supply the Institutional Provider with a specific number of certificates to be used for qualifying educational programs. Providers may use other paper for certificates if the provider name and number appears on certificate.
2. The Institutional Provider will be responsible for the total number of these certificates including those voided and those unused.
3. All information including participant's name must be on the contact hour before they are issued to the participants.

4. Each program shall be issued a program identification number. The program number shall include:
 - Institutional Provider Number (issued by NAHUC)
 - A successive number (Your first program would be 01)
 - The date of the program

EXAMPLE:

If your IP number is 210, your twenty-fifth program presented on Sept. 21, 2008 would be: IP# 210-25-09-21-08.

5. The Institutional Provider's designated educator should sign the contact hour certificates.

C. Tabulating Contact Hours

1. NAHUC issues contact hours based on sixty (60) minute hours, i.e., a 3-hour program, which includes a 15-minute break, would be calculated as follows:
 $3 \text{ hours} \times 60 \text{ minutes} = 180 \text{ minutes}$
subtract -15 minutes for break
equals 165 minutes
divided by 60 minutes=2.75 contact hours
2. The following are programs and activities which must **not** be awarded contact hours
 - Educational programs of less than 25 minutes
 - Orientation programs
 - Programs given for academic credit
 - Committee, department meetings or conferences without educational components
 - Entertainment or recreational programs Work experience or on-the-job training
 - Mandatory programs such as Fire Safety, OSHA, etc.
3. Contact hours awarded by Institutional Providers on behalf of NAHUC will be applied to recertification as per NAHUC Recertification Guidelines.



NAHUC Institutional Providership Guidelines, continued

D. Short Inservice - Type Programs (Form IP -003)

1. Must be twenty-five (25) minutes to two (2) hours in length.
2. Attendance records must be kept for four (4) years and made available to NAHUC Education Board upon request.
3. In order to reduce paperwork, the Institutional Provider may wish to issue one (1) contact hour certificate per learner, reflecting the total number of contact hours earned in short programs of the previous 12 months, on or before April 1 of each year.

E. Long Educational Programs/Offerings (Form IP - 004)

1. Must be over 2 hours in length.
2. Must be presented or directly sponsored by Institutional Provider.
3. Examples of long programs are: Full day Workshops/Seminars, Courses offerings for enrichment, Technical support: (i.e., medical terminology, computer, arrhythmia, etc)
4. Contact hour certificates must be awarded upon completion of offering *only* to those who have attended the entire program
5. Attendance must be kept for four years and made available to NAHUC's Education Board upon request.

F. Providership Application, Renewal & Summaries

1. Please send completed application materials with payment to NAHUC.
2. A notice of providership renewal will be sent to the Institutional Provider annually by March.
3. Completed renewal application and summaries of the previous year's activities are to be submitted to NAHUC with renewal dues in April.
4. NAHUC will forward the annual reports to the Education Board.

G. Ordering Supplies

1. An order form for NAHUC supplies is included in the Institutional Provider packet. Items requested will be processed within 10-15 days.

H. Benefits:

A NAHUC Institutional Provider:

1. May award NAHUC contact hours for education that meets guidelines.
2. Receives one registration fee at the NAHUC annual national conference for the designated educator or other assigned individual from you institution.
3. Receives a subscription to the Coordinator.
4. May request blank contact hour certificates.
5. May request one set of mailing labels for region members.
6. May receive one complimentary Lending Library rental of choice per fiscal year

In the event that Institutional Providership is rescinded or that the providership is not renewed, summaries of activities and all unused certificates must be returned to the NAHUC within 30 days.



**National Association of Health Unit Coordinators (NAHUC)
Application for Institutional Providership**

Membership Information (Please Type or Print Clearly)

Institution/Facility/Chapter

CEO/President

Address

City State Zip

Phone E-mail address

Type of Institution/Facility: ___ Hospital ___ School ___ Chapter ___ Other

I have read the enclosed guidelines and agree to administer the Contact Hour Program(s) on behalf of NAHUC according to those guidelines.

Signature of Designated Educator Date

Submit this form to NAHUC with:

- Curriculum Vitae of Designated Educator
- Annual Dues of \$300.00 (U.S. Dollars) for one year or \$875.00 (U.S. Dollars) for three years payable to NAHUC.

Providership year begins May 1 and is renewable April 1 of each year.

Prorated membership dues are available for the first year only: 5/1-7/31 \$300, 8/1-10/31 \$185, 11/1-1/31 \$125, 2/1-4/30 \$80

For NAHUC Use Only

Approved Director NAHUC Education Board IP# Region

of Contact Hour (CH) Certificates Sent/Date

**Return completed form and appendices to:
NAHUC * 1947 Madron Road* Rockford, IL 61107-1716**



National Association of Health Unit Coordinators, Inc. (NAHUC)
Institutional Providership Curriculum Vitae

Designated Educator Information

Name

Address City State Zip

Work Phone Work Fax Work E-mail

Home Phone Home Fax Home E-mail

Present Position Institution/Facility/Chapter

Educational Background

Professional Experience

Titles of Presentations/Workshops

Other

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NAHUC * 1947 Madron Road* Rockford, IL 61107
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